# 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 file 34	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Diana	MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST Weitzel	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #; (	CITY; STATE; ZIP CODE  TX 75287		
Change of Address				ļ	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST sandy	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	NICKIANE	swan	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	1		denton	TX	76209
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e		treasurer ap (Officeholde	
	July 15	8th day before ele	Reporting Limit	Final Report	(Alladi Cion-FR)
10 PERIOD COVERED	Month 07	Day Year  /01 /2022	THROUGH 09	Day Year /29 /2022	
11 ELECTION	Month Day	Year Primary	Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any)	·	13 OFFICE SOUGHT (If know County Commissioner F		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	<b>☑</b> GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER 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	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$.00	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,222.50	
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,359.80	
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD</li> </ol>	\$2,643.79	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$1,250.00	
Please complete either option below:  (1) Affidavit			
NOTARY STAMP/SEAL Sworn to and subscribed		day of	
	which, witness my hand and seal of office.		
Signature of officer administe	ring 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	i	
My address is			
my address is		etata) (eia ande) (et)	
		state) (zip code) (country)	
Executed in	County, State of , on the day of (month		
	Signature of Candid	date/Officeholder (Declarant)	

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILERN	AME	20 Filer ID (Ethics Co	mmission Filers)
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$\$6,812.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$\$410.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$\$0.00
4.	SCHEDULE E: LOANS		\$\$1,250.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ntributions	\$\$7,359.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TONS	\$\$0.00

# SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Diana Weitze	I		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/05/2022	Adrienne Weitzel		\$250.00
	6 Contributor address; City; State	; Zip Code	
	,	X 75068	
•			
Financial Adv	risor	Bank of America	
Date	Full name of contributor  ut-of-state PAC	(ID#: )	Amount of contribution (\$)
07/26/2022	Liz Boulia	,	\$25.00
			323.00
	Contributor address; City; State		
	Pilot Point T	X 76258	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Insurance Age	, ,	Jeff Adams Insurance	
_			
Date	Full name of contributor  ut-of-state PAC	; (ID#:)	Amount of contribution (\$)
07/11/2022	Alison Maguire-Powell		\$10.00
	Contributor address; City; State	; Zip Code	
		X 76210	
•	Deliton 1X 70210		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
City Council I	Member	City of Denton	
Date	5.11		
07/14/2022	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
0771472022	Rocio Gosewehr		\$100.00
	Contributor address; City; State	; Zip Code	
	Plano T	X 75025	
Principal cocur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Attorney	alion / Job tile (See Instructions)	Snellings Law PLLC	iioris)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Diana Weitze	·I		
4 Date	5 Full name of contributor □ out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/17/2022	Vicki Myles		\$25.00
	6 Contributor address; City; State;	Zip Code	
	Grand Prairie TX	75052	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			tions)
not employed		n/a	
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
07/18/2022	SANDY SWAN		\$100.00
	Contributor address; City; State;	Zip Code	
	Denton T		
	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Case Worker		IFM	
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
07/20/2022	Sandra Weinstein		\$75.00
	Contributor address; City; State;	Zip Code	
	Flower Mound TX		
Principal occupation / Job title (See Instructions) Employer (See Instructions)  Project Manager AT&T			
Project Mana	yei	7101	
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
07/15/2022	Gina Daly		\$25.00
	Contributor address; City; State;	Zip Code	
	Lantana T	X 76226	
Dein ein al. and	estion / Joh siste /Con Instruction	Femiliana (Constant	F
not employed	eation / Job title (See Instructions)	Employer (See Instruct n/a	iions)
not omployed		1170	
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# SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Diana Weitze	el		
4 Date	5 Full name of contributor out-of-state PAC	(ID#: )	7 Amount of contribution (\$)
07/27/2022	Paul Hutmacher		\$25.00
	6 Contributor address; City; State	; Zip Code	
		X 76208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
engineer		Microsoft	
Data	Full name of contributor out-of-state PAC	ODE.	
Date 07/30/2022	Sem Habtemariam	, (ID#:)	Amount of contribution (\$) \$100.00
0770072022			\$100.00
	Contributor address; City; State		
	Carrollton T	X 75010	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Sales		Inogen	
Date	Full name of contributor out-of-state PAC	: (ID#-	Amount of contribution (0)
08/05/2022	Rocio Gosewehr	, (1341	Amount of contribution (\$) \$100.00
	Contributor address; City; State	; Zip Code X 75025	
	Platfo	A 75025	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Attorney		Snellings Law PLLC	
Date	Full name of contributor	A (IDE.	Amount of contribution (\$)
08/06/2022	Aaron Coventry	, (ID#:)	\$25.00
		; Zip Code X 75007	
	Canonion	X 73007	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Research An	alyst	Intrusion, Inc.	

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## SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Diana Weitze	el		
4 Date	5 Full name of contributor out-of-state PAG	C (ID4:	7 Amount of contribution (\$)
08/06/2022		(IDW.	\$15.00
00/00/2022	Gary Spinell		313.00
_	6 Contributor address: City; State	; Zip Code	
	McKinney T	X 75072	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
Treasurer		PLH	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/06/2022	Don Caterisano		\$100.00
			¥100.00
_	Contributor address; City; State	e; Zip Code	
	Flower Mound T	X 75022	
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Telecom		Juniper Networks	
Date	Full name of contributor  ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/06/2022	Don Frey		\$50.00
	Contributor address; City; State		
	Coppell T	X 75019	
Dringing com	ention / Joh title /Con Instructions)	Employer (Can Instruc	tions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
not employed	1	n/a	
Data	Education -		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
08/06/2022	Gail Campbell		\$25.00
	Contributor address; City; State	e; Zip Code	
		X 76226	
	nigyle i	70220	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Clerical		Roselawn	
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# SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Diana Weitze	el		
4 Date	5 Full name of contributor out-of-state PAC	(ID#: )	7 Amount of contribution (\$)
08/06/2022	Matha Grizzel		\$25.00
	6 Contributor address; City; State	; Zip Code	
	Carrollton T	X 75007	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
not employed	1	n/a	
Date	Full name of contributor  ut-of-state PAC	: (ID#:	Account of annihusian (ft)
08/06/2022	Jim Williams	,	Amount of contribution (\$) \$25.00
	Contributor address; City; State	; Zip Code	
		X 76208	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Retired		n/a	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/07/2022	Barbara Palcewski		\$10.00
	Contributor address: City; State	; Zip Code	
	San Antonio T	X 78209	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Retired	and the least mandalons,	n/a	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/07/2022	Ed Soph		\$25.00
_		; Zip Code	
	DENTON T	X 76209	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Retired		N/A	

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# SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Diana Weitze	el		
4 Date	5 Full name of contributor out-of-state PAC	(ID#: )	7 Amount of contribution (\$)
08/07/2022	Heidi Wicker		\$25.00
	6 Contributor address; City; State	; Zip Code	
	Flower Mound T	X 75028	
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
not employed		9 Employer (See Instruc N/A	uoris)
		1	
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
08/11/2022	Alision Maguire-Powell		\$10.00
	Contributor address; City; State	; Zip Code	
	Denton T	X 76210	
District	eation / Job title (See Instructions)	F1(D11	r>
City Council N	` '	Employer (See Instruct City of Denton	tions)
,		,	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/12/2022	Layne Hymel		\$25.00
	Contributor address; City; State	; Zip Code	
	Vacherie L	A 70090	
Dringing Court	ention / Joh title (Can Instructions)	Employer (See Instruc	tions)
Software Eng	pation / Job title (See Instructions)	Employer (See Instruc Match Group	tions)
Commune Em	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	materi Group	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/10/2022	Pat Cochran		\$500.00
	Contributor address; City; State	; Zip Code	
	Carrollton T	X 75006	
District Control	ried the file (One leater riege)		**
Realton	pation / Job title (See Instructions)	Employer (See Instruc Self-Employed	tions)
reditori		our-Employed	

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## SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Diana Weitzel			
4 Date 5 Full name of contributor □ out-of-state PAC (ID#: )	7 Amount of contribution (\$)		
08/10/2022 Judy Clay	\$250.00		
outy olay	-		
6 Contributor address; City; State; Zip Code			
arrollton TX 75010			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Retired N/A			
Date Full name of contributorout-of-state_PAC (ID#:)	Amount of contribution (#)		
	Amount of contribution (\$)		
08/14/2022 Kurt Ehrlich	\$100.00		
Contributor address: City; State; Zip Code			
Carrollton TX 75007			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
engineer UTSW	,		
Date Full name of contributor □ out-of-state PAC (ID#: )	Amount of contribution (\$)		
	***		
08/13/2022 Rodney Stewart	\$12.50		
Contributor address; City; State; Zip Code			
The Colony TX 75056			
The colony TX Tools			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
Vocation Supervisor Texas HHS			
Date Full name of contributor	Amount of contribution (\$)		
001-01-state PAC (ID#:			
08/18/2022 sandy swan	\$100.00		
Contributor address; City; State; Zip Code			
denton TX 76209			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
Case Worker IFM			
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## SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 19
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Diana Weitze	el		
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/23/2022	Jennifer Lane		\$25.00
_	6 Contributor address: City; State	; Zip Code	
	Denton T	X 76205	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			tions)
Professor		UNT	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
08/24/2022	Diane Malas		\$25.00
	Contributor address; City; State	; Zip Code	
		X 76209	
	eation / Job title (See Instructions)	Employer (See Instruc	tions)
not employed		n/a	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/24/2022	Brandon Brotherton		\$25.00
	Contributor address; City; State	; Zip Code	
		X 76209	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Energy		Self-Employed	
Date	Full name of contributor	; (ID#: )	Amount of contribution (\$)
08/25/2022	Dru Murray	,	\$100.00
		; Zip Code	
	Flower Mound T		
	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Journalist		Self-Employed	

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# SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Diana Weitzel		
4 Date 5 Full name of contributor out-of-state PAC (ID#: )	7 Amount of contribution (\$)	
08/25/2022 Kay Skiles	\$50.00	
6 Contributor address; City; State; Zip Code		
Lewisville TX 75077		
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)		
not employed N/A		
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	
08/26/2022 Liz Boulia	\$25.00	
Contributor address; City; State; Zip Code		
Pilot Point TX 76258		
Principal occupation / Job title (See Instructions) Employer (See Instructions)  Insurance Agent Jeff Adams Insurance		
	1	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
08/26/2022 Ramona Thompson	\$25.00	
Contributor address; City; State; Zip Code		
Frisco TX 75036		
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)	
Retired N/A		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
10/29/2022 Melinda Jemison	\$50.00	
Contributor address; City; State; Zip Code		
Lewisville TX 75067		
Principal occupation / Job title (See Instructions) Employer (See Instructions)  Secretary ATLAS	ctions)	
- Costolary - Marie		

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# SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 19			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Diana Weitze					
4 Date 10/30/2022	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$) \$250.00		
10/30/2022	Marston Meador		\$250.00		
	6 Contributor address; City; State	Zip Code			
	Carrollton T	X 75007			
8 Principal occu not employed	pation / Job title (See Instructions)	9 Employer (See Instruc N/A	tions)		
Date	Full name of contributor 🗹 out-of-state PAC	(ID#:)	Amount of contribution (\$)		
09/02/2022	Elizabeth Williams		\$25.00		
	Contributor address; City; State	; Zip Code			
		M 88310			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
not employed		N/A			
Date	Full name of contributor	(IDA:			
09/02/2022	Henry LaRowe	(ID#)	Amount of contribution (\$) \$25.00		
03/02/2022			\$23.00		
	Contributor address; City; State;	Zip Code			
	Denton T	X 76208			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Landscaper		Yellowstone Landsca	ре		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
09/02/2022	Henry Rivas		\$15.00		
_	Contributor address; City; State	; Zip Code			
	Carrollton T	X 75007			
-					
	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Executive Di	rector	CHRISTUS Health			

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## SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 19 2 FILER NAME Diana Weltz=  4 Date 09/04/2022  5 Full name of contributor Catherine Lustgarten  6 Contributor address: City: State; Zip Code Denton TX 76207  8 Principal occupation / Job title (See Instructions) Retired  Amount of contribution (\$)  10 Employer (See Instructions) N/A  Amount of contribution (\$)  11 Total pages Schedule A1: 19 12 Full name of contributor   out-el-state PMC (DM: 76207)  Principal occupation / Job title (See Instructions) City Council Member  Carol Donovan Contributor address; City: State; Zip Code Denton TX 76210  Principal occupation / Job title (See Instructions) City Council Member  Carol Donovan Contributor address; City: State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Date Date Date Date Date Date Date Contributor address; City: State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Carol Crabtree Donovan, PC  Date Date Date Date Date Date Date Full name of contributor   out-el-state PMC (DM: 500 00)  Employer (See Instructions) Carol Crabtree Donovan, PC  Amount of contribution (\$)  S500.00  Amount of contribution (\$)  S100.00  Employer (See Instructions) Carol Crabtree Donovan, PC  Date Date Date Date Date Date Date Dat	### Principal occupation / Job title (See Instructions)    Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)				
Diana Weitzet  4 Date 09/04/2022	Diana Weitzel  4 Date 5 Full name of contributor	The	Instruction Guide explains how to complete this		
4 Date 09/04/2022 Catherine Lustgarten Catherine Lustgarten 6 Contributor address: City; State; Zip Code Denton TX 76207  8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) N/A  Date 09/11/2022 Alison Maguire-Powell City; State; Zip Code Denton TX 76210  Principal occupation / Job title (See Instructions) City Council Member Eull name of contributor Carol Donovan Contributor address; City; State; Zip Code Denton TX 75214  Principal occupation / Job title (See Instructions) City: State; Zip Code Denton TX 75214  Principal occupation / Job title (See Instructions) City: State; Zip Code Denton TX 75214  Principal occupation / Job title (See Instructions) City: State; Zip Code Denton TX 75214  Principal occupation / Job title (See Instructions) City: State; Zip Code Denton TX 75214  Principal occupation / Job title (See Instructions) Carol Crabtree Donovan, PC  Date Full name of contributor Out-of-state PAC (IDF: Amount of contribution (\$) S100.00  Principal occupation / Job title (See Instructions) Carol Crabtree Donovan, PC  Date Contributor Out-of-state PAC (IDF: Amount of contribution (\$) S100.00  Principal occupation / Job title (See Instructions) City: State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) Employer (See Instructions)	4 Date 09/04/2022  5 Full name of contributor	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
09/04/2022   Catherine Lustgarten   S300.00    8	Catherine Lustgarten   Gatherine Lustgarten	Diana Weitze	el		
Catherine Lustgarten  6 Contributor address; City; State; Zip Code Denton TX 76207  8 Principal occupation / Job title (See Instructions) Retired  Date O9/11/2022  Alison Maguire-Powell Principal occupation / Job title (See Instructions) City Council Member  Carol Donovan Contributor address; City; State; Zip Code Denton TX 76210  Employer (See Instructions) City of Denton  Amount of contribution (\$) S10.00  Principal occupation / Job title (See Instructions) City of Denton  Date O9/12/2022  Carol Donovan Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) City of Denton  Carol Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Carol Crabtree Donovan, PC  Date O9/14/2022  Garr Lystad Contributor address; City: State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) Carol Crabtree Donovan, PC  Employer (See Instructions) S100.00	Catherine Lustgarten  6 Contributor address:  Denton  TX  TS207  8 Principal occupation / Job title (See Instructions)  Retified  Full name of contributor  Alison Maguire-Powell  City: State: Zip Code Denton  TX  TS210  Amount of contribution (\$)  S10.00  Amount of contribution (\$)  S10.00  Principal occupation / Job title (See Instructions)  City Council Member  Carol Donovan  Contributor address:  City: State: Zip Code Denton  TX  TS214  Principal occupation / Job title (See Instructions)  Attorney  Full name of contributor  Carol Crabtree Donovan, PC  Date Full name of contributor  Carol Crabtree Donovan, PC  Carol Crabtree Donovan, PC  Employer (See Instructions)  Carol Crabtree Donovan, PC  Principal occupation / Job title (See Instructions)  Attorney  Full name of contributor  Carol Crabtree Donovan, PC  Employer (See Instructions)  Employer (See Instructions)  S100.00  S100.	4 Date	5 Full name of contributor	: (ID#:	7 Amount of contribution (\$)
S   Principal occupation / Job title (See Instructions)   State: Zip Code	General contributor address;   City: State: Zip Code   Denton   TX   76207	09/04/2022	_	,	\$300.00
B Principal occupation / Job title (See Instructions) Retired  Date  Date  O9/11/2022  Full name of contributor Alison Maguire-Powell  Contributor address; City; State; Zip Code Denton  Date  Principal occupation / Job title (See Instructions) City Council Member  Full name of contributor Carol Donovan Contributor address; City; State; Zip Code Denton  Date Date Date Date Principal occupation / Job title (See Instructions) City of Denton  Full name of contributor Carol Donovan Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Carol Crabtree Donovan, PC  Full name of contributor  Date Date Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Carol Crabtree Donovan, PC  Full name of contributor Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) S100.00  Employer (See Instructions) S100.00  Employer (See Instructions) S100.00  Employer (See Instructions) S100.00	Denton   TX   76207				
Retired    Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)	B Principal occupation / Job title (See Instructions) Retired  Date Date Date Date Distriction Maguire-Powell Contributor address; City; State; Zip Code Denton  Date Date Date Date Date Date Date Dat				
Retired    Date   Date   Full name of contributor   Out-of-state PAC (ID#:	Retired    Date   Date   Full name of contributor     out-of-state PAC (ID)#     Amount of contribution (\$)   \$10.00		Denton	X /620/	
Date 09/11/2022    Full name of contributor	Date   Full name of contributor   out-of-state PAC (ID#:   S10.00   S10.00   S10.00	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Alison Maguire-Powell  City: State: Zip Code Denton TX 76210  Principal occupation / Job title (See Instructions) City Council Member  Date 09/12/2022  Carol Donovan Contributor address; City: State: Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) City: State: Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Date 09/14/2022  Full name of contributor out-of-state PAC (ID#:	Alison Maguire-Powell  Contributor address; City; State; Zip Code Denton TX 76210  Principal occupation / Job title (See Instructions) City Council Member  Date Og/12/2022 Carol Donovan Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Date Full name of contributor Date Carol Crabtree Donovan, PC  Date Og/14/2022 Carol Lamber City; State; Zip Code Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Date Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) City of Denton  Amount of contribution (\$) S100.00  Principal occupation / Job title (See Instructions) In/a	Retired		N/A	
Alison Maguire-Powell  Contributor address; City; State; Zip Code Denton TX 76210  Principal occupation / Job title (See Instructions) City Council Member  Carol Donovan Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) City of Denton  Amount of contribution (\$) S500.00  Principal occupation / Job title (See Instructions) Carol Crabtree Donovan, PC  Date O9/14/2022  Full name of contributor	Alison Maguire-Powell  Contributor address; City; State; Zip Code Denton TX 76210  Principal occupation / Job title (See Instructions) City Council Member  Date Og/12/2022 Carol Donovan Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Date Full name of contributor Date Carol Crabtree Donovan, PC  Date Og/14/2022 Carol Lamber City; State; Zip Code Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Date Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) City of Denton  Amount of contribution (\$) S100.00  Principal occupation / Job title (See Instructions) In/a	Date	Full name of contributor	: (ID#:	
Principal occupation / Job title (See Instructions) City Council Member    Carol Donovan   Carol Donovan   Carol Crabtree	Principal occupation / Job title (See Instructions)  City Council Member  Employer (See Instructions)  City of Denton  Date  Full name of contributor  Carol Donovan  Contributor address;  City; State; Zip Code  Dallas TX 75214  Principal occupation / Job title (See Instructions)  Attorney  Employer (See Instructions)  Carol Crabtree Donovan, PC  Carol Crabtree Donovan, PC  Date  Full name of contributor  Og/14/2022  Garr Lystad  Contributor address;  City; State; Zip Code  Corinth  TX 76210  Amount of contribution (\$)  \$100.00  Principal occupation / Job title (See Instructions)  Carol Crabtree Donovan, PC  Employer (See Instructions)  Carol Crabtree Donovan, PC  Amount of contribution (\$)  \$100.00  Full name of contributor  Og/14/2022  Garr Lystad  Contributor address;  City; State; Zip Code  Corinth  TX 76210  Principal occupation / Job title (See Instructions)  not employed  Employer (See Instructions)  not employed			, (10.11)	***
Principal occupation / Job title (See Instructions) City Council Member    Date	Principal occupation / Job title (See Instructions) City Council Member  Date Og/12/2022 Carol Donovan Contributor address; City: State; Date Date Date Date Date Date Date Date	03/11/2022	Allson Maguire-Powell		\$10.00
Principal occupation / Job title (See Instructions) City Council Member    Date	Principal occupation / Job title (See Instructions)  City Council Member    Date		Contributor address; City; State	; Zip Code	
City Council Member  City of Denton    Date	Date   Full name of contributor   out-ef-state PAC (ID#:		Denton T	X 76210	
City Council Member  City of Denton    Date	Date   Full name of contributor   out-ef-state PAC (ID#:	District Control	orien / leb side (One between on)	F1(D11	r
Date 09/12/2022   Full name of contributor   out-of-state PAC (ID#:	Date 09/12/2022    Full name of contributor		· · · · · · · · · · · · · · · · · · ·		tions)
Carol Donovan  Contributor address; City; State; Zip Code  Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Carol Crabtree Donovan, PC  Date 09/14/2022  Full name of contributor Garr Lystad Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions)  Employer (See Instructions) Amount of contribution (\$) \$100.00	O9/12/2022 Carol Donovan Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Date O9/14/2022 Garr Lystad Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) Remployer (See Instructions) S100.00  Amount of contribution (\$) S100.00  Principal occupation / Job title (See Instructions) not employed  Employer (See Instructions) Imployer (See Instruct	City Council iv	icinido	Only of Benton	
Carol Donovan  Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Employer (See Instructions) Carol Crabtree Donovan, PC  Date 09/14/2022  Full name of contributor Garr Lystad Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) \$100.00	Carol Donovan Contributor address; City; State; Zip Code Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Employer (See Instructions) Carol Crabtree Donovan, PC  Date O9/14/2022  Garr Lystad Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) not employed  Employer (See Instructions) S100.00  Employer (See Instructions) not employed	Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Attorney  Employer (See Instructions) Carol Crabtree Donovan, PC  Date O9/14/2022  Full name of contributor Garr Lystad Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Employer (See Instructions) Carol Crabtree Donovan, PC  Date Date Garr Lystad Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) not employed  Dallas TX 75214  Employer (See Instructions) Employer (See Instructions) n/a	09/12/2022	Carol Donovan		\$500.00
Principal occupation / Job title (See Instructions) Attorney  Employer (See Instructions) Carol Crabtree Donovan, PC  Principal occupation / Job title (See Instructions)  Carol Crabtree Donovan, PC  Amount of contribution (\$) S100.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	Dallas TX 75214  Principal occupation / Job title (See Instructions) Attorney  Employer (See Instructions) Carol Crabtree Donovan, PC  Date Date Garr Lystad Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) not employed  Dallas TX 75214  Employer (See Instructions) Employer (See Instructions) n/a				
Principal occupation / Job title (See Instructions) Attorney  Employer (See Instructions) Carol Crabtree Donovan, PC    Date	Principal occupation / Job title (See Instructions)  Attorney    Employer (See Instructions)			· ·	
Attorney  Carol Crabtree Donovan, PC  Date 09/14/2022  Full name of contributor	Date 09/14/2022   Full name of contributor   out-of-state PAC (ID#:	_	Dallas	A 73214	
Date   Full name of contributor   out-of-state PAC (ID#:	Date 09/14/2022   Full name of contributor   out-of-state PAC (ID#:	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
09/14/2022 Garr Lystad \$100.00  Contributor address; City; State; Zip Code  Corinth TX 76210  Principal occupation / Job title (See Instructions) Employer (See Instructions)	O9/14/2022 Garr Lystad S100.00  Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) not employed n/a	Attorney		Carol Crabtree Donov	van, PC
09/14/2022 Garr Lystad \$100.00  Contributor address; City; State; Zip Code  Corinth TX 76210  Principal occupation / Job title (See Instructions) Employer (See Instructions)	O9/14/2022 Garr Lystad S100.00  Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) not employed n/a	Date	Full pame of contributor		Amount of contribution (8)
Contributor address; City; State; Zip Code  Corinth TX 76210  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Contributor address; City; State; Zip Code Corinth TX 76210  Principal occupation / Job title (See Instructions) not employed  Employer (See Instructions) n/a		out of state 1740	; (ID#:)	
Corinth TX 76210  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occupation / Job title (See Instructions) not employed  Employer (See Instructions) n/a	00/14/2022	Garr Lystad		\$100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occupation / Job title (See Instructions)  not employed  Employer (See Instructions)  n/a		Contributor address; City; State		
	not employed n/a		Corinth T	X 76210	
not employed n/a		Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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## SCHEDULE A1

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Diana Weitze	el		The second secon	
4 Date	5 Full name of contributor  ut-of-state PAC	: (ID#-	7 Amount of contribution (\$)	
10/16/2022	Lisa Magee	, (ion.	\$50.00	
10/10/2022	Lisa Magee		550.00	
	6 Contributor address; City; State	; Zip Code		
	Houston T	X 77095		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
CPA		Self-Employed		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
10/18/2022	sandy swan		\$100.00	
			\$100.00	
	Contributor address; City; State	; Zip Code		
	denton T	X 76209		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Case Worker		IFM		
Date	Full name of contributor  out-of-state PAC	(ID#: )	Amount of contribution (\$)	
09/26/2022	Liz Boulia		\$25.00	
03/20/2022	Liz Boulla		\$23.00	
	Contributor address; City; State	; Zip Code		
	Pilot Point T	X 76258		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Insurance Ag		Jeff Adams Insurance		
	,			
Date	Full name of contributor  out-of-state PAC	A (IDA)	Amount of contribution (\$)	
09/28/2022	- Col of Male 176	(ID#:)		
09/20/2022	Susan Austin		\$100.00	
	Contributor address; City; State	; Zip Code		
	Lewisville T	X 75056		
	25111511115			
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
GC/Designer	,	Self-Employed	,	
OO/Designer		Scii-Employed		
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# SCHEDULE A1

The	1 Total pages Schedule A1: 19				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
_	Diana Weitzel				
4 Date	5 Full name of contributor out-of-state PAC	: (ID#-	7 Amount of contribution (\$)		
09/28/2022	Michael Gwaltney	, (100).	\$100.00		
	6 Contributor address; City; State	; Zip Code			
	Carrollton T	X 75007			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Accountant		Titan Factory Direct H	lomes		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
09/29/2022	Deborah Riggsby		\$25.00		
	Contributor address; City; State	; Zip Code			
	Carrollton T	X 75010			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
pastor		UMC			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
09/29/2022	David Marchus		\$25.00		
	Contributor address. City State	. To Code			
	Contributor address; City; State	· ·			
	Carrollton TX 75007				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
not employed	i	N/A			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
07/01/2022	Francine Ly		\$50.00		
	Contributor address; City; State	; Zip Code			
		X 75063			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Court Coordi	nator	Dallas County			
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 9/8/2015

# SCHEDULE A1

2 FILER NAME Diana Weitzel  4 Date 07/01/2022  6 Contributor address; Elevisville  7 Amount of contribution (\$) \$400.00  8 Principal occupation / Job title (See Instructions) IT  9 Employer (See Instructions) Oracle				
4 Date 07/01/2022  5 Full name of contributor				
07/01/2022 Patrick McGehearty \$400.00  6 Contributor address; City; State; Zip Code Lewisville TX 75056  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)				
6 Contributor address; City; State; Zip Code Lewisville TX 75056  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)				
Lewisville TX 75056  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)				
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
07/01/2022 Scott Cray \$500.00				
Contributor address; City; State; Zip Code				
Carrollton TX 75007				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Director of Construction Alamo Manhattan				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
07/13/2022 Karla Gonzalez \$100.00				
Contributor address; City; State; Zip Code				
Irving TX 75062				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
RN Parkland Hosp				
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)				
07/13/2022 Gabriel Rivas \$25.00				
Contributor address; City; State; Zip Code				
Arlington TX 76015				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Consultant Rivas Political Management & Consulting				
1				

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# SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Diana Weitze	el		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
07/13/2022	David Griggs	\$25.00	
	6 Contributor address; City; State; Zip Code		
	6 Contributor address; City; State; Zip Code  Dallas TX 45234		
	Builds 17 45254		
8 Principal occur		See Instructions)	
Attorney	Law Office	of Wendel Withrow	
Date	Full name of contributor out-of-state_PAC_(ID#:	)	
07/13/2022	Sem Habtemariam	Amount of contribution (\$) \$100.00	
0771072022		\$100.00	
	Contributor address; City; State; Zip Code		
	Carrollton TX 75010		
Principal occup	eation / Job title (See Instructions) Employer (S	See Instructions)	
Sales	Inogen	non-delication and the second	
		I	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
07/13/2022	Tracy York	\$25.00	
	Contributor address; City; State; Zip Code		
	Lewisville TX 75057		
Principal occup		See Instructions)	
QA Tech	Harland Cla	arke	
Date	Full name of contributor	Amount of contribution (#)	
07/13/2022	at of state 17th law.	Amount of contribution (\$) \$25.00	
0771372022	Laurie Foster		
	Contributor address; City; State; Zip Code		
	Carrollton TX 75006		
Principal occur	pation / Job title (See Instructions) Employer (S	See Instructions)	
not employed	N/A	,	

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# SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Diana Weitze	el .		
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/13/2022	Charles Dougnlas III		\$25.00
	6 Contributor address; City; State	; Zip Code	
	Carrollton T	X 78006	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
engineer		Oncor	
Date	Full name of contributor out-of-state PAC	(ID#: )	Assessment of contribution (ff)
07/13/2022	Deb Thobe	,	Amount of contribution (\$) \$20.00
		. Zin Code	
	Contributor address; City; State Carrollton T	; Zip Code X 75006	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Consultant		Thobe Group, Inc.	
Date	Full name of contributor  ut-of-state PAC	(ID#: )	Amount of contribution (\$)
07/13/2022	Jennifer Monaco		\$100.00
	Contributor address; City; State	; Zip Code	
		X 75078	
	-		
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Financial Adv	visor	Wells Fargo	
Date	Full name of contributor	(ID#: )	Amount of contribution (\$)
07/13/2022	Jeremy Claybrook		\$10.00
	Contributor address; City; State	; Zip Code	
		X 75007	
_			
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Accountant		Intuit	

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## SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Diana Weitzel				
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
07/13/2022 Ivan Hernandez	\$50.00			
6 Contributor address; City; State; Zip Code				
Denton TX 76207				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc				
Process Server Premier Legal Proces	sing			
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)			
07/13/2022 Billy Poer	\$25.00			
Contributor address; City; State; Zip Code				
Denton TX 76209				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Logistics Specialist DuraServe Corporation	n			
Date Full name of contributor □ out-of-state PAC (ID#: )	Amount of contribution (\$)			
07/13/2022 Kim Payne	\$50.00			
Contributor address; City; State; Zip Code				
Carrolltom TX 75007				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Auditor Texas A&M AgriLife				
Date Full name of contributor □ out-of-state PAC (ID#: )	Amount of contribution (\$)			
07/13/2022 Ki, Payne	\$50.00			
Contributor address; City; State; Zip Code				
Carrollton TX 75007				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Auditor BOFA				
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## SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 19		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Diana Weitze	el .			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
07/13/2022	Margo Ways		\$250.00	
	6 Contributor address; City; State	; Zip Code		
	Denton T.	X 76207		
	pation / Job title (See Instructions)	9 Employer (See Instruction)	tions)	
not employed	i	N/A		
Date	Full name of contributor	(ID#: )	Amount of contribution (\$)	
07/13/2022	Pia Abraham		\$100.00	
	Contributor address; City; State	. Zin Codo		
		; Zip Code X 76092		
•	- Countain			
	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
not employed		n/a		
Date	Full name of contributor	(ID#: )	Amount of contribution (\$)	
07/13/2022	Ellen Hutton		\$100.00	
Contributor address; City; State; Zip Code				
		X 75230		
	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Mental Healt	h Therapist	Selfq		
Date	Full name of contributor out-of-state PAC	(ID#-	Amount of contribution (\$)	
07/13/2022	Randy Potts	,,	\$500.00	
	Contributor address; City; State	; Zip Code		
	,	X 76051		
	pation / Job title (See Instructions)	Employer (See Instruc		
Executive		Real Time Resolution	s	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 9/8/2015

# 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	Full name of contributor	Zip Code	7 Amount of contribution (\$) \$25.00	
8 Principal occu not employed		9 Employer (See Instruc N/A	tions)	
Date 07/13/2022	Full name of contributor out-of-state PAC  Kurt Ehrlich  Contributor address; City; State;  Carrollton TX	Zip Code	Amount of contribution (\$) \$100.00	
Principal occup engineer	vation / Job title (See Instructions)	Employer (See Instruct UTSW	ions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  97/13/2022 Penny Mallet Contributor address; City; State; Zip Code Lewisville TX 75077				
Principal occup not employed	pation / Job title (See Instructions)	Employer (See Instruc N/A	tions)	
Date	Full name of contributor out-of-state PAC  Contributor address; City; State;	(ID#:)	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.				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 1	
2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$\$0.00	
09/28/2022 Blue Horizon PAC		8 Amount of Contribution \$ In-kind contribution description \$100.00 Political Consulting		
	San Antonio TX 782	78	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	stor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/21/2022  Full name of contributor  out-of-state PAC (ID#: Amount of Contribution \$ description  \$ description  \$ S310.00  Advertixing  \$ Contributor address;  City; State; Zip Code				
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction			

LOANS SCHEDULE E

	The	1 Total pages Schedule E: 1			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Diana Weitzel				
4 TOTAL OF UNITEMIZED LOANS				\$\$0.00	
5	Date of loan	7 Name of lender  ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
	12/08/2021	Diana Weitzel		\$1,250.00	
6	Is lender	8 Lender address; City; S	State; Zip Code	10 Interest rate	
	a financial Institution?	Dallas	TX 75287	0	
	V N	Dallas	17 73207	11 Maturity date	
	Ď			12/08/2021	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
	Attorney		Self employed		
14	Description of Collin/a none	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City; S	State; Zip Code		
	not applicable				
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial	Lender address; City; S	State; Zip Code	Interest rate	
	Institution?			Maturity date	
	<u> </u>				
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal funds were	deposited into political	
account (See Instructions)					
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City; 5	State; Zip Code		
	not applicable				
Principal Occupation (See Instructions) Employer (See Instructions)					
F					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Uniceriolder/Political Committee 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: 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 (\$)	7 Payee address; City; State; Zip Code		
\$175.00	2201 Main Street Ste. Dallas TX 1140	75063	
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	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07/03/2022	Act Blue		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.95	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07/10/2022	Act Blue		
Amount (\$)	Payee address; City; State; Zip Code		
\$9.88	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	
EXPENDITORE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Cith/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	al Committee Legal Service The Instru	uction Guide explains how to	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
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 (\$)	7 Payee address;	City; State; Zip Code		
\$5.34	P.O. Box 44146	Sommerville MA	02144	
8	(a) Category (See Categori	es listed at the top of this schedule)	(b) Description	
PURPOSE	SolicitationFundrais	singExpense		utside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeh	nolder name	Office sought	Office held
Date	Payee name			
07/24/2022	Act Blue			
Amount (\$)	Payee address;	City; State; Zip Code		
\$6.92	P.O. Box 44146	Sommerville MA	02144	
	Cologony (Co. Cologo	es listed at the top of this schedule)	Description	
DUDDOCE			Description Check if travel ou	tside of Texas. Complete Schedule T.
PURPOSE OF	SolicitationFundrais		Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
			Check if travel ou	
OF	SolicitationFundrais  Candidate / Officeh	singExpense	Check if travel ou	
OF EXPENDITURE  Complete ONLY if direct	SolicitationFundrais  Candidate / Officeh	singExpense	Check if travel ou	, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	SolicitationFundrais  Candidate / Officeh	singExpense	Check if travel ou	, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date	Candidate / Officeh	singExpense	Check if travel ou	, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  07/31/2022	Candidate / Officeh Payee name Act Blue	older name	Check if travel ou	, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  07/31/2022  Amount (\$)	Candidate / Officeh  Payee name  Act Blue  Payee address; P.O. Box 44146	city; State; Zip Code	Check if travel ou Check if Austin Office sought  02144  Description	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  07/31/2022  Amount (\$)	Candidate / Officeh  Payee name  Act Blue  Payee address; P.O. Box 44146	cingExpense  colder name  City; State; Zip Code  Sommerville MA	Check if travel ou Check if Austin  Office sought  02144  Description Check if travel ou	Office held  Office held  tside of Texas. Complete Schedule T.
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  07/31/2022  Amount (\$)  \$6.92	Candidate / Officeh  Payee name  Act Blue  Payee address; P.O. Box 44146  Category (See Categori	cingExpense  colder name  City; State; Zip Code  Sommerville MA	Check if travel ou Check if Austin  Office sought  02144  Description Check if travel ou	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  07/31/2022  Amount (\$)  \$6.92	Candidate / Officeh  Payee name  Act Blue  Payee address; P.O. Box 44146  Category (See Categori	cingExpense  colder name  City; State; Zip Code  Sommerville MA	Check if travel ou Check if Austin  Office sought  02144  Description Check if travel ou	Office held  Office held  tside of Texas. Complete Schedule T.
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  07/31/2022  Amount (\$)  \$6.92	Candidate / Officeh  Payee name Act Blue Payee address; P.O. Box 44146  Category (See Categori SolicitationFundrais	cingExpense  colder name  City; State; Zip Code  Sommerville MA  es listed at the top of this schedule)  cingExpense	Check if travel ou Check if Austin  Office sought  02144  Description Check if travel ou	Office held  Office held  tside of Texas. Complete Schedule T.

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment  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 (\$)	7 Payee address; City; State; Zip Code		
\$16.82	P.O. Box 44146 Sommerville MA	02144	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	SolicitationFundraisingExpense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
EXPENDITURE		Circle a Massa, 175, Ontocholder in any expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
08/14/2022	Act Blue		
Amount (\$)	Payee address; City; State; Zip Code		
\$18.72	P.O. Box 44146 Sommerville MA	02144	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense	Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE			
OF	SolicitationFundraisingExpense  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE  Complete ONLY if direct	SolicitationFundraisingExpense  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oi	SolicitationFundraisingExpense  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oil	SolicitationFundraisingExpense  Candidate / Officeholder name  Payee name	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oil  Date  08/21/2022	Candidate / Officeholder name  Payee name  Act Blue	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oi  Date  08/21/2022  Amount (\$)  \$3.95	Candidate / Officeholder name  Payee name Act Blue Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought  Office held  Description	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oi  Date  08/21/2022  Amount (\$)	Candidate / Officeholder name  Payee name Act Blue  Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA	Check if Austin, TX, officeholder living expense  Office sought  Office held  Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oi  Date 08/21/2022  Amount (\$) \$3.95	Candidate / Officeholder name  Payee name Act Blue  Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA  Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought  Office held  Description	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oi  Date  08/21/2022  Amount (\$)  \$3.95	Candidate / Officeholder name  Payee name Act Blue  Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA  Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense  Office sought  Office held  Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oi  Date  08/21/2022  Amount (\$)  \$3.95	Candidate / Officeholder name  Payee name Act Blue  Payee address; City; State; Zip Code P.O. Box 44146 Sommerville MA  Category (See Categories listed at the top of this schedule) SolicitationFundraisingExpense  Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held  Description Check if travel outside of Texas. Complete Schedule T.	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete 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 (\$)	7 Payee address; City; State; Zip Code		
\$10.88	P.O. Box 44146 Sommerville MA	02144	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	SolicitationFundraisingExpense	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09/04/2022	Act Blue		
Amount (\$)	Payee address; City; State; Zip Code		
\$26.29	P.O. Box 44146 Sommerville MA	02144	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	SolicitationFundraisingExpense	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	1		
D-1-	Payee name		
Date	Payee name		
08/30/2022	Joanna Cattanach		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	1118 Wiltshire Drive Carrollton TX	75007	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	ConsultingExpense	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O		- Service Total	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete 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 (\$)	7 Payee address; City; State; Zip Code	
\$3.95	P.O. Box 44146 Sommerville MA	02144
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	SolicitationFundraisingExpense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE		Circle ii Ausai, 17, oiiteinoidei iiviig expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09/18/2022	Act Blue	
Amount (\$)	Payee address; City; State; Zip Code	
\$29.63	P.O. Box 44146 Sommerville MA	02144
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	SolicitationFundraisingExpense	Check if travel outside of Texass. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/12/2022	Staples	
Amount (\$)	Payee address; City; State; Zip Code	
\$79.00	4400 Beltline Road Addison TX	75011
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	PrintingExpense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F1: Diana Weltzel 10 Date	Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
### Texting For Less  ### Amount (\$)			3 Filer ID (Ethics Commission Filers)
S122.36   354 State St #104, Hackensack NJ 07601			
Sample   Category   See Categories listed at the top of this schedule	6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE    Candidate   Officeholder name   Office sought   Office held	\$122.36	354 State St #104, Hackensack NJ	07601
Check if Austin, TX, officeholder living expense   Check if Austin, TX, officeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)	
Purpose Office ought Office held  Date 09/25/2022 Harbor Freight  Amount (\$) Payee address; City; State; Zip Code S6.48 3050 N Josey Carrollton TX 75007  Category (See Categories listed at the top of this schedule) AdvertisingExpense  Complete ONLY if direct expenditure to benefit C/OH  Date 09/21/2022 Harbor Freight  AdvertisingExpense  Category (See Categories listed at the top of this schedule) AdvertisingExpense  Complete ONLY if direct expenditure to benefit C/OH  Date 09/21/2022 Hunter Digital Insights Consulting  Amount (\$) Payee address; City; State; Zip Code 915 Coit Street denton TX 76201  Category (See Categories listed at the top of this schedule) Date 09/21/2022 Amount (\$) Payee address; City; State; Zip Code 915 Coit Street denton TX 76201  Category (See Categories listed at the top of this schedule) AdvertisingExpense  Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.		AdvertisingExpense	-
Date   Payee address; City; State; Zip Code   S6.48   3050 N Josey   Carrollton   TX   75007    Purpose OF EXPENDITURE   Candidate / Officeholder name   Office sought   Office held    Date   Payee address; City; State; Zip Code   Category (See Categories listed at the top of this schedule)   Description   Check it travel outside of Texas. Complete Schedule T.   Check it Austin, TX, officeholder living expense    Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held    Date   Payee name   Payee address; City; State; Zip Code   S216.50   915 Coit Street   denton   TX   76201    Purpose OF   Category (See Categories listed at the top of this schedule)   Description   Check it travel outside of Texas. Complete Schedule T.   Check it travel outside of Texas. Complete Schedule T.   Check it travel outside of Texas. Complete Schedule T.   Check it travel outside of Texas. Complete Schedule T.   Check it travel outside of Texas. Complete Schedule T.   Check it Austin, TX. officeholder living expense   Check it travel outside of Texas. Complete Schedule T.   Check it Austin, TX. officeholder living expense   Check it Austin, TX. officeholder living expense   Check it travel outside of Texas. Complete Schedule T.   Check it Austin, TX. officeholder living expense   Check it Austin, TX. officeholder living expens			Check if Austin, TX, officeholder living expense
Date   Payee address; City; State; Zip Code   S6.48   3050 N Josey   Carrollton   TX   75007    Purpose OF EXPENDITURE   Candidate / Officeholder name   Office sought   Office held    Date   Payee address; City; State; Zip Code   Category (See Categories listed at the top of this schedule)   Description   Check it travel outside of Texas. Complete Schedule T.   Check it Austin, TX, officeholder living expense    Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held    Date   Payee name   Payee address; City; State; Zip Code   S216.50   915 Coit Street   denton   TX   76201    Purpose OF   Category (See Categories listed at the top of this schedule)   Description   Check it travel outside of Texas. Complete Schedule T.   Check it travel outside of Texas. Complete Schedule T.   Check it travel outside of Texas. Complete Schedule T.   Check it travel outside of Texas. Complete Schedule T.   Check it travel outside of Texas. Complete Schedule T.   Check it Austin, TX. officeholder living expense   Check it travel outside of Texas. Complete Schedule T.   Check it Austin, TX. officeholder living expense   Check it Austin, TX. officeholder living expense   Check it travel outside of Texas. Complete Schedule T.   Check it Austin, TX. officeholder living expense   Check it Austin, TX. officeholder living expens			
Amount (\$) Payee address; City; State; Zip Code \$6.48 3050 N Josey Carrollton TX 75007  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Hunter Digital Insights Consulting  Amount (\$) Payee address; City; State; Zip Code \$216.50 915 Coit Street denton TX 76201  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, TX, officeholder living expense  Office sought Office held  Description  Description  Check if Austin, TX, officeholder living expense  Office held  Description  Description  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Description  Check if Austin, TX, officeholder living expenses			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code \$6.48 3050 N Josey Carrollton TX 75007    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	Date	Payee name	
S6.48  3050 N Josey  Carrollton TX 75007  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Hunter Digital Insights Consulting  Amount (\$)  Payee address; City; State; Zip Code  \$216.50  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Category (See Categories listed at the top of this schedule)  AdvertisingExpense	09/25/2022	Harbor Freight	
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule) AdvertisingExpense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Payee name  Hunter Digital Insights Consulting  Amount (\$) Payee address; City; State; Zip Code \$216.50  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Office held  Description  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Officeholder living expense	Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  AdvertisingExpense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Hunter Digital Insights Consulting  Amount (\$)  Payee address; City; State; Zip Code \$216.50  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  AdvertisingExpense  Check if Austin, TX, officeholder living expense  Office sought  Office held  Office held  Office held  Office held  Description  Check if Austin, TX, officeholder living expense	\$6.48	3050 N Josey Carrollton TX	75007
PURPOSE OF EXPENDITURE  AdvertisingExpense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Hunter Digital Insights Consulting  Amount (\$)  Payee address; City; State; Zip Code \$216.50  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  AdvertisingExpense  Check if Austin, TX, officeholder living expense  Office sought  Office held  Office held  Office held  Office held  Description  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Hunter Digital Insights Consulting  Amount (\$)  Payee address; City; State; Zip Code  \$216.50  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Check if Austin, TX, officeholder living expense  Office sought  Office held  Office held  Office held  Description  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Hunter Digital Insights Consulting  Amount (\$) Payee address; City; State; Zip Code \$216.50 915 Coit Street denton TX 76201  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  Check if Austin, TX, officeholder living expense		AdvertisingExpense	
Date Payee name  09/21/2022 Hunter Digital Insights Consulting  Amount (\$) Payee address; City; State; Zip Code \$216.50 915 Coit Street denton TX 76201  Category (See Categories listed at the top of this schedule)  PURPOSE OF AdvertisingExpense			Gheck if Austin, 1X, officeholder living expense
Amount (\$) Payee address; City; State; Zip Code \$216.50 915 Coit Street denton TX 76201  Category (See Categories listed at the top of this schedule)  AdvertisingExpense  AdvertisingExpense  Check if Austin, TX, officeholder fiving expense			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code  \$216.50 915 Coit Street denton TX 76201  Category (See Categories listed at the top of this schedule)  PURPOSE OF  AdvertisingExpense  Check if travel outside of Texas. Complete Schedule T.	Date	Payee name	
\$216.50  915 Coit Street denton TX 76201  Category (See Categories listed at the top of this schedule)  PURPOSE OF  AdvertisingExpense  Check if Austin, TX, officeholder fiving expense	09/21/2022	Hunter Digital Insights Consulting	
Category (See Categories listed at the top of this schedule)  PURPOSE OF  AdvertisingExpense  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin. TX. officeholder fiving expense	Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE AdvertisingExpense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	\$216.50	915 Coit Street denton TX	76201
OF Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	<b>-</b> -
Check II Austin. 1 A. officenoider living expense		AdvertisingExpense	
			Check if Austin, TX, officeholder living expense
Complete ONLY if direct			Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

Event Expense Foes Food/Beverage Expense Cilt/Awards/Memorials Expense Legal Services

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

Candidate/Officeholder/Politics Credit Card Payment		Salaries/Wages/Contract plains how to complete this	
1 Total pages Schedule F1: 10	2 FILER NAME Diana Weitzel		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/14/2022	5 Payee name Frisco Democratic Club PAC		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
\$30.00	13449 GrayHawk Blvd. Frisco	TX 75033	
8	(a) Category (See Categories listed at the top of	f this schedule) (b) Descr	ption
PURPOSE	EventExpense	∐°	eck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		L C	neck if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office	sought Office held
Date	Payee name		
08/28/2022	K&R Screen Graphics		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$1,736.06	3915 Maine Street Dallas	TX 75226	
	Category (See Categories listed at the top of	f this schedule) Descri	ption
PURPOSE	PrintingExpense	<u> </u> ch	eck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		L Ch	eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office	sought Office held
Date	Payee name		
08/10/2022	CopyPro Copy Center		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$238.15	1300 W. Hickory denton	TX 76201	
	Category (See Categories listed at the top of	f this schedule) Descri	ption
PURPOSE	PrintingExpense		eck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		L  a	eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office	sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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 (\$)	7 Payee address; City; State; Zip Code		
\$62.00	PO Box 2544 Denton TX	76201	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
08/04/2022	US Postal Service		
Amount (\$)	Payee address; City; State; Zip Code		
\$60.00	194 Civic Circle Lewisville TX	75067	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	AdvertisingExpense	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
08/04/2022	Texting For Less		
Amount (\$)	Payee address; City; State; Zip Code		
\$366.00	354 State Street Ste. Hackensack TX 104	07601	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	AdvertisingExpense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gilt/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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salar The Instruction Guide explains how	to complete this form.  Other (enter a category not listed above)	
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 (\$)	7 Payee address; City; State; Zip Coo	le	
\$2,500.00	500 East Front St. Ste. Arlington TX 160-102	76011	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE	ConsultingExpense	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07/20/2022	Francine Ly for Senate		
Amount (\$)	Payee address; City; State; Zip Coo	de	
\$50.00	1104 Catalpa Circle Irving TX	75063	
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE	EventExpense	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	Francine Ly	for State Senate Dist 13	
Date	Payee name		
07/20/2022	Metrocrest Chambrt of Commerce		
Amount (\$)	Payee address; City; State; Zip Coo		
\$50.00	14681 Midway Road, Addison TX Ste 200	75254	
	Category (See Categories listed at the top of this schedule		
PURPOSE OF	EventExpense	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete 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 (\$)	7 Payee address; City; State; Zip Code	
\$25.00	2001 Sunny Side Dr Little Elm TX	75068
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	EventExpense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		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 ONLY if direct expenditure to benefit C/OF	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 ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		