


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: <u>6</u></p>		
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR <u>MR</u> FIRST <u>RAFAEL</u> MI</p> <p>NICKNAME LAST <u>DIAZ MARTINEZ</u> SUFFIX</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p>  <p>Email received 4-28-23</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>		
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>8759 SENECA CRK</u> <u>CONVERSE TX 78109</u></p> <p><input type="checkbox"/> Change of Address</p>				
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(210)</u></p>				
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR <u>MR</u> FIRST <u>AKEEM</u> MI</p> <p>NICKNAME LAST <u>BROWN</u> SUFFIX</p>				
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>		<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>200 MELROSE</u> <u>SAN ANTONIO, TX 78212</u></p>			
<p>8 CAMPAIGN TREASURER PHONE</p>		<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(210) 788-6565</u></p>			
<p>9 REPORT TYPE</p> <p> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </p> <p> <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>					
<p>10 PERIOD COVERED</p> <p>Month Day Year Month Day Year</p> <p><u>3 / 28 / 23</u> THROUGH <u>4 / 26 / 2023</u></p>					
<p>11 ELECTION</p> <p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><u>5 / 6 / 23</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>					
<p>12 OFFICE</p>		<p>13 OFFICE SOUGHT (if known)</p>			
<p>OFFICE HELD (if any)</p> <p><u>JISD #7</u></p>		<p>OFFICE SOUGHT (if known)</p> <p><u>JISD BOARD #7</u></p>			
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p>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.</p>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> <p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p> </td> <td style="width:80%; vertical-align: top;"> <p>COMMITTEE NAME</p> <p>COMMITTEE ADDRESS</p> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> </td> </tr> </table>				<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <p>COMMITTEE ADDRESS</p> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>
<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <p>COMMITTEE ADDRESS</p> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>				

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <u>Rafael Diaz Martinez</u>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u> </u>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u> </u>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u> </u>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <u> </u>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>2167.70</u>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u> </u>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u> </u>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>37.04</u>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u> </u>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u> </u>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME RAFAEL DIAZ MARTINEZ		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ ✓
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ✓
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2167.90
	4. TOTAL POLITICAL EXPENDITURES	\$ 2167.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2151.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7037.02

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **RAFAEL DIAZ JR.**, and my date of birth is **1-5-84**.
 My address is **8759 Seneca Creek**, **Converse**, **TX** **78109** **Bexar**.
 Executed in **Bexar** County, State of **TX**, on the **27** day of **April**, 20 **23**.
 Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>		2 FILER NAME <u>RAFAEL DIAZ Martinez</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-10-23</u>		5 Payee name <u>GO DADDY</u>			
6 Amount (\$) <u>11.42</u>		7 Payee address; <u>2150 E. Warner Rd. Tempe AZ</u>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Phone</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4-17-23</u>		Payee name <u>THE Political Group.</u>			
Amount (\$) <u>1910.04</u>		Payee address;		City; State; Zip Code <u>SAN ANTON TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting</u>		Description <u>Consulting Services.</u>		
	<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	
Date <u>4-24-23</u>		Payee name <u>HUGE DOMAINS</u>			
Amount (\$) <u>218.32</u>		Payee address; <u>2635 Walnut St. Denver, CO 802205</u>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Ad. Expenses</u>		Description <u>Domain.</u>		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME RAFAEL DIAZ		3 Filer ID (Ethics Commission Filers)	
4 Date 4-27-23		5 Payee name Starbucks			
6 Amount (\$) \$13.88		7 Payee address; 8151 PAT Baker.		City; Live Oak	State; TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food expense		(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Amount (\$)		Payee address;			
City;		State;			
Zip Code					
PURPOSE OF EXPENDITURE	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					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Amount (\$)		Payee address;			
City;		State;			
Zip Code					
PURPOSE OF EXPENDITURE	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					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Amount (\$)		Payee address;			
City;		State;			
Zip Code					
PURPOSE OF EXPENDITURE	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					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Amount (\$)		Payee address;			
City;		State;			
Zip Code					
PURPOSE OF EXPENDITURE	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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>KAFK I DIAZ</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4-24-23</u>	5 Payee name <u>WALMART</u>	
6 Amount (\$) <u>39.54</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>8135 FM 78</u> <u>Converse</u> <u>TX</u> <u>78109</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>OTHER</u>	(b) Description <u>office supplies.</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>4-24-23</u>	Payee name <u>WALMART</u>	
Amount (\$) <u>16.75</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>8135 FM 78</u> <u>Converse</u> <u>TX</u> <u>78109</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>OTHER</u>	Description <u>office supplies</u>
	<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		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED