

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

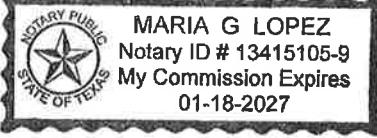
FORM C/OH
COVER SHEET PG 1

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 <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Durso</i>	MI <i>L</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>Manguez</i>	SUFFIX	FILED FOR RECORD at 9:45 AM JAN 20 2026 <i>Carolina A. Catino</i> COUNTY CLK, PRESIDIO CO			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>P.O. Box 14162</i> APT / SUITE #: <i>2915</i> CITY: <i>Mang</i> STATE: <i>TX</i> ZIP CODE: <i>79843</i>			Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(432)</i>	PHONE NUMBER <i>2915-3193</i>	EXTENSION	Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Durso</i>	MI <i>L</i>	Date Processed			
	NICKNAME	LAST <i>Manguez</i>	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) <i>P.O. Box 14162</i> APT / SUITE #: <i>2915</i> CITY: <i>Mang</i> STATE: <i>TX</i> ZIP CODE: <i>79843</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(432)</i>	PHONE NUMBER <i>2915-3193</i>	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15		8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>12</i>	Day <i>08</i>	Year <i>2025</i>	Month <i>01</i>	Day <i>15</i>	Year <i>2026</i>	
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace Pt 1</i>			13 OFFICE SOUGHT (if known) <i>Justice of the Peace Pt 1</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.						
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	Diana Jo Manguez	
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)	\$ 8
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 31.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6
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.	
	 <small>Signature of Candidate or Officeholder</small>	
Please complete either option below:		
(1) Affidavit	 <small>NOTARY STAMP/SEAL</small>	
Sworn to and subscribed before me by <u>Maria G Lopez</u> this the <u>20th</u> day of <u>January</u> , 20 <u>20</u> , 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 _____.		
_____ Signature of Candidate/Officeholder (Declarant)		

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 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; Check if individual's residence address.	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

Date	Payee name
------	------------

Amount (\$)	Payee address; Check if individual's residence address.	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Candidate / Officeholder name	Office sought	Office held
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
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Date	Payee name
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Amount (\$)	Payee address; Check if individual's residence address.	City;	State;	Zip Code
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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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Your Order #91235441 Has Shipped!

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

Payment Information

Billing Address

DINA JO

303 N Spring St P.O. Box 1462

Marfa, TX, 79843

United States

Unknown:

Order Details

Subtotal: \$32.50

Promotions: (\$22.50)

\$2.43

Shipping: \$19.44

Order Total: \$31.87

Contact Details

dinajomarquez@gmail.com