

# 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) 00088189	<b>2 Total pages filed:</b> 16	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Allan Dwain	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024
	NICKNAME	LAST Handley	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 1181  Burnet, TX 78611		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Rodney	MI	
	NICKNAME	LAST Wing	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 103 E. Johnson St.  Burnet, TX 78611			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (512)	PHONE NUMBER 756-4543	EXTENSION	
<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 02/25/2024	THROUGH		Month    Day    Year 06/30/2024
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 19	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Handley, Allan Dwain (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088189
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	568.68
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,196.71
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,311.07
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	4,314.04
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,838.88
<b>OUTSTANDING LOAN TOTALS</b>	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.

\_\_\_\_\_  
 Mr. Allan Dwain Handley  
 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

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

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<b>18 FILER NAME</b> Handley, Allan Dwain (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00088189
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,709.31
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,487.40
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	\$ 1,963.68
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,350.36
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: 4/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 05/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aaron, Joseph (Mr.)	<b>7</b> Amount of Contribution (\$)  \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  Jonestown, TX 78645	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bladridge, Gary (Mr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanco County Democratic Party	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Johnson City, TX 78636	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonewitz, Vickie (Ms.)	Amount of Contribution (\$)  \$75.00
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briggs, Rambie (Mr.)	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Kago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Retired		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: 5/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brightwell, Andrea (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Harper, TX 78631	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Joan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Brenda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crawford, Julie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D'Eath, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sonewall, TX 78671	
Principal occupation / Job title (See Instructions) Retired		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: 3/9 Rpt: 6/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ditges, Elke (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dodds, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elmore, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ghiselli, Kathryn (Ms.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Diana (Mrs.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		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: 7/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Gayle (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Leslie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killalea, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lago Vista, TX 78738	
Principal occupation / Job title (See Instructions) Editor & Publisher		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Office of Trey Brown, PLLC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Burmet, TX 78611	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Levin, Andi	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Redmond, WA 98052	
Principal occupation / Job title (See Instructions) Project Manager		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: 8/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 03/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lovering, Richard (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Data Scientist		<b>9</b> Employer (See Instructions)
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luck, G. Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Frederickburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luck, G. Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Frederickburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mear, Peter (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Constance (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Retired		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: 9/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nesler, Graham (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norman, Gerri (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Neill, Kathleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ochoa, Lora Anne (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ochoa, Lora Anne (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Retired		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: 10/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Roger (Mr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowan, Cheryl (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saval, Maureen (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simonette, Holly (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Jerry (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Jonestown, TX 78645	
Principal occupation / Job title (See Instructions) Retired		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: 11/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tait, Lane (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Hill Country Democrats	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Spicewood, TX 78669	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vaclav, Jerry (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watkins, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Marble Falls, TX 78654	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whited, Keith (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
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: 12/16
<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 03/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yaryan, Jess (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spicewood, TX 78669	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$6.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yaryan, Jess (Mr.) <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669	Amount of Contribution (\$) <span style="float: right;">\$6.00</span>
Principal occupation / Job title (See Instructions) Retired		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: 1/1 Rpt: 13/16	
2 FILER NAME Handley, Allan Dwain (Mr.)		3 Filer ID (Ethics Commission Filers) 00088189	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 568.68	
5 Date 02/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boerne Area Democrats	8 Amount of contribution (\$) \$159.00	9 In-kind contribution description 300 postcards @\$0.53
	7 Contributor address; City; State; Zip Code  Boerne, TX 78006	<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 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ktasner Consulting	Amount of contribution (\$) \$759.72	In-kind contribution description Yard sign installation and hardware
	Contributor address; City; State; Zip Code  Spicewood, TX 78669	<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: 1/1 Rpt: 14/16	<b>2</b>	FILER NAME Handley, Allan Dwain (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088189	
<b>4</b>	Date 04/11/2024	<b>5</b>	Payee name ATX Print Services			
<b>6</b>	Amount (\$) \$346.50	<b>7</b>	Payee address; City; State; Zip Code 2701 Gattis School Rd  Round Rock, TX 78664			
<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 Political signs			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 04/02/2024		Payee name Bumper Active			
	Amount (\$) \$115.59		Payee address; City; State; Zip Code 1045 A.Reinli St  Austin, TX 78723			
	<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 Bumper Stickers			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/20/2024		Payee name Bumper Active			
	Amount (\$) \$190.52		Payee address; City; State; Zip Code 1045 A.Reinli St  Austin, TX 78723			
	<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 Bumper Stickers			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: Sch: 1/2 Rpt: 15/16	<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 02/29/2024	<b>5</b> Payee name Handley, Allan (Mr.)	
<b>6</b> Amount (\$) \$246.56  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 131 Dukes Dr.  Cottonwood Shores, TX 78657	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<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 Mileage, 368 Miles @\$0.67
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/30/2024	Payee name Handley, Allan (Mr.)	
Amount (\$) \$304.18  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 131 Dukes Dr.  Cottonwood Shores, TX 78657	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage, 454 miles @\$0.67
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/09/2024	Payee name Handley, Allan (Mr.)	
Amount (\$) \$741.69  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 131 Dukes Dr.  Cottonwood Shores, TX 78657	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage, 1,107 miles @\$0.67
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: Sch: 2/2 Rpt: 16/16	<b>2</b> FILER NAME Handley, Allan Dwain (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088189
<b>4</b> Date 03/31/2024	<b>5</b> Payee name Handley, Allan Dwain (Mr.)	
<b>6</b> Amount (\$) \$322.27  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<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 Mileage 481 Miles @\$67
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/31/2024	Payee name Handley, Allan Dwain (Mr.)	
Amount (\$) \$293.46  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage, 438 Miles @\$67
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/30/2024	Payee name Handley, Allan Dwain (Mr.)	
Amount (\$) \$442.20  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage, 550 miles @\$67
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held