# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST  MS DIANA	мі М	OFFICE USE ONLY	
NAME	NICKNAME LAST SALEH	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  X Change of Address		CITY; STATE; ZIP CODE RLINGTON, TX 76002	RECEIVED 21 JUL 15	
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA GODE PHONE NUMBER ( 787 ) 221-1574	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amound \$	
NAME	DIANA	M SUFFIX	Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	
7 CAMPAIGN	SALEH STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	1316 BYARS DR	ARLINGTON	TX 76002	
(Residence or Business)	1310 BYARS DR	ARLINGTON	17 70002	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( 787 ) 221-1574	EXTENSION		
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before eld	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	5 / 27 / 2021	THROUGH 7	15 / 2021	
11 ELECTION	Month Day Year Primary  6 / 5 / 2021 General	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE: COMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE   COMMITTEE NAME	no no	E	
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME		
	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

	· · · · · · · · · · · · · · · · · · ·				
16 C/OH NAME DIANA SALEH		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 553.26			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 118.67			
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,601.24			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 47.65			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
l .	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information			
Signature of Candidate or Officeholder					
8	Please complete either option below	<b>7</b> :			
(1) Affidavit	MARIBEL PADRON  Notary Public, State of Texas  Comm. Expires 02-08-2023  Notary ID 130107828				
NOTARY STAMP/SEAL	Diana DA Calab	15th day of July			
0.1	which, witness my hand and seal of office.	Admin Oide Title of officer administering oath			
orginature of officer administer		Title of officer administering cath			
STEEL SHARE NO	OR				
(2) Unsworn Declaration	n				
My name is	, and my date of birth is				
My address is					
	(street) (city) (s	tate) (zip code) (country)			
Executed in	County, State of, on theday of(month	, 20 (year)			
	Signature of Candid	ate/Officeholder (Declarant)			

## CANDIDATE / OFFICEHOLDER

## FORM C/OH

COVER SHEET PG 2		ANCE REPORT CO	CAMPAIGN FINANCE REPORT			
16 Filer ID (Ethics Commission Filers)		16 Filer	NIE IA SALEH			
		TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		17 CONTRIBUTION TOTALS		
553.26	8	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS)				
118.67		TOTAL UNITEMIZED POLITICAL EXPENDITURE.		EXPENDITURE TOTALS		
		TOTAL POLITICAL EXPENDITURES	45			
47.65				CONTRIBUTION BALANCE		
*		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		OUTSTANDING LOAN TOTALS		
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 the under Title 15; Election Gode.						
ř		22-771				
iceholder						

Please complete either option below:



		E lan company of the company of the	TOGI GI VIBION W	1111/1/	
		Notice that the second	HARLING THE REAL PROPERTY AND	EAL	NOTARY STAMP/S
this the day of July					
in Aldmin aide			y hand and seal of office.	tify which, witness m	20 11 to cer
Title of officer administering cath	ering path		Printed name of	Istering cath	Signature of officer admin
	12	яс			Section 1
				ation	(2) Unsworn Declar
ei rithid to	and my date				My name is
					My address is
(state) (zip code) (country)			street)		
(month) 20 (year)	day o		y, State of	Count	Executed in
of Candidate/Officeholder (Declarant)	Signature				

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
	DIANA SALEH	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 553.26
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,761.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 721.56
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### SCHEDULE A1

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

			<u> </u>
The	Instruction Guide explains how to complete	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
DIANA SA	LEH		
4 Date	5 Full name of contributor ☐ out-of-state ZACHARY KNOWLES	7 Amount of contribution (\$)	
5/27/2021	6 Contributor address; City;	State; Zip Code	\$5.00
:	627 HARVARD STREET NW - WASHI	NGTON, DC 20001	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	otions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	JOSEPHINE TROTT		
5/28/2021	Contributor address; City;	State; Zip Code	\$1.00
	7639 BECKER RD - DAVIS, CA 956	18	8
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ptions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	MARY BAINE CAMPBELL		*
5/28/2021	Contributor address; City;	State; Zip Code	\$11.00
	36 LINNAEAN ST. APT 9 - CAMBRI	DGE, MA 02138	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
5/28/2021	ZACHARY RUBIN  Contributor address; City;	State; Zip Code	\$5.90
	46 EAST TRANSIT STREET - PRO	VIDENCE, RI 02906	
Principal occup	ation / Job title (See Instructions)	tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

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

				8
	The	Instruction Guide explains how to complete this	Total pages Schedule A1: 4	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	DIANA SA	LEH		
4	Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
			(1011)	
	5/28/2021	ZANE SMITH		
	3/20/2021	6 Contributor address; City;	State; Zip Code	\$3.34
		3208 SPRUCEWOOD DR - MCKINNEY	, TX 75071	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
	al .		A .	
-	Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
		ANDREW MOODY		, and an extra series (4)
		***************************************		00.04
	5/28/2021	Contributor address; City;	State; Zip Code	\$8.34
		111 KNOX ABBOTT DR UNIT 3307 - C	AYCE, SC 29033	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	C (ID#:)	
	Date	_	(10#)	Amount of contribution (\$)
		DELANEY DAVIS	************************	
	5/28/2021	Contributor address; City;	State; Zip Code	\$8.34
		2704 SPRINGHILL DRIVE - GRAPEV	INE, TX 76051	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	8	C (ID#:) .	Amount of contribution (\$)
		ZOHAIB QADRI		
	5/28/2021	Contributor address; City;	State; Zip Code	\$8.34
		301 BRAZOS ST. UNIT 1217 - AUSTIN,	. TX 78701	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
		,		, and the second

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### 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:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
DIANA SA	LEH					
4 Date	5 Full name of contributor out-of	F-state PAC (ID#:)	7 Amount of contribution (\$)			
	ROBERT LEE					
5/29/2021	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77.0.1.				
0/20/2021	6 Contributor address; City	; State; Zip Code	\$1.00			
	17749 CHESTNUT AVE - COUNT	RY CLUB HILLS, IL 60478				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)			
Date	Full name of contributor	-state PAC (ID#:)	Amount of contribution (\$)			
	KENNETH TRAN		Amount of contribution (\$)			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8			
5/29/2021	Contributor address; City	; State; Zip Code	\$1.00			
	106 CHURCH HILL ROAD - LEE	)YARD, CT 06339	571			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)			
Date		f-state PAC (ID#:)	Amount of contribution (\$)			
	BILL BENNINGHOFF					
6/1/2021	Contributor address; City;	State; Zip Code	\$250.00			
	6608 BERYL DRIVE - ARLINGTO					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	otions)			
Date	Full name of contributor	-state PAC (ID#:)	Amount of contribution (\$)			
	GAYLE RED	-state PAO (ID#	, under or contribution ( $\phi$ )			
			\$200.00			
6/2/2021	Contributor address; City;	State; Zip Code	\$200.00			
	2208 WHITE CLIFF DRIVE - RICI	HARDSON, TX 75080				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)			
	ь					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A1

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
DIANA SA	LEH			
4 Date	5 Full name of contributor out-of	f-state PAC (ID#:)	7 Amount of contribution (\$)	
	MARK BRAIN			
6/2/2021	6 Contributor address; City		\$25.00	
	2325 SNOWDON DR - ARLINGTO	ON, TX 76018	2	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor	f-state PAC (ID#:)	Amount of contribution (\$)	
38	JAE NAM			
6/2/2021	Contributor address; City	; State; Zip Code	\$25.00	
	2905 PITKIN DR - ARLINGTON, 1	TX 76006		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	l etions)	
	# e			
Date	Full name of contributor  ut-of	f-state PAC (ID#:)	Amount of contribution (\$)	
	6		20	
	Contributor address; City;	State; Zip Code	_	
	3			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	etions)	
Date	Full name of contributor out-of	F-state PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
	5		,	
-				
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 for	m. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$   description
7 Contributor address; City; State;	Zip Code
	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
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 □ out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description
Contributor address; City; State;	Zip Code 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)	
8	
ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see instruct	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 5	2 FILER NAME DIANA SALEH		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name	5			
6/1/21	FACEBOOK				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$547.67	1 HACKER WAY - MENLO PARK, CA 94025				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DIGITAL AD\	/ERTISING		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		* * * *		
6/1/21	OFFICE MAX				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$90.93	4619 S COOPER ST S, ARLINGTON, TX	76017			
	Category (See Categories listed at the top of this schedule)	Description	·		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PALM CARDS  Check if Austin, TX, officeholder living expense			
*	Check if travel outside of Texas. Complete Schedule T.				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
6/1/21	SAVOR				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$124.08	1101 E BARDIN RD # 101 - ARLINGTON,	TX 76018			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD FOR C	CONSTITUENT	EVENT	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	٠	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

se Travel In District
nse Travel Out Of District
es/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DIANA SALEH 4 Date 6 Payee name **ACT BLUE** 6/1/21 6 Amount (\$) 7 Payee address; City: State: Zip Code \$63.21 PO BOX 441146 - SOMERVILLE, MA 02144 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **FEES FEES EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 6/1/21 SAVOR Amount (\$) City; State; Zip Code Payee address; \$324.75 1101 E BARDIN RD # 101 - ARLINGTON, TX 76018 Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EVENT EXPENSE EVENT SPACE RENTAL EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/7/21 **ACTION PRINTING** Amount (\$) Payee address; Zip Code City; State: \$1,640.66 2407 82ND ST - LUBBOCK, TX 79423 Category (See Categories listed at the top of this schedule) Description **PURPOSE DIRECT MAIL** OF PRINTING EXPENSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Other (enter a category not listed above)

The instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
5	DIANA SALEH			
4 Date	5 Payee name			
6/7/21	OFFICE MAX			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$139.06	4619 S COOPER ST S, ARLINGTON,	TX 76017	,	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PALM CARD	os .	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/7/21	FACEBOOK			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$400.00 1 HACKER WAY - MENLO PARK, CA 94025				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DIGITAL AD\	VERTISING	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/7/21	OFFICE MAX			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$40.25	4619 S COOPER ST S, ARLINGTON, TX	( 76017		
*	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PALM CARE	os	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 S	SCHEDULE AS NEE	EDED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollting Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	25	3 Filer ID (Ethics Commission Filers)		
5	DIANA SALEH				
4 Date	6 Payee name				
6/9/21	ACTION PRINTING				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$3,083.07	2407 82ND ST - LUBBOCK, TX 79423				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	DIRECT MAI	<b>L</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH		Office held		
Date	Payee name				
6/9/21	ACT BLUE				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$108.95	PO BOX 441146 - SOMERVILLE, MA 02144				
8	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FEES	FEES			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
6/9/21	THE BLUE BASE GROUP				
Amount (\$)	unt (\$) Payee address;		State; Zip Code		
\$4,025.50	7800 LANDMARK RIDGE ST - FORT WORTH, TX 76113				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	CONTRACT LABOR	CANVASSING AND POLL GREETING			
	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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District

Travel Out Of District Other (enter a category not listed above)

Ordan ayrıcı	The instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1: 5	2 FILER NAME DIANA SALEH	200	3 Filer ID (Ethics Commission Filers)		
4 Date 6/21/21	<b>5</b> Payee name FACEBOOK				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$27.22	1 HACKER WAY - MENLO PARK, CA 94025				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DVERTISING			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
7/6/21	ACT BLUE				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$8.05	PO BOX 441146 - SOMERVILLE, MA 02144				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FEES	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/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
7/9/21	ACT BLUE				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$18.94	PO BOX 441146 - SOMERVILLE, MA 0214	14			
5	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FEES	FEES			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)								
(	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	rpense /ages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1	Total pages Schedule F2:	2 FILER DIAN	NAME NA SALEH				3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF UNITER	MIZED UN	IPAID INCURRE	D OBLIG	ATION	s	<b>\$</b> 721.56	
5	Date	6 Payee	name				l	
	7/16/21		THRU					
7	Amount (\$)	8 Payee	address;			City;	State;	Zip Code
	\$322.20	РО В	OX 2690 - ALAME	EDA, CA 9	4501			
9	TYPE OF EXPENDITURE	X	Political		Non-Pol	itical		
10		(a) Catego	ry (See Categories listed at	the top of this so	chedule)	(b) Description		
3	PURPOSE OF EXPENDITURE	ADVE	ERTISING EXPEN	ISE		TEXTING		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					expense		
11	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
		Payee	name				<del>-</del>	
	7/16/21		THRU					
	Amount (\$)	. Payee	address;			City;	State;	Zip Code
	\$399.36	PO I	3OX 2690 - ALAM	IEDA, CA	94501		b.	97
	TYPE OF EXPENDITURE	x	Political		Non-Po	litical		
		Catego	ry (See Categories listed at	the top of this so	chedule)	Description		
	PURPOSE					TEXTING		
	OF EXPENDITURE	ADVE	RTISING EXPEN	SE				
			Check if travel outside of Tex	kas. Complete Sc	hedule T.	Check if Au	ustin, TX, officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder	name	0	ffice sought	Office he	eld
	-							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.							
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)				
	DIA	ANA SALEH					
3	SIGNATURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder						
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder						
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
	X	I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.				
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended counexpended contributions or unexpended interest or income earned on political contributions that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain libutions longer than six years after all contributions and unexpended				
	В.	ASSETS					
	Check only one:						
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to				
5		EHOLDER					
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as				