

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:

22

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mrs.

Daniela

C.

NICKNAME

LAST

SUFFIX

Zuniga

OFFICE USE ONLY

Date Received

REC'D
CC

APR - 1 2021

CITY OF PHARR
CITY CLERK'S OFFICE
PHARR, TEXAS

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1305 S. Kumquat Pharr, Tx 78577

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 821-4741

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Luis

NICKNAME

LAST

SUFFIX

Trejo

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

814 Castillo Ave Pharr, Tx 78577

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 379-7224

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

01 / 25 / 2021

THROUGH

Month Day Year

04 / 01 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

05 / 01 / 21

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Commissioner Place 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Daniela Zuniga</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>24,731.33</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>13,721.31</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>11,010.02</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

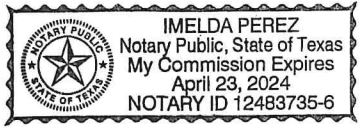
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Daniela Zuniga

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Daniela Zuniga* this the *1st* day of *April*, 20*21*, to certify which, witness my hand and seal of office.

Imelda Perez Signature of officer administering oath *Imelda Pérez* Printed name of officer administering oath *Notary* 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 <i>Daniela Frunga</i>	20 Filer ID (Ethics Commission Filers)
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21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,461.79
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 269.54
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,721.31
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,832.44
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1 of 6</i>
2 FILER NAME <i>Daniela Zmiga</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-29-2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniela Zmiga</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>1305 S. Kumquat St. Pharr, TX 78577</i>		

8 Principal occupation / Job title (See Instructions) <i>Agent/owner</i>	9 Employer (See Instructions) <i>self</i>
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Date <i>2-5-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melba Figueroa</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>1315 E. Jones Pharr, TX 78577</i>		

Principal occupation / Job title (See Instructions) <i>Agent</i>	Employer (See Instructions) <i>Puro Seguro</i>
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Date <i>2-15-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberto Ramirez Jr</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1266 Pharr, TX 78577</i>		

Principal occupation / Job title (See Instructions) <i>Agent/owner</i>	Employer (See Instructions) <i>self</i>
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Date <i>3/4/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Ayala</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>802 W. Del Oro Lane Pharr, TX 78577</i>		

Principal occupation / Job title (See Instructions) <i>Security service</i>	Employer (See Instructions) <i>South Star Security Service</i>
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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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2 of 6</i>
2 FILER NAME <i>Daniela Jimiga</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-4-2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rolando Limon</i>	7 Amount of contribution (\$) <i>\$1,200.00</i>
6 Contributor address; City; State; Zip Code <i>PO. Box 764 Pharr, TX 78577</i>		
8 Principal occupation / Job title (See Instructions) <i>Owner</i>		9 Employer (See Instructions) <i>self</i>
Date <i>3-4-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Salazar Insurance Group LLC</i>	Amount of contribution (\$) <i>\$750.00</i>
Contributor address; City; State; Zip Code <i>111 E. Loop 499 Harlingen TX 78550</i>		
Principal occupation / Job title (See Instructions) <i>Insurance Agent</i>		Employer (See Instructions) <i>self</i>
Date <i>3-5-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Offices of Rojelio Garcia</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>4405 N. McColl Rd. McAllen, TX 78504</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self</i>
Date <i>3-9-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LTR Construction LLC</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>514 S. Veterans Blvd Ste. B Pharr, TX 78577</i>		
Principal occupation / Job title (See Instructions) <i>Construction / Builder</i>		Employer (See Instructions) <i>self</i>

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>3 of 6</i>
2 FILER NAME <i>Daniela Zuniga</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-11-2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nexthome P&V Realty</i>	7 Amount of contribution (\$) <i>\$ 2,500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5400 N. Ware Rd Ste. 70 McAllen, TX 78504</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>3-16-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perry Renteria PLLC</i>	Amount of contribution (\$) <i>\$ 500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>5125 S. McCou Rd. Ste. A Edinburg, TX 78539</i>		

Principal occupation / Job title (See Instructions) <i>Attorney</i>	Employer (See Instructions) <i>Self</i>
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Date <i>3-16-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wonnislead, LLC</i>	Amount of contribution (\$) <i>\$1750.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1222 E. Tyler Ave. Ste. C Harlingen, TX 78550</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3-17-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leon De Leon</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>PO Box 125 San Juan, TX 78589</i>		

Principal occupation / Job title (See Instructions) <i>Funeral Director</i>	Employer (See Instructions) <i>self</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>4 of 6</i>
2 FILER NAME <i>Daniela Frunza</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-17-2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LAW offices of Melissa R. Carranga</i>	7 Amount of contribution (\$) <i>\$ 750.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1100 E. Jasmine Ste. 201 McAllen, TX 78501</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3-17-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kike'n Back Luk</i>	Amount of contribution (\$) <i>\$ 750.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1201 S. Gumwood Pharr, TX 78577</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3-18-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio H. Garcia</i>	Amount of contribution (\$) <i>\$ 2500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2404 S. 43rd St. McAllen, TX 78503</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3-18-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Picardo Pedraza</i>	Amount of contribution (\$) <i>\$ 2,500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>133 W. Lengoria Dr. Pharr, TX 78577</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>self</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>5 of 6</i>
2 FILER NAME <i>Daniela Truiga</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-18-2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Cordero</i>	7 Amount of contribution (\$) <i>\$ 2500.00</i>
6 Contributor address; City; State; Zip Code <i>4309 S. "J" St. McAllen, TX 78503</i>		

8 Principal occupation / Job title (See Instructions) <i>retired</i>	9 Employer (See Instructions)
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Date <i>3-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>H2Oak Consulting</i>	Amount of contribution (\$) <i>\$ 750.00</i>
Contributor address; City; State; Zip Code <i>318 E. 18th St. Unit 21 Weslaco, TX 78596</i>		

Principal occupation / Job title (See Instructions) <i>consultant</i>	Employer (See Instructions) <i>H2Oak</i>
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Date <i>3-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Ramos</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>1012 Prosperidad Dr. Pharr, TX 78577</i>		

Principal occupation / Job title (See Instructions) <i>retired</i>	Employer (See Instructions) <i>teacher</i>
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Date <i>3-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sigma HN Engineers PLLC</i>	Amount of contribution (\$) <i>\$ 750.00</i>
Contributor address; City; State; Zip Code <i>701 S. 15th St. McAllen, TX 78501</i>		

Principal occupation / Job title (See Instructions) <i>Engineer</i>	Employer (See Instructions) <i>self</i>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>6 of 6</i>
2 FILER NAME <i>Daniela Truiga</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-22-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniela Truiga</i>	7 Amount of contribution (\$) <i>\$1,479.79</i>
6 Contributor address; City; State; Zip Code <i>1305 S. Kumquat St. Pharr, TX 78577</i>		
8 Principal occupation / Job title (See Instructions) <i>Agent / owner</i>		9 Employer (See Instructions) <i>self</i>
Date <i>3-26-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>10 % Bail Bonds</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1401 W. El Pancho Blanco Rd. Pharr, TX 78577</i>		
Principal occupation / Job title (See Instructions) <i>Bail Bondsman</i>		Employer (See Instructions) <i>self</i>
Date <i>3-26-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Pedraza</i>	Amount of contribution (\$) <i>\$432.00</i>
Contributor address; City; State; Zip Code <i>8205 Tango Circle Corpus Christi, TX 78414</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>self</i>
Date <i>3-30-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E. Cabrera Company PC</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>108 N. Cage Blvd. Pharr, TX 78577</i>		
Principal occupation / Job title (See Instructions) <i>accountant</i>		Employer (See Instructions) <i>self</i>

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME <i>Daniela Zuniga</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$ 269.54	
5 Date <i>2-20-21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melba Figueroa</i>	8 Amount of Contribution \$ <i>269.54</i>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <i>1315 E. Jones Pharr, TX 78577</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Insurance Agent</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Puro Seguro</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 9</i>	2 FILER NAME <i>Daniela Trujillo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-12-21</i>	5 Payee name <i>Exclusive Designs LLC</i>	
6 Amount (\$) <i>\$1028.37</i>	7 Payee address; City; State; Zip Code <i>3705 N. La Home Rd. Mission, TX 78572</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>2-16-2021</i>	Payee name <i>Mania Trejo</i>	
Amount (\$) <i>\$1000.00</i>	Payee address; City; State; Zip Code <i>814 E. Castillo Ave Pharr, TX 78577</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Workers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>3-5-2021</i>	Payee name <i>Brand Boosters</i>	
Amount (\$) <i>\$1000.00</i>	Payee address; City; State; Zip Code <i>3607 S. "L" Lane McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 9</i>	2 FILER NAME <i>Daniela Zuniga</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-12-2021</i>	5 Payee name <i>Exxon Mobile</i>	
6 Amount (\$) <i>\$159.00</i>	7 Payee address; City; State; Zip Code <i>822 W. Us Hwy 83 San Juan TX 78589</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel</i>	(b) Description <i>GAS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date <i>3-15-2021</i>	Payee name <i>BBVA Compass Bank</i>		
Amount (\$) <i>\$3.00</i>	Payee address; City; State; Zip Code <i>235 W. 5th St. San Juan, TX 78589</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Fees</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date <i>3-18-2021</i>	Payee name <i>Academy Sports & Outdoors</i>		
Amount (\$) <i>27.05</i>	Payee address; City; State; Zip Code <i>651 E. Trenton Rd. Edinburg, TX 78539</i> <i>Pharon, TX 78577</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>gifts</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 9	2 FILER NAME Daniela Zuniga	3 Filer ID (Ethics Commission Filers)
4 Date 3-19-2021	5 Payee name Sams Club	
6 Amount (\$) \$282.09	7 Payee address; 1400 E. Jackson Ave	City; State; Zip Code McAllen, TX 78503
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3-19-2021	Payee name Academy Sports & Outdoors		
Amount (\$) \$324.85	Payee address; 500 N. Jackson Rd	City; State; Zip Code Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description gifts	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3-19-2021	Payee name Dollar Tree		
Amount (\$) 8.66	Payee address; 407 N. Jackson Rd. Ste. B	City; State; Zip Code Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>4 of 9</i>	2 FILER NAME <i>Daniela Zuniga</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-20-21</i>	5 Payee name <i>South Texas Clays</i>	
6 Amount (\$) <i>2500.00</i>	7 Payee address; City; State; Zip Code <i>917 Kennia St. Weslaco, TX 78596</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Sheet Shoot</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-20-2021</i>	Payee name <i>Shipley's Donuts</i>		
Amount (\$) <i>\$ 33.96</i>	Payee address; City; State; Zip Code <i>800 S. Cage Blvd. Pharr, TX 78577</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Donuts</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-21-2021</i>	Payee name <i>Office Depot</i>		
Amount (\$) <i>\$ 138.72</i>	Payee address; City; State; Zip Code <i>910 E. Expway 83 Jackson McAllen, TX 78503</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>supplies</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>5 of 9</i>	2 FILER NAME <i>Daniela Amuzga</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-24-2021</i>	5 Payee name <i>Matts Cash & Carry</i>	
6 Amount (\$) <i>\$44.95</i>	7 Payee address; <i>404 E. Interstate 2</i>	City; State; Zip Code <i>Pharr, TX 78577</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supplies</i>	(b) Description <i>supplies</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-25-2021</i>	Payee name <i>United Truck & Trailer</i>		
Amount (\$) <i>82.38</i>	Payee address; <i>1403 N. Sugar Rd.</i>	City; State; Zip Code <i>Pharr, TX 78577</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies</i>	Description <i>supplies</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-26-2021</i>	Payee name <i>Sam's Club</i>		
Amount (\$) <i>\$52.80</i>	Payee address; <i>1400 E. Jackson Ave</i>	City; State; Zip Code <i>McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>supplies</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 9	2 FILER NAME Daniela Zuniga	3 Filer ID (Ethics Commission Filers)
4 Date 3-27-2021	5 Payee name Kans & Kegs	
6 Amount (\$) \$ 670.91	7 Payee address; 208 S. Veterans Blvd.	City; State; Zip Code Pharr, TX 78577
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Event Expense	(b) Description Drive Thru
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-27-2021	Payee name Taco Fiesta		
Amount (\$) \$ 156.28	Payee address; 1325 S. Cage Blvd.	City; State; Zip Code Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description FOOD	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-29-2021	Payee name BBVA Compass		
Amount (\$) \$ 12.00	Payee address; 235 W. 5th St.	City; State; Zip Code San Juan, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Fees	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 9	2 FILER NAME Daniela Zuniga	3 Filer ID (Ethics Commission Filers)
4 Date 3-29-2021	5 Payee name Gabriel Garcia	
6 Amount (\$) 500.00	7 Payee address; 3407 Butler Ave	City; State; Zip Code Pharr, TX 78577
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Designer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-29-2021	Payee name Maria Trejo		
Amount (\$) 2000.00	Payee address; 814 E. Castillo Ave	City; State; Zip Code Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description worker	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-29-2021	Payee name Maria Pena		
Amount (\$) 1,250.00	Payee address; 407 W. Ruisenor Ave	City; State; Zip Code Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description worker	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>8 of 9</i>	2 FILER NAME <i>Daniela Zuniga</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-29-2021</i>	5 Payee name <i>Guadalupe Moreno</i>	
6 Amount (\$) <i>\$1000.00</i>	7 Payee address; <i>407 W. Ruismor Ave</i>	City; State; Zip Code <i>Pharr, TX 78577</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract labor</i>	(b) Description <i>Worker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3-29-2021</i>	Payee name <i>Martha Sanchez</i>	
Amount (\$) <i>250.00</i>	Payee address; <i>803 E. Castillo Ave</i>	City; State; Zip Code <i>Pharr, TX 78577</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract labor</i>	Description <i>Worker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3-30-2021</i>	Payee name <i>Brand Boosters</i>	
Amount (\$) <i>\$ 833.00</i>	Payee address; <i>3607 S. "L" Lane</i>	City; State; Zip Code <i>McAllen, TX 78503</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 9	2 FILER NAME Daniella Juizga	3 Filer ID (Ethics Commission Filers)
4 Date 03-31-2021	5 Payee name Borden Press Inc	
6 Amount (\$) \$300.48	7 Payee address; 620 E. Price Rd	City; State; Zip Code Brownsville, TX 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description maitout
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03-31-2021	Payee name Oriental Trading		
Amount (\$) 162.81	Payee address; 4206 S. 108th St 4206 S. 108th St.	City; State; Zip Code Omaha, NE 68137	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift	Description Bags	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1 of 2</i>	2 FILER NAME: <i>Daniela Trujillo</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>2-4-2021</i>	5 Payee name: <i>Ventura Graphics</i>	
6 Amount (\$): <i>45.00</i>	7 Payee address; City; State; Zip Code: <i>924 E. Palmdale Blvd. Palmdale, CA 93550</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Printing Expense</i>	(b) Description: <i>cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: <i>2-4-2021</i>	Payee name: <i>Istock Photo</i>	
Amount (\$): <i>184.03</i>	Payee address; City; State; Zip Code: <i>online / Canada</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Printing Expense</i>	Description: <i>online graphics</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: <i>2-5-2021</i>	Payee name: <i>City of Pharr</i>	
Amount (\$): <i>1000.00</i>	Payee address; City; State; Zip Code: <i>118 S. Cage Blvd Pharr, TX 78577</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>fees</i>	Description: <i>Filing Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2 of 2</i>	2 FILER NAME: <i>Daniela Trujano</i>	3 Filer ID (Ethics Commission Filers)
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4 Date: <i>2-5-2021</i>	5 Payee name: <i>Exclusive Designs</i>
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6 Amount (\$): <i>2603.41</i>	7 Payee address; City; State; Zip Code		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<i>3705 N. La Homa Rd Mission, TX 78572</i>		

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			

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

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