

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: <u>1</u>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Janis</u> FIRST <u>E.</u> MI NICKNAME LAST <u>Diaz</u> SUFFIX			OFFICE USE ONLY								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>Po Box 13</u> APT / SUITE #: <u></u> CITY: <u>Taleta</u> STATE: <u>TX</u> ZIP CODE <u>78162</u>			Date Received RECEIVED JAN 13 2026 BY: _____								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(830)</u>	PHONE NUMBER <u>569-7694</u>	EXTENSION	Date Hand-delivered or Date Postmarked								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Janis</u> FIRST <u>E.</u> MI NICKNAME LAST <u>Diaz</u> SUFFIX	Receipt #	Amount \$									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>314 S. Damron St.</u> CITY: <u>Taleta</u> STATE: <u>TX</u> ZIP CODE <u>78162</u>			Date Processed								
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(830)</u>	PHONE NUMBER <u>569-7694</u>	EXTENSION	Date Imaged								
9 REPORT TYPE	<input checked="" 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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)											
10 PERIOD COVERED	Month <u>7</u> Day <u>1</u> Year <u>2025</u>	THROUGH		Month <u>12</u> Day <u>31</u> Year <u>2025</u>								
11 ELECTION	ELECTION DATE Month <u>3</u> Day <u>1</u> Year <u>2026</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>County Commissioner/ Pct. 2</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. <table border="1"> <tr> <td>COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME											
COMMITTEE ADDRESS												
COMMITTEE CAMPAIGN TREASURER NAME												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Janis E. Diaz

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)

\$ 1640.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1250.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 338.81

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

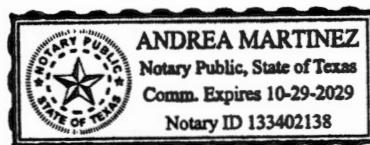
18 SIGNATURE

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.

Janis E. Diaz

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Janis Edwards Diaz this the 13th day of January, 20 24, to certify which, witness my hand and seal of office.

Andrea Mty
Signature of officer administering oath

Andrea Martinez
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
<i>Janis E. Diaz</i>	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2890.00
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	\$ 2525.42
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 35.77
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 54.72
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

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: 1</p>
<p>2 FILER NAME <i>Janis E. Diaz</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>11/13/25</i></p>	<p>5 Full name of contributor <i>Cheryl Smith</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>		<p>7 Amount of contribution (\$) <i>400.00</i></p>
<p>6 Contributor address; <i>Tuleta</i></p>			<p>City: <i>Tuleta</i></p>	<p>State: <i>Tx</i></p>
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date <i>10/6/25</i></p>	<p>Full name of contributor <i>Norma Sheng</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>		<p>Amount of contribution (\$) <i>150.00</i></p>
<p>Contributor address; <i>Tuleta</i></p>			<p>City: <i>Tuleta</i></p>	<p>State: <i>Tx</i></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <i>11/1/25</i></p>	<p>Full name of contributor <i>Patricia Ruiz</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>		<p>Amount of contribution (\$) <i>200.00</i></p>
<p>Contributor address; <i>Pettus</i></p>			<p>City: <i>Pettus</i></p>	<p>State: <i>Tx</i></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <i>9/30/25</i></p>	<p>Full name of contributor <i>Janet DiMaggio</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>		<p>Amount of contribution (\$) <i>500.00</i></p>
<p>Contributor address; <i>Pettus</i></p>			<p>City: <i>Pettus</i></p>	<p>State: <i>Tx</i></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jany E. Diaz</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>11-12-25</i>	5 Payee name <i>Signs to Go LLC</i>			
6 Amount (\$) <i>1691.41</i>	7 Payee address; <i>304 E. Pecan Blvd</i>	City; <i>McAllen</i>	State; <i>TX</i>	Zip Code <i>78501</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Signs</i>	(b) Description <i>Signs</i>		
	(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	Payee name			
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	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
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	Candidate / Officeholder name		Office sought	Office held
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Janis E. Diaz</i>	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Payee name <i>Woodforest National Bank</i>							
6 Amount (\$)	7 Payee address: <i>502 E Fm 351</i>	City: <i>Beaumont</i> State: <i>TX</i> Zip Code <i>78102</i>						
<input type="checkbox"/> Reimbursement from political contributions intended PURPOSE OF EXPENDITURE <input type="checkbox"/> Account		(a) Category (See Categories listed at the top of this schedule) Description <i>Opened Account for Campaign</i>						
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held						
<table border="1"> <tr> <td>Date</td> <td>Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address: <input type="checkbox"/> Reimbursement from political contributions intended</td> </tr> <tr> <td colspan="2"> PURPOSE OF EXPENDITURE <input type="checkbox"/> Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			Date	Payee name	Amount (\$)	Payee address: <input type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE <input type="checkbox"/> Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date	Payee name							
Amount (\$)	Payee address: <input type="checkbox"/> Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE <input type="checkbox"/> Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
<table border="1"> <tr> <td>Date</td> <td>Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address: <input type="checkbox"/> Reimbursement from political contributions intended</td> </tr> <tr> <td colspan="2"> PURPOSE OF EXPENDITURE <input type="checkbox"/> Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			Date	Payee name	Amount (\$)	Payee address: <input type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE <input type="checkbox"/> Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date	Payee name							
Amount (\$)	Payee address: <input type="checkbox"/> Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE <input type="checkbox"/> Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH								

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PAYMENT MADE FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Janis E Diaz</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/8/25</i>	5 Business name <i>VistaPrint</i>	
6 Amount (\$) <i>54.72</i>	7 Business address:	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Signs</i>	(b) Description <i>Magnetic Signs</i>
	(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	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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