

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) 00081273	2 Total pages filed: 17		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Candace T.	MI	OFFICE USE ONLY	
	NICKNAME Candy	LAST Noble	SUFFIX		Date Received ELECTRONICALLY FILED 02/05/2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1105 E. Main Street #223		ZIP CODE	Date Hand-delivered or Date Postmarked	
	Allen, TX 75002			Receipt #	
				Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Ryan	MI		
	NICKNAME	LAST Jacquess	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1105 E. Main Street #223		APT / SUITE #;	CITY;	
	Allen, TX 75002			STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(214)	552-5328			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<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)				
9 PERIOD COVERED	Month	Day	Year	Month	
	01	01	2024	01	
		THROUGH			
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		03/05/2024	<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) State Representative District 89 Collin		12 OFFICE SOUGHT (if known) State Representative District 89		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 17

13 C / OH NAME Noble, Candace T. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00081273

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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 checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	8000 Centre Park Drive Suite 380 Austin, TX 78754
	COMMITTEE CAMPAIGN TREASURER NAME
	Shaw, James
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	4505 Corazon Cove Round Rock, TX 78681

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	138.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	110,546.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	924.87
	4. TOTAL POLITICAL EXPENDITURES	\$	30,128.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	243,120.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

The Honorable Candace T. Noble

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH
ADDENDUM

Page 3 of 17

C / OH NAME	Noble, Candace T. (The Honorable)	Filer ID	(Ethics Commission Filers)
		00081273	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures 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 checked="" type="checkbox"/> GENERAL	TREPAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		1115 San Jacinto Blvd Suite 200 Austin, TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME	Cantu, Leslie
	COMMITTEE CAMPAIGN TREASURER ADDRESS	P.O. Box 2246 Austin, TX 78768

NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures 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 checked="" type="checkbox"/> GENERAL	Americans for Prosperity
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		1020 Levee Street Suite 170 Dallas, TX 75207
	COMMITTEE CAMPAIGN TREASURER NAME	Stolarz, Laura
	COMMITTEE CAMPAIGN TREASURER ADDRESS	1020 Levee Street Suite 170 Dallas, TX 75207

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

4 of 17

18 FILER NAME Noble, Candace T. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00081273
---	---

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 82,346.45
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 28,200.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 29,260.55
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 868.22
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 5/17
2 FILER NAME Noble, Candace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Firefighter Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78752	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogdan, Roxanne (Ms.) <hr/> Contributor address; City; State; Zip Code Parker, TX 75002	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyden, Edward (Mr.) <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruntmyer, Eric (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers, Todd (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 6/17
2 FILER NAME Noble, Candace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Peggy (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Harlan (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Chairman of the Board		Employer (See Instructions) Crow Holdings
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, Karen (Mrs.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75026	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fear, Terry (Mr.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Francisco (Mr.) <hr/> Contributor address; City; State; Zip Code Murphy, TX 76094	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 7/17
2 FILER NAME Noble, Candace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273
4 Date 01/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hibbetts, James (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75252	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rico (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Parker, TX 75002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Kristin (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaRose, Randy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fairview, TX 75069	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matheidas, Brad (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Keller, TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 8/17
2 FILER NAME Noble, Candace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Susan (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Wylie, TX 75098	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montpas, Edwin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wylie, TX 75098	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicol, William (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fairview, TX 75069	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick O.D., Carey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fairview, TX 75069	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelan, Dade (The Honorable)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 9/17
2 FILER NAME Noble, Candace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Dorinda (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Princeton, TX 75407	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Douglas (Mr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75069	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roller, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 10/17
2 FILER NAME Noble, Candace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Oil and Gas Association - Good Government Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Parker, TX 75002	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Jeffery (Dr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Self

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/17	
2 FILER NAME Noble, Candace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelan, Dade (The Honorable)	8 Amount of contribution (\$) \$14,100.00	9 In-kind contribution description Campaign Polling
	7 Contributor address; City; State; Zip Code Beaumont, TX 77705	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Real Estate Developer		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
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 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	Amount of contribution (\$) \$14,100.00	In-kind contribution description Campaign Polling
	Contributor address; City; State; Zip Code Austin, TX 78701	<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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: Sch: 1/3 Rpt: 12/17	2 FILER NAME Noble, Candace T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081273
4 Date 01/15/2024	5 Payee name Chase Card Services	
6 Amount (\$) \$755.06	7 Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly payment for campaign credit card
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name Graphics Management	
Amount (\$) \$835.77	Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75213	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Campaign Flyers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Graphics Management	
Amount (\$) \$538.89	Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75213	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Designing and Printing of Campaign Post Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: Sch: 2/3 Rpt: 13/17	2 FILER NAME Noble, Candace T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081273
--	--	--

4 Date 01/16/2024	5 Payee name Graphics Management
-----------------------------	--

6 Amount (\$) \$11,597.65	7 Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75213
-------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design, Printing and Mailing Expenses for campaign mailer
---------------------------------	--	---

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

Date 01/25/2024	Payee name Graphics Management
--------------------	-----------------------------------

Amount (\$) \$11,718.81	Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75213
----------------------------	---

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

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

Date 01/19/2024	Payee name Lucas Christian Academy
--------------------	---------------------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code 505 West Lucas Road Lucas, TX 75002
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental Expense for campaign event
-------------------------------	--	---

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

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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: Sch: 3/3 Rpt: 14/17	2 FILER NAME Noble, Candace T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081273
4 Date 01/23/2024	5 Payee name Ryan Data & Research	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code P.O Box 202675 Austin, TX 78720	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Research
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 1/1 Rpt: 15/17	2 FILER NAME Noble, Candace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273
4 CREDIT CARD ISSUER	Name of financial institution Chase Card Services		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 610.50
6 PAYMENT	(a) Amount Charged \$257.72	(b) Date of Charge 01/18/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name At Home	(b) Payee address; City, State, Zip Code 3002 Firewheel Pkwy Garland, TX 75049	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Campaign gifts
	(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

TEXT ANNOTATION

Sch: 1/2 Rpt: 16/17

FILER NAME

Noble, Candace T. (The Honorable)

Filer ID (Ethics Commission Filers)

00081273

Schedule

A1

Information entered by filer as a memo:

The Dade Phelan contribution was a check from the Dade Phelan Campaign

TEXT ANNOTATION

Sch: 2/2 Rpt: 17/17

FILER NAME

Noble, Candace T. (The Honorable)

Filer ID (Ethics Commission Filers)

00081273

Schedule

A2

Information entered by filer as a memo: