CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00088189		14			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	ALLY FILED
	OFFICEHOLDER NAME	Mr.	Allan Dwain			09/27/2024	
		NICKNAME	LAST		SUFFIX		
			Handley			Date Hand-delivered	or Date Postmarked
4	ORIGINAL	X January 15	Runoff	Other (s	specify)	Date Hand-delivered	or Date i Ostillarked
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam			-	
		8th day before election	appointment (office	• •		Date Processed	
_	ODICINAL DEDICE				Vasu		
5	ORIGINAL PERIOD COVERED	Month Day Yea 07/01/2023	THROUGH	Month Day 12/31/2023	Year	Date Imaged	
_	EXPLANATION OF C			12/31/2023			
,		ected report duplicated don					
7	AFFIDAVIT			ear, or affirm, under p correct.	penalty of perjur	y, that this correcte	ed report is true
7	AFFIDAVIT		and				ed report is true
7	AFFIDAVIT		and	correct.	y and all applica s: I swear, or aith and without	able statements: r affirm that the orig t an intent to mislea	ginal report
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good for	y and all applica s: I swear, or aith and without formation contains swear, or affirm the 14th busing iginally filed is int	able statements: r affirm that the original tan intent to misled in the report. I, that I am filing thices day after the danaccurate or incom	ginal report ad or to s corrected ate I learned aplete. I
7	AFFIDAVIT		and Che	Semiannual report was made in good formisrepresent the inf Other reports: 1 report not later than that the report as or swear, or affirm, that filed was made in go	y and all applica s: I swear, or aith and without formation contains swear, or affirm the 14th busing iginally filed is int	able statements: r affirm that the original tan intent to misled in the report. I, that I am filing thises day after the danaccurate or incommission in the report	ginal report ad or to s corrected ate I learned aplete. I
7		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report was made in good for misrepresent the inf Other reports: Is report not later than that the report as or swear, or affirm, that filed was made in go	y and all applica s: I swear, or aith and without formation contain swear, or affirm the 14th busine iginally filed is in at any error or or bood faith.	able statements: r affirm that the original tan intent to misled in the report. I, that I am filing thises day after the danaccurate or incommission in the report	ginal report ad or to s corrected ate I learned aplete. I
7	AFFIX NOTARY ST		and Che	Semiannual report was made in good for misrepresent the inf Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good. Note: The port of the po	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in any error or or ood faith.	able statements: r affirm that the original tan intent to misleated in the report. I, that I am filing thises day after the danaccurate or incommission in the report. The Handley e or Officeholder	ginal report ad or to s corrected ate I learned aplete. I art as originally
7	AFFIX NOTARY ST Sworn to and subsc	AMP / SEAL ABOVE ribed before me, by the sai	and Che	Semiannual report was made in good fi misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in any error or or ood faith. Mr. Allan Dwai ure of Candidate, this t	able statements: r affirm that the original tan intent to misleated in the report. I, that I am filing thises day after the danaccurate or incommission in the report. The Handley e or Officeholder	ginal report ad or to s corrected ate I learned aplete. I art as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	Semiannual report was made in good fi misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in any error or or ood faith. Mr. Allan Dwai ure of Candidate, this t	able statements: r affirm that the original tan intent to misleated in the report. I, that I am filing thises day after the danaccurate or incommission in the report. The Handley e or Officeholder	ginal report ad or to s corrected ate I learned aplete. I art as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	olete this form.	00088189			2 Total pages filed: 14		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY		
NAME	Mr.	Allan Dwain			Date Received			
					ELECTRONICA	LLY FILED		
	NICKNAME	LAST		SUFFIX	09/27/2024			
		Handley						
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked		
OFFICEHOLDER MAILING ADDRESS	P.O. Box 1811				Receipt #	Amount		
Change of Address	Burnet, TX 78611							
	Burnet, 1X 70011				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-			
TREASURER NAME	Mr.	Rodney						
	NICKNAME	LAST		SUFFIX				
	MICKINAIVIE	Wing		SUFFIX				
		g						
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP	Γ / SUITE #; CITY	'; STA	TE; ZIP CODE		
TREASURER ADDRESS	103 E. Johnson St.							
(Residence or Business)	Durnot TV 70611							
	Burnet, TX 78611							
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION					
PHONE	(512) 756-4543							
8 REPORT								
TYPE	X January 15	30th day before	election	Runoff	15th day after can appointment (office			
	July 15	8th day before 6	election	Exceeded modified	Final Report (Attac			
			Ш	reporting limit		,		
9 PERIOD	Month Day Year			Month Day				
COVERED	07/01/2023	TH	IROUGH	12/31/20	23			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	XPI	rimary	Runoff	Other			
	03/05/2024	│ □G	eneral	Special				
11 OFFICE	OFFICE HELD (if any)	,		12 OFFICE SOUGH				
				State Represer	ntative District 19			
		GO T	O PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 14

13 C / OH NAME Handley, Allan Dwain (Mr.) 14 Filer ID 00088189						mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus s may have been made without equired to report this information	the candidate's or offic	ceholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИЕ			
	GENERAL	NERAL				
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				s, \$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				\$	975.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	85.81
	4. TOTAL POLITIC	CAL EXPENDITURE	ES .		\$	3,198.53
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	289.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	1,150.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			Mr. Al	lan Dwain Handley		
				Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE	v			
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
			my hand and seal of office.			
Signature of office	cer administering	Printed name	of officer administering	Title of offic	er administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					4 of 14	
	ER NAN ndley, <i>i</i>	ME Allan Dwain (Mr.)	19 Filer ID 00088189	(Ethics Commission Filers)		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	975.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	X	SCHEDULE E: LOANS		\$	1,150.00	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,835.81		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	593.75	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	768.97	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/14		
2	FILER NAME Handley, Alla	an Dwain (Mr.)		3	Filer ID (Ethics Commission 00088189	n Filers)	
4	Date 12/15/2023	 Full name of contributor out-of-state PAC (ID#:_Bowman, Christine (Mrs.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5.00	
_		Kingsland, TX 78639	I				
8	Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Self)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 Brown, Gloria Campos (Mrs.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$175.00	
	Delicational	Blanco, TX 78606	T. Faralassa (Oct. Instruction				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$785.00	
		Cottonwood Shores, TX 78657					
	Principal occu Not employe	pation / Job title (See Instructions) ed	Employer (See Instructions N/A)			
	Date Full name of contributor out-of-state PAC (I 11/29/2023 O'Brien, Susan (Mrs.) Contributor address; City; State; Zip Code Burnet, TX 78611				Amount of Contribution (\$)	\$10.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			

	LOANS		SCHEDULE E						
	The Instruction	n Guide explains ho	w to c	complete this f	orm.	ı		tal pages Schedule E: h: 1/3 Rpt: 6/14	
2	FILER NAME Handley, Allan D	Owain (Mr.)				ı	Filer ID	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS					\$		
5	Date of loan 11/20/2023	7 Name of lender Handley, Allan (Mr.)		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$300.00	
6	Is lender a financial institution? No	8 Lender address; Burnet, TX 78611	City;	State;	Zip Code			10 Interest Rate 0.00 11 Maturity Date	
12	Principal occupation	Lon / Job title (See Instruction	ıs)		13 Employer (See Instructions Self-employed	s)			
14	Description of Coll X None				15 Check if personal funds we	ere d	eposited	d into political account (See Instructions)	
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code			19 Amount Guaranteed (\$)	
20	Principal occupation	l on			21 Employer (See Instructions	s)			
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)	
	11/29/2023	Handley, Allan (Mr.)						\$10.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	Burnet, TX 78611						Maturity Date	
	Principal occupation	on / Job title (See Instruction	ıs)		Employer (See Instructions	5)			
	Personal Trainer	ſ			Self-employed				
	Description of Coll X None	ateral			Check if personal funds we	ere d	eposited	d into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation				Employer (See Instructions)				

	LOANS	LOANS							
	The Instruction	on Guide explains how	w to c	omplete this f	orm.	1	•	ages Schedule E: /3 Rpt: 7/14	
2	FILER NAME Handley, Allan D	Owain (Mr.)				3	Filer ID	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				<u> </u>		\$	
5	Date of loan 12/10/2023	7 Name of lender Handley, Allan (Mr.)		out-of-state PA	C (ID#:			9 Loan Amount (\$) \$500.00	
6	Is lender a financial institution?		City;	State;	Zip Code			10 Interest Rate 11 Maturity Date	
		Burnet, TX 78611							
12	Principal occupation Personal Traine	on / Job title (See Instruction	s)		13 Employer (See Instructions Self-employed	s)			
14	Description of Coll X None	ateral			15 Check if personal funds we	ere c	deposite	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor			<u> </u>			19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20	Principal occupation	on I			21 Employer (See Instructions	s)			
	Date of loan	Name of lender		out-of-state PA	C (ID#:			Loan Amount (\$)	
	12/13/2023	Handley, Allan (Mr.)						\$330.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	Burnet, TX 78611						Maturity Date	
	Principal occupation Personal Trainer	on / Job title (See Instruction	s)		Employer (See Instructions Self-employed	s)			
	Description of Coll X None	ateral			Check if personal funds we	ere c	deposite	d into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation				Employer (See Instructions)				

LOANS		SCHEDULE E
The Instruction Guide	explains how to complete this form.	1 Total pages Schedule E: Sch: 3/3 Rpt: 8/14
2 FILER NAME Handley, Allan Dwain (Mr.)		3 Filer ID (Ethics Commission Filers) 00088189
4 TOTAL OF UNITEMIZE	D LOANS	\$
5 Date of loan 7 Name of 12/14/2023 Handle	of lender out-of-state PAC (ID#:ey, Allan (Mr.)	9 Loan Amount (\$) \$10.00
6 Is lender a financial institution?	address; City; State; Zip Code	10 Interest Rate
No Burnet	t, TX 78611	11 Maturity Date
12 Principal occupation / Job title	(See Instructions) 13 Employer (See Instructions) Self-employed	structions)
14 Description of Collateral X None	15 Check if personal	funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of	of guarantor	19 Amount Guaranteed (\$)
X not applicable 18 Guaran	itor address; City; State; Zip Code	
20 Principal occupation	21 Employer (See Ins	structions)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 9/14	Handley, Allan Dwain (Mr.)
4	Date	5 Payee name
	12/07/2023	Texas Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$750.00	P. O. Box 15701
		Austin, TX 78761
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate filing fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Dove name
	12/23/2023	Payee name Thao Photography
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	630 CO Rd.
		Kingsland, TX 78639
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		Photos for brochures, website
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
Г		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)	
	Sch: 1/4 Rpt: 10/14	Handley, Allan Dwa	ain (Mr.)			00088189			
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$118.62	12/04/2023						
7	PAYEE	(a) Payee name Bluehost		(b) Payee 5335 Gai		City,	State,	Zip Code	
					/ille, FL 32256				
8	PURPOSE OF	(a) Category	7 11. 1 1 1 1	(b) Descrip					
	EXPENDITURE X Political	(See Categories listed at the top Web hosting	or this schedule)	Web hos	ting				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$25.00	10/20/2023						
PAYEE (a) Payee name		•	(b) Payee	address;	City,	State,	Zip Code		
		Burnet County Den	nocratic Party	P. O. Box	× 171				
				Marble F	allas, TX 78654				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
		Contributions/Donation		Political	contribution				
	X Political	Candidate/Officeholde	er/Political Committee						
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$25.00	12/20/2023						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Burnet County Den	nocratic Party	P. O. Box	K 171				
				Marble F	allas, TX 78654				
Г	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Contributions/Donation		Political of	contribution				
	X Political		er/Political Committee						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u>—</u>	Office held			
е	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 2/4 Rpt: 11/14	Handley, Allan Dwa	ain (Mr.)			00088189							
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF EXPENDIT CHARGED CARD		\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid							
	\$49.99	12/25/2023										
7 PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code					
	Focused on Fit LLC		3420 Pump Rd. #304									
	Richmond, VA 23233											
8 PURPOSE OF	(a) Category		(b) Description Website	า								
EXPENDITURE	Website											
X Political	X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid							
	\$25.00	12/01/2023										
PAYEE	(a) Payee name	•	(b) Payee add	ress;	City,	State,	Zip Code					
	Lake Travis Democ	erats	P. O. Box 68	34263								
			Austin, TX 7	8768								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Political contribution									
X Political	Contributions/Donation Candidate/Officeholde	ons Made By er/Political Committee										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH			•									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid							
	\$22.46	12/11/2023										
PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code					
	Long Ctor Dodgo 0	Cian	301 Quail R	un Rd.								
	Lone Star Badge &	Sign										
			Martindale, TX 78655									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description									
X Political	Advertising Expense	or the contoactor	Name tags									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 3/4 Rpt: 12/14	Handley, Allan Dwa	ain (Mr.)			00088189			
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid			
		\$22.73	10/27/2023						
7	PAYEE	(a) Payee name		(b) Payee	•	City,	State,	Zip Code	
		Office Depot		1311 Mo	rmon Mill Rd.				
		Similar Siper			- TV 70054				
8	PURPOSE OF	(a) Category (b) Description							
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Business					
	X Political	Advertising Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TY	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check ii Addini, 174,	Office held			
	expenditure to benefit C/OH			J					
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid			
		\$25.74	11/14/2023						
PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Office Depot		1311 Mo	rmon Mill Rd.				
				Marble F	alls, TX 78654				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Pens, cli	pboard				
	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
L	expenditure to benefit C/OH	(a) Amazzust Charrend	(h) Data of Chausa	(a) Data(a)	Cuadit Cand Issue	Daid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Palu			
		\$14.68 	11/16/2023						
H	PAYEE	(a) Payee name	<u>I</u>	(b) Payee	address;	City,	State,	Zip Code	
l				1311 Mo	rmon Mill Rd.				
		Office Depot							
L					alls, TX 78654				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
		Office Overhead/Ren		Clipboard	u5				
	X Political				_				
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0 00116.64	Check if Austin, TX,	officeholder living exp	ense		
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
۴	Appenditure to benefit G/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 4/4 Rpt: 13/14	Handley, Allan Dwa			00088189			
4	CREDIT CARD ISSUER	Name of financial institution		EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$40.92	11/17/2023					
7	PAYEE	(a) Payee name Office Depot		(b) Payee	•	City,	State,	Zip Code
				1311 Mo	rmon Mill Rd.			
		3 3 = 5		Morble E	alla TV 70054			
8	PURPOSE OF (a) Category		Marble Falls, TX 78654 (b) Description					
ľ	EXPENDITURE	* * * *		Campaign invitations				
	X Political Advertising Expe)					
		Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Chack if Austin TV	officeholder living evn	ense	
9 Complete ONLY if direct		· · ·		Check if Austin, TX, officeholder living experts Sought Office held				
expenditure to benefit C/OH								
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid		
		\$47.61	12/11/2023					
PAYEE		(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
		Office Donot		1311 Mo	rmon Mill Rd.			
		Office Depot						
BURDOS ST				Marble Falls, TX 78654				
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Descrip				
l 🖂		Advertising Expense		Ivametay	5			
X Political Non-Political					_			
		(c) Check if travel outside Candidate/Officeholder	o cought	Check if Austin, TX,	officeholder living exp	ense		
۱ ,	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$176.00	12/08/2023					
		Ψ170.00	12/00/2020					
Н	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				508 E. Ja	ackson St.			
		United States Postal Service						
				Burnet, T				
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description				
		Office Overhead/Rental Expense		Post offic	e box rental			
	X Political	The Political D						
	Ш	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office			Check if Austin, TX,	officeholder living exp	ense	
_ ا	Complete ONLY if direct	e sought		Office held				
expenditure to benefit C/OH								
ı								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 14/14 Handley, Allan Dwain (Mr.) 00088189 Date Payee name 12/31/2023 Handley, Allan (Mr.) 6 Amount (\$) Payee address; State; Zip Code 131 Dukes Dr. \$768.97 Reimbursement from political contributions intended Х Cottonwood Shores, TX 78657 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Mileage to be reimbursed Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH