

# 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:  |
| 3 CANDIDATE / OFFICEHOLDER NAME                                     | MS / MRS / MR  | FIRST   | MI                    |
|   | NICKNAME   | LAST  | SUFFIX                |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX;  | APT / SUITE #;  | CITY; STATE; ZIP CODE |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                    | AREA CODE  | PHONE NUMBER  | EXTENSION             |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR  | FIRST   | MI                    |
|   | NICKNAME   | LAST  | SUFFIX                |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE)  | APT / SUITE #;  | CITY; STATE; ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE  | PHONE NUMBER  | EXTENSION             |
| 9 REPORT TYPE   | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |                       |
| 10 PERIOD COVERED   | Month Day Year    THROUGH    Month Day Year<br>12 / 08 / 2025    THROUGH    01 / 15 / 2026   |   |                       |
| 11 ELECTION   | ELECTION DATE<br>Month Day Year  | ELECTION TYPE   |                       |
| 03 / 03 / 2026  |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                       |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)   |                       |
| Justice of the Peace Ret. I   |  | Justice of the Peace Ret. I   |                       |
| 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   |   |                       |
| <input type="checkbox"/> GENERAL                                    | COMMITTEE ADDRESS  |   |                       |
| <input type="checkbox"/> SPECIFIC                                   | COMMITTEE CAMPAIGN TREASURER NAME  |   |                       |
| Additional Pages  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |                       |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

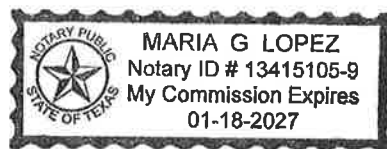
|   |   |  |
|---|---|--|
| 15 C/OH NAME<br><u>Diana So Marquez</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u>                            |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$                                     |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>31.87</u>                        |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>0</u>                            |

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.

Diana So Marquez  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Maria G Lopez this the 20th day of January, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1 Total pages Schedule G:  |  | 2 FILER NAME<br>Dena Jo Marquez   |  | 3 Filer ID (Ethics Commission Filers)            |  |
| 4 Date   |  | 5 Payee name<br>Signs on the Cheap  |  |  |  |
| 6 Amount (\$)<br><br>Reimbursement from political contributions intended |  | 7 Payee address;<br>Service@signsonthecheap.com   |  | City; State; Zip Code                            |  |
| 8 PURPOSE OF EXPENDITURE   |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                           |  | (b) Description                                  |  |
|  |  | (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/OH                    |  | Candidate / Officeholder name<br>Justice of the Peace Act 1 Justice of the Peace Act 1 Justice of the Peace Act 1 |  | Office sought Office held                        |  |
| Date   |  | Payee name<br>Signs on the Cheap  |  |  |  |
| Amount (\$)<br><br>Reimbursement from political contributions intended   |  | Payee address;<br>Service@signsonthecheap.com   |  | City; State; Zip Code                            |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                               |  | Description                                      |  |
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| Complete ONLY if direct expenditure to benefit C/OH                      |  | Candidate / Officeholder name   |  | Office sought Office held                        |  |
| Date   |  | Payee name  |  |  |  |
| Amount (\$)<br><br>Reimbursement from political contributions intended   |  | 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/OH                      |  | Candidate / Officeholder name   |  | Office sought Office held                        |  |
| Date   |  | Payee name  |  |  |  |
| Amount (\$)<br><br>Reimbursement from political contributions intended   |  | 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/OH                      |  | Candidate / Officeholder name   |  | Office sought Office held                        |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                      |  |   |  |  |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



Dina Losoya <dinajomarquez@gmail.com>

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## Your Order #91235441 Has Shipped!

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**Signs On The Cheap** <service@signsonthecheap.com>  
Reply-To: Signs On The Cheap <service@signsonthecheap.com>  
To: dinajomarquez@gmail.com

Mon, Jan 12, 2026 at 6:27 PM

**SIGNS ON THE CHEAP**

## Your order has shipped

If you ordered multiple items, you may receive separate shipments with no additional shipping charge and you will receive a separate email for each shipment.

Your order should arrive by: **Wednesday, January 21, 2026**

## Check your shipping status here: [Track Here](#)

**Arrive By** Wednesday, January 21, 2026  
**Order Number** 91235441  
**Order Date** Friday, January 9, 2026  
**Shipping Method** Standard

**Delivery Address**  
DINA JO  
303 N Spring St P.O. Box 1462  
Marfa, TX, 79843  
United States

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## Payment Information

**Billing Address**  
DINA JO  
303 N Spring St P.O. Box 1462  
Marfa, TX, 79843  
United States

**Order Details**  
Subtotal: \$32.50  
Promotions: (\$22.50)  
\$2.43  
Shipping: \$19.44

Unknown:

Order Total: \$31.87

**Contact Details**  
dinajomarquez@gmail.com