

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00081273	<b>2 Total pages filed:</b> 32		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR The Honorable	FIRST Candace T.	MI MI	<b>OFFICE USE ONLY</b>	
	NICKNAME Candy	LAST Noble	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <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	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Ryan	MI MI		
	NICKNAME	LAST Jacquess	SUFFIX		
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1105 E. Main Street #223		APT / SUITE #;	CITY;	
	Allen, TX 75002			STATE; ZIP CODE	
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION		
	(214)	552-5328			
<b>8 REPORT TYPE</b>	<input 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)				
	<input checked="" 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)				
<b>9 PERIOD COVERED</b>	Month	Day	Year	Month	
	02	25	2024	06	
		THROUGH	06/30/2024		
<b>10 ELECTION</b>	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Other
				<input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b>		
	State Representative District 89 Collin		State Representative District 89		

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**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

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	97,532.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,249.25
	4. TOTAL POLITICAL EXPENDITURES	\$	196,537.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,375.23
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

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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	Secure Our Border Now	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		P.O. Box 341016	
		Austin, TX 78734	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Stewart, Kevin		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	807 Brazos		
	Suite 401		
	Austin, TX 78701		

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

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<b>18 FILER NAME</b> Noble, Candace T. (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00081273
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 51,843.15
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 45,689.19
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	\$ 191,717.15
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	\$ 4,819.87
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 5/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 02/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baird, Sondra (Ms.)	<b>7</b> Amount of Contribution (\$)  \$52.05
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ballweg, Charles (Mr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bressnen, Steve (Mr.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byboth, Brenda (Ms.)	Amount of Contribution (\$)  \$52.05
	Contributor address; City; State; Zip Code  Wylie, TX 75098	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CLEAT PAC	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 6/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chappell, Peggy (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dexter, Penna (Mrs.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Epstein, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ewing, Anthony (Mr.) <hr/> Contributor address; City; State; Zip Code  Farmersville, TX 75442	Amount of Contribution (\$)  \$2,082.03
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Advanced Fixture Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 7/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fitch, Michael (Mr.)	<b>7</b> Amount of Contribution (\$)  \$104.10
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75287	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Focused Advocacy PAC	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gates, Gary (The Honorable)	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Rosenberg, TX 77471	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOME PAC of Texas	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemmig, Ray (Mr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Parker, TX 75002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 8/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 06/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hight, Dalayr (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillco PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Diane (Mrs.) ..... Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koebele, Steve (Mr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Madden, Jerry (The Honorable) ..... Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 9/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 06/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medlin, Brenda (Mrs.) ..... <b>6</b> Contributor address; City; State; Zip Code  Winchester, VA 22601	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olin, Jaye (Mr.) ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Dana (Mr.) ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pellecchia, Theresa (Mrs.) ..... Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Political Action Committee of The Independent Insurance Agents of Texas ..... Contributor address; City; State; Zip Code  Austin, TX 78768	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 10/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 02/28/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00025395 ) Responsible Citizens State PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Albuquerque, NM 87102	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/27/2024	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rovner, Ivan (Mr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardo, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Josephine, TX 75173	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slaughter , Michael (The Honorable) <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75069	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/9 Rpt: 11/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 06/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Bill (Mr.)	<b>7</b> Amount of Contribution (\$) \$1,041.02
	<b>6</b> Contributor address; City; State; Zip Code  Allen , TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC	Amount of Contribution (\$) \$35,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Apartment Association PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Storage Place	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ullery, Ron (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 12/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 03/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vorderbruggen, Christine (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Michael (Mr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75252		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Joyce (Mrs.)	Amount of Contribution (\$)  \$52.05
Contributor address; City; State; Zip Code  Allen, TX 75002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Joyce (Mrs.)	Amount of Contribution (\$)  \$52.05
Contributor address; City; State; Zip Code  Allen, TX 75002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, Gregory (Mr.)	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 13/32
<b>2</b> FILER NAME Noble, Candace T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 06/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitt, Margaret (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Murphy, TX 75094	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/4 Rpt: 14/32	
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 02/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$23,137.60	9 In-kind contribution description Digital Communication
	7 Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> 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 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$4,734.00	In-kind contribution description Canvassing
	Contributor address; City; State; Zip Code  Austin, TX 78767	<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)			
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$3,970.27	In-kind contribution description Digital Voter Contact
	Contributor address; City; State; Zip Code  Austin, TX 78767	<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)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/4 Rpt: 15/32	
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 03/12/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$869.27	9 In-kind contribution description Travel
	7 Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> 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 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$1,782.00	In-kind contribution description Canvassing
	Contributor address; City; State; Zip Code  Austin, TX 78767	<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)			
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$1,893.47	In-kind contribution description Digital Voter Contact
	Contributor address; City; State; Zip Code  Austin, TX 78767	<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)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 3/4 Rpt: 16/32	
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 03/01/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$4,932.00	9 In-kind contribution description Canvassing
	7 Contributor address; City; State; Zip Code  Austin, TX 78767	<input type="checkbox"/> 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 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC, Texas Association of Realtors PAC	Amount of contribution (\$) \$100.00	In-kind contribution description Phone Bank
	Contributor address; City; State; Zip Code  Austin, TX 78768	<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)			
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC, Texas Association of Realtors PAC	Amount of contribution (\$) \$66.66	In-kind contribution description Phone Bank
	Contributor address; City; State; Zip Code  Austin, TX 78768	<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)			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 4/4 Rpt: 17/32	
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 02/26/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	8 Amount of contribution (\$) \$2,319.94	9 In-kind contribution description Direct Mail Campaign
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> 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 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	Amount of contribution (\$) \$1,883.98	In-kind contribution description Direct Mail Postage
	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.

<b>1</b> Total pages Schedule F1: Sch: 1/10 Rpt: 18/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
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<b>4</b> Date 03/01/2024	<b>5</b> Payee name Brannon, Kevin (Mr.)
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<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code 1911 Lorraine  Allen, TX 75002
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 consulting expenses
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/01/2024	Payee name Brannon, Kevin (Mr.)
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1911 Lorraine  Allen, TX 75002
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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 consulting expenses
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/01/2024	Payee name Brannon, Kevin (Mr.)
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1911 Lorraine  Allen, TX 75002
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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 consulting expenses
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/10 Rpt: 19/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 06/06/2024	<b>5</b> Payee name Brannon, Kevin (Mr.)	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1911 Lorraine  Allen, TX 75002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 consulting expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name Camelback Strategies	
Amount (\$) \$2,121.00	Payee address; City; State; Zip Code 2801 E Camelback  Phoenix, AZ 85016	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenses for campaign block walkers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name Cascade Strategies LLC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 5765-F Burke Center Parkway #208 Burke, VA 22015	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting expenses for primary campaign
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.

<b>1</b>	Total pages Schedule F1: Sch: 3/10 Rpt: 20/32	<b>2</b>	FILER NAME Noble, Candace T. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00081273
<b>4</b>	Date 03/20/2024	<b>5</b>	Payee name Chase Card Services		
<b>6</b>	Amount (\$) \$7,805.07	<b>7</b>	Payee address; City; State; Zip Code P.O. Box 6294  Carol Stream, IL 60197-6294		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</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		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/15/2024		Payee name Chase Card Services		
	Amount (\$) \$2,350.47		Payee address; City; State; Zip Code P.O. Box 6294  Carol Stream, IL 60197-6294		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</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		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/21/2024		Payee name Chase Card Services		
	Amount (\$) \$94.80		Payee address; City; State; Zip Code P.O. Box 6294  Carol Stream, IL 60197-6294		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</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		
		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.

<b>1</b>	Total pages Schedule F1: Sch: 4/10 Rpt: 21/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b>	Date 06/19/2024	<b>5</b> Payee name Chase Card Services	
<b>6</b>	Amount (\$) \$273.55	<b>7</b> Payee address; City; State; Zip Code P.O. Box 6294  Carol Stream, IL 60197-6294	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</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
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
	Date 03/23/2024	Payee name Collin County GOP	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2963 W. 15th Street Suite 2981 Plano, TX 75075	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 sponsored breakfast event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
	Date 03/15/2024	Payee name Daniel , Cassie (Mrs.)	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 9712 Cooper Creek Drive  Austin, TX 78729	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 services
	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.

<b>1</b> Total pages Schedule F1: Sch: 5/10 Rpt: 22/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 02/26/2024	<b>5</b> Payee name Flex Point Media	
<b>6</b> Amount (\$) \$124,120.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1051  New Albany, OH 43054	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 media advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name Graphics Management	
Amount (\$) \$11,455.67	Payee address; City; State; Zip Code 9322 Moss Trail  Dallas, TX 75213	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenses for campaign mailer.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2024	Payee name Graphics Management	
Amount (\$) \$13,975.96	Payee address; City; State; Zip Code 9322 Moss Trail  Dallas, TX 75213	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 of campaign mailers
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.

<b>1</b> Total pages Schedule F1: Sch: 6/10 Rpt: 23/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 03/01/2024	<b>5</b> Payee name Graphics Management	
<b>6</b> Amount (\$) \$788.87	<b>7</b> Payee address; City; State; Zip Code 9322 Moss Trail  Dallas, TX 75213	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 of campaign mailers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/16/2024	Payee name Mail Pro USA	
Amount (\$) \$559.41	Payee address; City; State; Zip Code 2016 East Randol Mill Rd Ste 408 Arlington, TX 76011	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 expense for printing graduation certificates
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/17/2024	Payee name Mail Pro USA	
Amount (\$) \$291.89	Payee address; City; State; Zip Code 2016 East Randol Mill Rd Ste 408 Arlington, TX 76011	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 expense for graduation certificates
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.

<b>1</b>	Total pages Schedule F1: Sch: 7/10 Rpt: 24/32	<b>2</b>	FILER NAME Noble, Candace T. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00081273
<b>4</b>	Date 03/04/2024	<b>5</b>	Payee name Raconteur Media Company		
<b>6</b>	Amount (\$) \$1,825.48	<b>7</b>	Payee address; City; State; Zip Code P.O. Box 26511  Austin, TX 78755		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet advertising services		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/22/2024		Payee name Stephanie Klick Campaign		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code P.O.Box 7592  Fort Worth, TX 76111		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 donation		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/25/2024		Payee name US Postal Service		
	Amount (\$) \$27.20		Payee address; City; State; Zip Code 401 Century Pkwy  Allen, TX 75013		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for campaign correspondence		
		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.

<b>1</b> Total pages Schedule F1: Sch: 8/10 Rpt: 25/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 06/25/2024	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$) \$204.00	<b>7</b> Payee address; City; State; Zip Code 401 Century Parkway  Allen, TX 75013	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for campaign correspondence
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/26/2024	Payee name ViCi Media Group	
Amount (\$) \$3,971.70	Payee address; City; State; Zip Code 5101 Bonneville Blvd  Austin, TX 78744	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Static ads for campaign
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/27/2024	Payee name ViCi Media Group	
Amount (\$) \$1,349.90	Payee address; City; State; Zip Code 5101 Bonneville Blvd  Austin, TX 78744	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online campaign advertising
	<b>9</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 9/10 Rpt: 26/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 02/28/2024	<b>5</b> Payee name ViCi Media Group	
<b>6</b> Amount (\$) \$1,735.16	<b>7</b> Payee address; City; State; Zip Code 5101 Bonneville Blvd  Austin, TX 78744	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital voter contact
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name ViCi Media Group	
Amount (\$) \$2,806.75	Payee address; City; State; Zip Code 5101 Bonneville Blvd  Austin, TX 78744	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 website update
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2024	Payee name ViCi Media Group	
Amount (\$) \$224.18	Payee address; City; State; Zip Code 5101 Bonneville Blvd  Austin, TX 78744	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 Website hosting services
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.

<b>1</b> Total pages Schedule F1: Sch: 10/10 Rpt: 27/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> Date 02/27/2024	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) \$222.41	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd 530 Arlington, VA 22209	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing fees for campaign contributions from 20240227 through 20240630
<b>9</b> 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 1/4 Rpt: 28/32	<b>2</b>	FILER NAME Noble, Candace T. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00081273
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution Chase		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 985.57
<b>6</b>	PAYMENT	(a) Amount Charged \$575.00	(b) Date of Charge 04/04/2024	(c) Date(s) Credit Card Issuer Paid 04/15/2024	
<b>7</b>	PAYEE	(a) Payee name American Legislative Exchange		(b) Payee address; City, State, Zip Code 2733 Crystal Drive Suite 1000 Arlington, VA 22202	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Campaign event expense for legislative conference.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$57.56	(b) Date of Charge 04/17/2024	(c) Date(s) Credit Card Issuer Paid 05/21/2024		
<b>PAYEE</b>	(a) Payee name MailChimp - The Rocket Services	(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave. NE Suite 5000 Atlanta, GA 30308			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly fee for campaign email service		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$498.90	(b) Date of Charge 03/06/2024	(c) Date(s) Credit Card Issuer Paid 03/20/2024		
<b>PAYEE</b>	(a) Payee name Enterprise Rental	(b) Payee address; City, State, Zip Code 1371 Andrews Pkwy Suite A Allen, TX 75002			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Rental car to attend campaign events		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b>	Complete ONLY 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 2/4 Rpt: 29/32	<b>2</b>	FILER NAME Noble, Candace T. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00081273
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 985.57
<b>6</b>	PAYMENT	(a) Amount Charged \$57.56	(b) Date of Charge 03/17/2024	(c) Date(s) Credit Card Issuer Paid 04/15/2024	
<b>7</b>	PAYEE	(a) Payee name MailChimp - The Rocket Services		(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave. NE Suite 5000 Atlanta, GA 30308	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly fee for campaign emails	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$57.56	(b) Date of Charge 06/17/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name MailChimp - The Rocket Services		(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave. NE Suite 5000 Atlanta, GA 30308	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly fees for campaign email support	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$1,010.08	(b) Date of Charge 03/05/2024	(c) Date(s) Credit Card Issuer Paid 03/20/2024	
<b>7</b>	PAYEE	(a) Payee name Kelly's at the Villiage		(b) Payee address; City, State, Zip Code 190 E Stacy Rd Suite 1204 Allen , TX 75002	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Election Day Campaign Event	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 3/4 Rpt: 30/32	<b>2</b>	FILER NAME Noble, Candace T. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00081273
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 985.57
<b>6</b>	PAYMENT	(a) Amount Charged \$27.20	(b) Date of Charge 03/14/2024	(c) Date(s) Credit Card Issuer Paid 04/15/2024	
<b>7</b>	PAYEE	(a) Payee name United States Postal Service		(b) Payee address; City, State, Zip Code 401 Century Parkway Allen, TX 75013	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Stamps for campaign correspondence.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 03/15/2024	(c) Date(s) Credit Card Issuer Paid 04/15/2024	
<b>7</b>	PAYEE	(a) Payee name Golden Corridor Republican		(b) Payee address; City, State, Zip Code P.O. Box 162 Frisco, TX 75034	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Patron fee for campaign membership	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$965.68	(b) Date of Charge 04/03/2024	(c) Date(s) Credit Card Issuer Paid 04/15/2024	
<b>7</b>	PAYEE	(a) Payee name Hyatt Regency Denver		(b) Payee address; City, State, Zip Code 650 15th Street Denver, TX 80202	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Expense to attend legislative conference.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 4/4 Rpt: 31/32	<b>2</b> FILER NAME Noble, Candace T. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081273
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 985.57
<b>6</b> PAYMENT	(a) Amount Charged \$57.56	(b) Date of Charge 05/17/2024
<b>7</b> PAYEE	(a) Payee name MailChimp - The Rocket Services	(c) Date(s) Credit Card Issuer Paid 06/19/2024
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Monthly fees for campaign website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b>	(a) Amount Charged \$27.20	(b) Date of Charge 06/25/2024
<b>PAYEE</b>	(a) Payee name United States Postal Service	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address;                      City,                      State,                      Zip Code 401 Century Parkway Allen, TX 75013
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# TEXT ANNOTATION

Sch: 1/1 Rpt: 32/32

FILER NAME

Noble, Candace T. (The Honorable)

Filer ID (Ethics Commission Filers)

00081273

Schedule

A1

Information entered by filer as a memo:

Contribution from Gary Gates for Texas Campaign