

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: 34	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Diana	MI	OFFICE USE ONLY	
	NICKNAME	LAST Weitzel	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
		Dallas	TX	75287	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST sandy	MI	Date Received	
	NICKNAME	LAST swan	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:
			denton	TX	76209
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
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 Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year		Month Day Year		
	07 / 01 / 2022		THROUGH 09 / 29 / 2022		
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 11 / 08 / 2022		☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			County Commissioner Precinct #2		
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	☒ GENERAL	COMMITTEE ADDRESS			
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS				

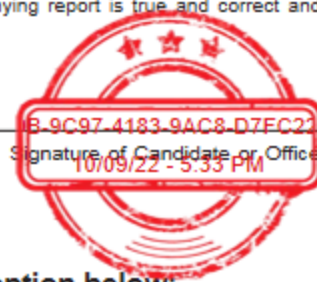
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Diana Weitzel		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)	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,222.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,359.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,643.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,250.00

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.



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 _____, 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_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$56,812.50
2.	☒	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$5410.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$50.00
4.	☒	SCHEDULE E: LOANS	\$51,250.00
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$57,359.80
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$50.00
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$50.00
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$50.00
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$50.00
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$50.00
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$50.00
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$50.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
07/05/2022**5** Full name of contributor

Adrienne Weitzel

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Little Elm TX 75068

7 Amount of contribution (\$)
\$250.00**8** Principal occupation / Job title (See Instructions)

Financial Advisor

9 Employer (See Instructions)

Bank of America

Date
07/26/2022

Full name of contributor

Liz Boulia

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Pilot Point TX 76258

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Jeff Adams Insurance Agency

Date
07/11/2022

Full name of contributor

Alison Maguire-Powell

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Denton TX 76210

Amount of contribution (\$)
\$10.00

Principal occupation / Job title (See Instructions)

City Council Member

Employer (See Instructions)

City of Denton

Date
07/14/2022

Full name of contributor

Rocio Gosewehr

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Plano TX 75025

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Snellings Law PLLC

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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
07/17/2022**5** Full name of contributor

Vicki Myles

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Grand Prairie TX 75052

7 Amount of contribution (\$)
\$25.00**8** Principal occupation / Job title (See Instructions)

not employed

9 Employer (See Instructions)

n/a

Date
07/18/2022

Full name of contributor

SANDY SWAN

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Denton TX 76209

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Case Worker

Employer (See Instructions)

IFM

Date
07/20/2022

Full name of contributor

Sandra Weinstein

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Flower Mound TX 75022

Amount of contribution (\$)
\$75.00

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

AT&T

Date
07/15/2022

Full name of contributor

Gina Daly

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Lantana TX 76226

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

n/a

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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
07/27/2022**5** Full name of contributor

Paul Hutmacher

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Denton TX 76208

7 Amount of contribution (\$)
\$25.00**8** Principal occupation / Job title (See Instructions)

engineer

9 Employer (See Instructions)

Microsoft

Date
07/30/2022

Full name of contributor

Sem Habtemariam

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Carrollton TX 75010

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Inogen

Date
08/05/2022

Full name of contributor

Rocio Gosewehr

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Plano TX 75025

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Snellings Law PLLC

Date
08/06/2022

Full name of contributor

Aaron Coventry

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Carrollton TX 75007

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

Research Analyst

Employer (See Instructions)

Intrusion, Inc.

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: 19
2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)
4 Date 08/06/2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Gary Spinell 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ _____ McKinney TX 75072	7 Amount of contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Treasurer		9 Employer (See Instructions) PLH
Date 08/06/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Don Caterisano Contributor address: _____ City: _____ State: _____ Zip Code _____ _____ Flower Mound TX 75022	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) Juniper Networks
Date 08/06/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Don Frey Contributor address: _____ City: _____ State: _____ Zip Code _____ _____ Coppell TX 75019	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) n/a
Date 08/06/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gail Campbell Contributor address: _____ City: _____ State: _____ Zip Code _____ _____ Argyle TX 76226	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Clerical		Employer (See Instructions) Roselawn

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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
08/06/2022**5** Full name of contributor

Matha Grizzel

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Carrollton TX 75007

7 Amount of contribution (\$)
\$25.00**8** Principal occupation / Job title (See Instructions)
not employed**9** Employer (See Instructions)
n/aDate
08/06/2022

Full name of contributor

Jim Williams

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Denton TX 76208

Amount of contribution (\$)
\$25.00Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
n/aDate
08/07/2022

Full name of contributor

Barbara Palcewski

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

San Antonio TX 78209

Amount of contribution (\$)
\$10.00Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
n/aDate
08/07/2022

Full name of contributor

Ed Soph

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

DENTON TX 76209

Amount of contribution (\$)
\$25.00Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
N/A**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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date

08/07/2022

5 Full name of contributor

Heidi Wicker

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Flower Mound TX 75028

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

not employed

9 Employer (See Instructions)

N/A

Date

08/11/2022

Full name of contributor

Alision Maguire-Powell

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Denton TX 76210

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

City Council Member

Employer (See Instructions)

City of Denton

Date

08/12/2022

Full name of contributor

Layne Hymel

☒ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Vacherie LA 70090

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Software Engineer

Employer (See Instructions)

Match Group

Date

08/10/2022

Full name of contributor

Pat Cochran

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Carrollton TX 75006

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self-Employed

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: 19
2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)
4 Date 08/10/2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Judy Clay 6 Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75010	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/14/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kurt Ehrlich Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75007	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) UTSW
Date 08/13/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rodney Stewart Contributor address; City; State; Zip Code [REDACTED] The Colony TX 75056	Amount of contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Vocation Supervisor		Employer (See Instructions) Texas HHS
Date 08/18/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) sandy swan Contributor address; City; State; Zip Code [REDACTED] denton TX 76209	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Case Worker		Employer (See Instructions) IFM
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: 19
2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jennifer Lane 6 Contributor address; City; State; Zip Code [REDACTED] Denton TX 76205	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) UNT
Date 08/24/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Diane Malas Contributor address; City; State; Zip Code [REDACTED] Denton TX 76209	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) n/a
Date 08/24/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brandon Brotherton Contributor address; City; State; Zip Code [REDACTED] denton TX 76209	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Energy		Employer (See Instructions) Self-Employed
Date 08/25/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dru Murray Contributor address; City; State; Zip Code [REDACTED] Flower Mound TX 75028	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) Self-Employed

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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
08/25/2022**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Kay Skiles

7 Amount of contribution (\$)
\$50.00**6** Contributor address;

City; State; Zip Code

Lewisville TX 75077

8 Principal occupation / Job title (See Instructions)

not employed

9 Employer (See Instructions)

N/A

Date
08/26/2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Liz Boulia

Amount of contribution (\$)
\$25.00

Contributor address;

City; State; Zip Code

Pilot Point TX 76258

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Jeff Adams Insurance Agency

Date
08/26/2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ramona Thompson

Amount of contribution (\$)
\$25.00

Contributor address;

City; State; Zip Code

Frisco TX 75036

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date
10/29/2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melinda Jemison

Amount of contribution (\$)
\$50.00

Contributor address;

City; State; Zip Code

Lewisville TX 75067

Principal occupation / Job title (See Instructions)

Secretary

Employer (See Instructions)

ATLAS

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: 19
2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Marston Meador 6 Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75007	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) N/A
Date 09/02/2022	Full name of contributor ☒ out-of-state PAC (ID#: _____) Elizabeth Williams Contributor address; City; State; Zip Code [REDACTED] Alamogordo NM 88310	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) N/A
Date 09/02/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Henry LaRowe Contributor address; City; State; Zip Code [REDACTED] Denton TX 76208	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Landscaper		Employer (See Instructions) Yellowstone Landscape
Date 09/02/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Henry Rivas Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75007	Amount of contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) CHRISTUS Health
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: 19
2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Catherine Lustgarten 6 Contributor address; City; State; Zip Code [REDACTED] Denton TX 76207	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/11/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Alison Maguire-Powell Contributor address; City; State; Zip Code [REDACTED] Denton TX 76210	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) City Council Member		Employer (See Instructions) City of Denton
Date 09/12/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carol Donovan Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75214	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Carol Crabtree Donovan, PC
Date 09/14/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Garr Lystad Contributor address; City; State; Zip Code [REDACTED] Corinth TX 76210	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) n/a
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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
10/16/2022**5** Full name of contributor

Lisa Magee

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Houston TX 77095

7 Amount of contribution (\$)
\$50.00**8** Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

Self-Employed

Date
10/18/2022

Full name of contributor

sandy swan

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

denton TX 76209

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Case Worker

Employer (See Instructions)

IFM

Date
09/26/2022

Full name of contributor

Liz Boulia

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Pilot Point TX 76258

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Jeff Adams Insurance Agency

Date
09/28/2022

Full name of contributor

Susan Austin

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Lewisville TX 75056

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

GC/Designer

Employer (See Instructions)

Self-Employed

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: 19
2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2022	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Gwaltney 6 Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75007	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Titan Factory Direct Homes
Date 09/29/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Deborah Riggsby Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75010	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) pastor		Employer (See Instructions) UMC
Date 09/29/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) David Marchus Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75007	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) N/A
Date 07/01/2022	Full name of contributor ☐ out-of-state PAC (ID#: _____) Francine Ly Contributor address; City; State; Zip Code [REDACTED] Irving TX 75063	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Court Coordinator		Employer (See Instructions) Dallas County

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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
07/01/2022**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Patrick McGehearty

7 Amount of contribution (\$)
\$400.00**6** Contributor address;

City; State; Zip Code

Lewisville TX 75056

8 Principal occupation / Job title (See Instructions)

IT

9 Employer (See Instructions)

Oracle

Date
07/01/2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Cray

Amount of contribution (\$)
\$500.00

Contributor address;

City; State; Zip Code

Carrollton TX 75007

Principal occupation / Job title (See Instructions)

Director of Construction

Employer (See Instructions)

Alamo Manhattan

Date
07/13/2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karla Gonzalez

Amount of contribution (\$)
\$100.00

Contributor address;

City; State; Zip Code

Irving TX 75062

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

Parkland Hosp

Date
07/13/2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gabriel Rivas

Amount of contribution (\$)
\$25.00

Contributor address;

City; State; Zip Code

Arlington TX 76015

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Rivas Political Management & Consulting

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:
19**2** FILER NAME
Diana Weitzel**3** Filer ID (Ethics Commission Filers)**4** Date
07/13/2022**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
David Griggs**7** Amount of contribution (\$)
\$25.00**6** Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 45234**8** Principal occupation / Job title (See Instructions)
Attorney**9** Employer (See Instructions)
Law Office of Wendel Withrow**Date**
07/13/2022**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Sem Habtemariam**Amount of contribution (\$)**
\$100.00**Contributor address; City; State; Zip Code**
[REDACTED] Carrollton TX 75010**Principal occupation / Job title (See Instructions)**
Sales**Employer (See Instructions)**
Inogen**Date**
07/13/2022**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Tracy York**Amount of contribution (\$)**
\$25.00**Contributor address; City; State; Zip Code**
[REDACTED] Lewisville TX 75057**Principal occupation / Job title (See Instructions)**
QA Tech**Employer (See Instructions)**
Harland Clarke**Date**
07/13/2022**Full name of contributor** ☐ out-of-state PAC (ID#: _____)
Laurie Foster**Amount of contribution (\$)**
\$25.00**Contributor address; City; State; Zip Code**
[REDACTED] Carrollton TX 75006**Principal occupation / Job title (See Instructions)**
not employed**Employer (See Instructions)**
N/A**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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date

07/13/2022

5 Full name of contributor

Charles Douglas III

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Carrollton TX 78006

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

engineer

9 Employer (See Instructions)

Oncor

Date

07/13/2022

Full name of contributor

Deb Thobe

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Carrollton TX 75006

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Thobe Group, Inc.

Date

07/13/2022

Full name of contributor

Jennifer Monaco

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Prosper TX 75078

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Financial Advisor

Employer (See Instructions)

Wells Fargo

Date

07/13/2022

Full name of contributor

Jeremy Claybrook

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Carrollton TX 75007

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

Intuit

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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
07/13/2022**5** Full name of contributor

Ivan Hernandez

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Denton TX 76207

7 Amount of contribution (\$)
\$50.00**8** Principal occupation / Job title (See Instructions)

Process Server

9 Employer (See Instructions)

Premier Legal Processing

Date
07/13/2022

Full name of contributor

Billy Poer

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Denton TX 76209

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

Logistics Specialist

Employer (See Instructions)

DuraServe Corporation

Date
07/13/2022

Full name of contributor

Kim Payne

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Carrollton TX 75007

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)

Auditor

Employer (See Instructions)

Texas A&M AgriLife

Date
07/13/2022

Full name of contributor

Ki, Payne

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Carrollton TX 75007

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)

Auditor

Employer (See Instructions)

BOFA

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:
19

2 FILER NAME
Diana Weitzel

3 Filer ID (Ethics Commission Filers)

4 Date
07/13/2022

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Margo Ways

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
[REDACTED] Denton TX 76207

8 Principal occupation / Job title (See Instructions)
not employed

9 Employer (See Instructions)
N/A

Date
07/13/2022

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Pia Abraham

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
[REDACTED] Southlake TX 76092

Principal occupation / Job title (See Instructions)
not employed

Employer (See Instructions)
n/a

Date
07/13/2022

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ellen Hutton

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75230

Principal occupation / Job title (See Instructions)
Mental Health Therapist

Employer (See Instructions)
Selfq

Date
07/13/2022

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Randy Potts

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
[REDACTED] Grapevine TX 76051

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Real Time Resolutions

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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:
19**2** FILER NAME

Diana Weitzel

3 Filer ID (Ethics Commission Filers)**4** Date
07/13/2022**5** Full name of contributor

Dulce Ruque

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

Lewisville TX 75067

7 Amount of contribution (\$)
\$25.00**8** Principal occupation / Job title (See Instructions)

not employed

9 Employer (See Instructions)

N/A

Date
07/13/2022

Full name of contributor

Kurt Ehrlich

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Carrollton TX 75007

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

engineer

Employer (See Instructions)

UTSW

Date
07/13/2022

Full name of contributor

Penny Mallet

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Lewisville TX 75077

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

N/A

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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.

SCHEDULE A2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$50.00
5 Date of loan 12/08/2021	7 Name of lender ☐ out-of-state PAC (ID#: _____) Diana Weitzel	9 Loan Amount (\$) \$1,250.00
6 Is lender a financial institution? Y ☐ N ☒	8 Lender address; City; State; Zip Code [REDACTED] Dallas TX 75287	10 Interest rate 0
		11 Maturity date 12/08/2021
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self employed
14 Description of Collateral n/a ☐ none		15 Check if personal funds were deposited into political account (See Instructions) ☐
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender ☐ 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 ☐ none		Check if personal funds were deposited into political account (See Instructions) ☐
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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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
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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 07/07/2022		5 Payee name North Texas Asian Democrats			
6 Amount (\$) \$175.00		7 Payee address; City; State; Zip Code 2201 Main Street Ste. Dallas TX 75063 1140			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EventExpense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 07/03/2022		Payee name Act Blue			
Amount (\$) \$3.95		Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 07/10/2022		Payee name Act Blue			
Amount (\$) \$9.88		Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 07/17/2022		5 Payee name Act Blue			
6 Amount (\$) \$5.34		7 Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 07/24/2022		Payee name Act Blue			
Amount (\$) \$6.92		Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 07/31/2022		Payee name Act Blue			
Amount (\$) \$6.92		Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 08/07/2022		5 Payee name Act Blue			
6 Amount (\$) \$16.82		7 Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/14/2022		Payee name Act Blue			
Amount (\$) \$18.72		Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/21/2022		Payee name Act Blue			
Amount (\$) \$3.95		Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 08/28/2022		5 Payee name Act Blue			
6 Amount (\$) \$10.88		7 Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 09/04/2022		Payee name Act Blue			
Amount (\$) \$26.29		Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/30/2022		Payee name Joanna Cattanch			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 1118 Wiltshire Drive Carrollton TX 75007			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ConsultingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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: 10	2 FILER NAME Diana Weitzel	3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2022	5 Payee name Act Blue	
6 Amount (\$) \$3.95	7 Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 09/18/2022	Payee name Act Blue	
Amount (\$) \$29.63	Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/12/2022	Payee name Staples	
Amount (\$) \$79.00	Payee address; City; State; Zip Code 4400 Beltline Road Addison TX 75011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 09/14/2022		5 Payee name Texting For Less			
6 Amount (\$) \$122.36		7 Payee address; City; State; Zip Code 354 State St #104, Hackensack NJ 07601			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 09/25/2022		Payee name Harbor Freight			
Amount (\$) \$6.48		Payee address; City; State; Zip Code 3050 N Josey Carrollton TX 75007			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 09/21/2022		Payee name Hunter Digital Insights Consulting			
Amount (\$) \$216.50		Payee address; City; State; Zip Code 915 Coit Street denton TX 76201			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 09/14/2022		5 Payee name Frisco Democratic Club PAC			
6 Amount (\$) \$30.00		7 Payee address; City; State; Zip Code 13449 Grayhawk Blvd. Frisco TX 75033			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EventExpense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/28/2022		Payee name K&R Screen Graphics			
Amount (\$) \$1,736.06		Payee address; City; State; Zip Code 3915 Maine Street Dallas TX 75226			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PrintingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/10/2022		Payee name CopyPro Copy Center			
Amount (\$) \$238.15		Payee address; City; State; Zip Code 1300 W. Hickory denton TX 76201			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PrintingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 08/12/2022		5 Payee name LWV of Denton			
6 Amount (\$) \$62.00		7 Payee address; City; State; Zip Code PO Box 2544 Denton TX 76201			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/04/2022		Payee name US Postal Service			
Amount (\$) \$60.00		Payee address; City; State; Zip Code 194 Civic Circle Lewisville TX 75067			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 08/04/2022		Payee name Texting For Less			
Amount (\$) \$366.00		Payee address; City; State; Zip Code 354 State Street Ste. 104 Hackensack TX 07601			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 07/22/2022		5 Payee name Rivas Political Management & Consulting			
6 Amount (\$) \$2,500.00		7 Payee address; City; State; Zip Code 500 East Front St. Ste. Arlington TX 76011 160-102			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ConsultingExpense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 07/20/2022		Payee name Francine Ly for Senate			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 1104 Catalpa Circle Irving TX 75063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EventExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Francine Ly		Office sought Office held for State Senate Dist 13	
Date 07/20/2022		Payee name Metrocrest Chambrt of Commerce			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 14681 Midway Road, Addison TX 75254 Ste 200			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EventExpense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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Candidate/Officeholder/Political Committee
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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: 10		2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)	
4 Date 07/11/2022		5 Payee name Gardella for JP			
6 Amount (\$) \$25.00		7 Payee address; City; State; Zip Code 2001 Sunny Side Dr Little Elm TX 75068			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EventExpense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Stephanie Gardella		Office sought for JP 2	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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