

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

15

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr. Cesar Rene

NICKNAME

LAST

SUFFIX

Diaz

**OFFICE USE ONLY**

Date Received

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

11:30am

JAN 15 2016

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1308 Washington Way LaFeria TX 78559

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 536-3178

Date Hand-delivered or Date Postmarked

By: *[Signature]*

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs. Beatriz

NICKNAME

LAST

SUFFIX

Diaz

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

1308 Washington Way LaFeria Texas 78559

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 789-9562

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)
- July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

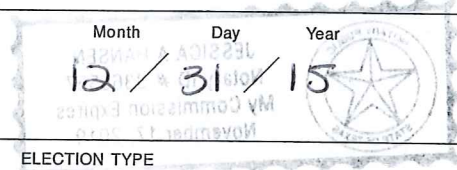
Month Day Year

07 / 01 / 15

THROUGH

Month Day Year

12 / 31 / 15



11 ELECTION

ELECTION DATE

Month Day Year

03 / 01 / 16

ELECTION TYPE

- Primary     Runoff     Other Description
- General     Special

12 OFFICE

OFFICE HELD (if any)

Cameron County Constable  
Precinct 5

13 OFFICE SOUGHT (if known)

Cameron County Constable  
Precinct 5

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Cesar Rene Diaz 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

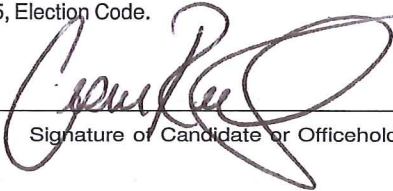
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1105.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 6364.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4679.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cesar Rene Diaz, this the 15<sup>th</sup> day of January, 2016, to certify which, witness my hand and seal of office.

Hansen

Signature of officer administering oath

Jessica A. Hansen

Printed name of officer administering oath

secretary

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Cesar Rene Diaz

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,950.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,364.80
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 10

2 FILER NAME

Cesar Rene Diaz

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gustavo Ruiz

6 Contributor address; City; State; Zip Code

21434 Retama Rd Harlingen TX 78550

7 Amount of contribution (\$)

\$ 2,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/22/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

George E. / Leslie R. Lazaro

Contributor address; City; State; Zip Code

512 E. Magnolia Ave LaFeria TX 78559

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Michael E. Tandy

Contributor address; City; State; Zip Code

8606 Ballinger Dr. Houston TX 77064

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Roberto / Viola Garcia

Contributor address; City; State; Zip Code

P.O. Box 1825 San Benito TX 78586

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 4

2 FILER NAME

Cesar Rene Diaz

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Grigelda C. Sanchez  
6 Contributor address; City; State; Zip Code

14500 W. Bus. 83 Harlingen TX 78552

7 Amount of contribution (\$)

\$ 300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/12/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gregorio Monte Mayor  
Contributor address; City; State; Zip Code

15655 Garrett Rd Harlingen TX 78552

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Frutoso M. Gomez, Jr.  
Contributor address; City; State; Zip Code

P.O. Box 688 San Benito, TX 78586

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Francisco / Rosa Linda Cobarrubias  
Contributor address; City; State; Zip Code

P.O. Box 1322 Samar Rd La Feria TX 78559

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Cesar Rene Diaz

3 Filer ID (Ethics Commission Filers)

4 Date

11/25/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jose A. / Olga L. Villarreal

6 Contributor address;

City; State; Zip Code

Box 7108

LaFeria TX 78559

7 Amount of contribution (\$)

\$ 900.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/3/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mr. or Mrs. Francis Phillip

Contributor address;

City; State; Zip Code

12941 FM3067

LaFeria, TX 78559

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gregory Schreiber

Contributor address;

City; State; Zip Code

27175 N. Beddoes Rd LaFeria, TX 78559

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Steve / Mary Elen Bauer

Contributor address;

City; State; Zip Code

32808 FM506

LaFeria TX 78559

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 6

2 FILER NAME

Cesar Rene Diaz

3 Filer ID (Ethics Commission Filers)

4 Date

12/7/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James F. / Lois Anne Bauer

6 Contributor address; City; State; Zip Code

28252 McLelland Rd Harlingen TX 78552

7 Amount of contribution (\$)

\$ 200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/7/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bauer Enterprises

Contributor address; City; State; Zip Code

32138 FM506 LaFeria TX 78559

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/7/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Barry E. Jones

Contributor address; City; State; Zip Code

301 S. Texas Mercedes TX 78570

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ray E. Esquivel

Contributor address; City; State; Zip Code

P.O. Box 822 Harlingen TX 78551

Amount of contribution (\$)

\$ 1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

Cesar Rene Diaz

3 Filer ID (Ethics Commission Filers)

4 Date

12/16/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Harold K. Waite Jr.

6 Contributor address;

City; State; Zip Code

P.O. Box 686

La Feria TX 78559

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/7/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Roberto Lopez

Contributor address;

City; State; Zip Code

1118 Whitewing Dr. Harlingen TX 78550

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/7/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Alberta Garcia

Contributor address;

City; State; Zip Code

422 E. Harrison Ave Harlingen, TX 78550

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/19/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jaine Sanchez

Contributor address;

City; State; Zip Code

P.O. Box 435

Los Indios, TX 78567

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

leaf 6

2 FILER NAME

Cesar Rene Diaz

3 Filer ID (Ethics Commission Filers)

4 Date

12/29/15

5 Full name of contributor

Homero Diaz

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

8325 La Plata Loop Austin, TX 78737

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/30/15

Full name of contributor

Juan J. Sanchez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

6105 Highlandale Dr. Austin TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 5	<b>2</b> FILER NAME Cesar Rene Diaz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/14/15	<b>5</b> Payee name J. A. Sports	
<b>6</b> Amount (\$) 1067.38	<b>7</b> Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing - Signs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

<b>Date</b> 10/27/15	<b>Payee name</b> Tractor Supply Co.		
<b>Amount (\$)</b> 159.78	<b>Payee address; City; State; Zip Code</b> 901 FM509 San Benito, TX 78586		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other - T-Posts	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name _____ Office sought _____ Office held _____		

<b>Date</b> 11/7/15	<b>Payee name</b> JA Sports		
<b>Amount (\$)</b> 1045.00	<b>Payee address; City; State; Zip Code</b> 4627 Central Circle Brownsville, TX 78521		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing - Signs	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name _____ Office sought _____ Office held _____		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y   N	<b>8</b> Lender address;                      City;      State;      Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)  <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address;                      City;      State;      Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y   N	Lender address;                      City;      State;      Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)  <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;                      City;      State;      Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 5	2 FILER NAME Cesar Rene Diaz	3 Filer ID (Ethics Commission Filers)
--------------------------------------	---------------------------------	---------------------------------------

4 Date 11/22/15	5 Payee name J A Sports
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing-Window Clings	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/5/15	Payee name J A Sports
-----------------	--------------------------

Amount (\$) 1353.13	Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing-Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/8/15	Payee name Valley Morning Star
-----------------	-----------------------------------

Amount (\$) 1000.00	Payee address; City; State; Zip Code 1310 S. Commerce Harlingen, TX 78550
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 5	<b>2</b> FILER NAME Cesar Rene Diaz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/11/16	<b>5</b> Payee name McCoy's	
<b>6</b> Amount (\$) 150.07	<b>7</b> Payee address; City; State; Zip Code 3601 West Expressway 83 Harlingen TX 78552	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Lumber - Tie Backs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 12/16/15	<b>Payee name</b> Tractor Supply Co.	
<b>Amount (\$)</b> 155.45	<b>Payee address; City; State; Zip Code</b> 901 FM 509 San Benito, TX 78584	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) T-Posts - Other	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 12/16/15	<b>Payee name</b> Sam's Club	
<b>Amount (\$)</b> 282.64	<b>Payee address; City; State; Zip Code</b> 621 N. Expressway 77 Harlingen, TX 78550	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage - Fundraiser	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 5	2 FILER NAME Cesar Rene Diaz	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/15	5 Payee name La Feria News	
6 Amount (\$) 140.00	7 Payee address; City; State; Zip Code 102 S. main St La Feria, TX 78559	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/15	Payee name Chuy's Custom Sports
Amount (\$) 394.03	Payee address; City; State; Zip Code 160 E. Stenger San Benito, TX 78586

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing - T-shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/15	Payee name Sam's Club
Amount (\$) 107.32	Payee address; City; State; Zip Code 601 N. Expressway 77 Harlingen, TX 78550

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5 of 5	<b>2</b> FILER NAME Cesar Rene Diaz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/20/15	<b>5</b> Payee name Platillo's	
<b>6</b> Amount (\$) 150.00	<b>7</b> Payee address; City; State; Zip Code 1010 S. Loop 499 Harlingen TX 78550	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food - Beans	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/15	Payee name Quality Rental Service	
Amount (\$) 160.00	Payee address; City; State; Zip Code 322 N. Eye Street Harlingen TX 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Exp - Tent	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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