

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00081273 | 2 Total pages filed: 25 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Candace T. | MI MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/08/2024 |
| | NICKNAME Candy | LAST Noble | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1105 E. Main Street #223 Allen, TX 75002 | | | Date Hand-delivered or Date Postmarked |
| | Receipt # | | | Amount |
| | Date Processed | | | |
| | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Ryan | MI MI | |
| | NICKNAME | LAST Jacquess | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1105 E. Main Street #223 Allen, TX 75002 | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 552-5328 | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024 | | | |
| 10 ELECTION | 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 | |
| | 11 OFFICE OFFICE HELD (if any) State Representative District 89 Collin | | 12 OFFICE SOUGHT (if known) State Representative District 89 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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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) <input checked="" 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. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input checked="" type="checkbox"/> GENERAL | TREPAC |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS 1115 San Jacinto Blvd Ste 200 Austin, TX 78701 |
| | | COMMITTEE CAMPAIGN TREASURER NAME Cantu, Leslie |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. Box 2246 Austin, TX 78768 | |

| | | | |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 85.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 44,317.78 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 1,387.14 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 15,814.75 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 84,893.96 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Candace T. Noble

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering Printed name of officer administering Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM **C/OH**
ADDENDUM

Page 3 of 25

| | | | |
|-------------|-----------------------------------|----------|----------------------------|
| 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 | 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 Cv Round Rock, TX 78681 |

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

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

| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|----------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 44,232.78 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 85.00 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 11,987.65 |
| 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 | \$ 3,827.10 |
| 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 400.82 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/13 Rpt: 5/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abiog, Sam (The Honorable) | 7 Amount of Contribution (\$) \$52.05 |
| 6 Contributor address; City; State; Zip Code Allen, TX 75013 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas PAC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75240 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Builders and Contractors of Texas PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78767 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/12/2024 | 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 08/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76102 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/13 Rpt: 6/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, William (Mr.) 6 Contributor address; City; State; Zip Code Plano, TX 75024 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogdan, Roxanne (Ms.) Contributor address; City; State; Zip Code Parker, TX 75002 | Amount of Contribution (\$) \$208.20 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booze, Shirley (Mrs.) Contributor address; City; State; Zip Code Plano, TX 75023 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brickman, Blake (Mr.) Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butscheck, Catherine (Mrs.) Contributor address; City; State; Zip Code Wylie, TX 75098 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/13 Rpt: 7/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Anita (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098 | 7 Amount of Contribution (\$) \$1,041.02 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Bob (Dr.) <hr/> Contributor address; City; State; Zip Code Farmersville, TX 75442 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner Harrington Republican Women PAC <hr/> Contributor address; City; State; Zip Code Plano, TX 75086 | Amount of Contribution (\$) \$600.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darland, Cyndi (The Honorable) <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeRudder, John (Mr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Clinical Derm |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/13 Rpt: 8/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, Richard (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, Clarence (Mr.) <hr/> Contributor address; City; State; Zip Code Parker, TX 75002 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erb, Eldon (Mr.) <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407 | Amount of Contribution (\$) \$26.03 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/23/2024 | 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 (\$) \$3,500.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Advanced Fixture Inc. |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibb, Catherine (Mrs.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75074 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/13 Rpt: 9/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 07/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HMWK LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Health Care Service Corp Employees PAC Texas <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 07/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hight, Dalayr (Mr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75002 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hight, Dalayr (Mr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75002 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hufstetler, Kathy (Mrs.) <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/13 Rpt: 10/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 07/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Kathleen (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75042 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBAT, Independent Bankers Association 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) |
| Date 08/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rico (Mr.) <hr/> Contributor address; City; State; Zip Code Parker, TX 75002 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75002 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Cathy (Mrs.) <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/13 Rpt: 11/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuykendall, Dusty (The Honorable) <hr/> 6 Contributor address; City; State; Zip Code Lucas, TX 75002 | 7 Amount of Contribution (\$) \$104.10 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaRose, Randy (Mrs.) <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lokey, Derrel (Mr.) <hr/> Contributor address; City; State; Zip Code St. Paul, TX 75098 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Greg (Mr.) <hr/> Contributor address; City; State; Zip Code Nevada, TX 75173 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Lutz Woodworks |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093 | Amount of Contribution (\$) \$4,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/13 Rpt: 12/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meier, Joe (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75073 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) MD/Emergency Medicine | | 9 Employer (See Instructions) Self |
| Date 09/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minderjahn, Helga (Mrs.) <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montpas, Edwin (Mr.) <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jan (Mrs.) <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulliqi, Genc (Mr.) <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/13 Rpt: 13/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicol, William (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Fairview, TX 75069 | 7 Amount of Contribution (\$) \$52.05 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Reilly, Chuck (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Owner / Operator | | Employer (See Instructions) The O'Reilly Group |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pellecchia, Theresa (Mrs.) <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petitt, Robert (The Honorable) <hr/> Contributor address; City; State; Zip Code Lowry Crossing, TX 75069 | Amount of Contribution (\$) \$2,082.03 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Petitt Associates |
| Date 07/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pharm PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/13 Rpt: 14/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 07/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jerry (Mr.) 6 Contributor address; City; State; Zip Code Lubbock, TX 79490 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Susie (Mrs.) Contributor address; City; State; Zip Code Rowlett, TX 75089 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawe, Janet (Mrs.) Contributor address; City; State; Zip Code Plano, TX 75074 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renfro, John (Mr.) Contributor address; City; State; Zip Code Haltom City, TX 76117 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reuber, Stanley (Mr.) Contributor address; City; State; Zip Code Plano, TX 75023 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/13 Rpt: 15/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 07/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roller, Tom (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rovner, Ivan (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75025 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Self |
| Date 07/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rovner, Ivan (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75025 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Self |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuels, Warren (Mr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifert, Ron (Mr.) <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/13 Rpt: 16/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Michael (The Honorable) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75069 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) Slaughter Investing |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stahel, RS (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75074 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC, Texas Association of Realtors PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse Practitioners PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78735 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/13 Rpt: 17/25 |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 09/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78705 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trucking Association TruckPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78762 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancey, Jane (Mrs.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75074 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancey, Jerry (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75074 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 18/25 | |
| 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID 00081273 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 85.00 | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | 8 Amount of contribution (\$) |
| | 7 Contributor address; City; State; Zip Code | | |
| | | 9 In-kind contribution description | |
| | | <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) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 1/4 Rpt: 19/25 | 2 FILER NAME Noble, Candace T. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 07/24/2024 | 5 Payee name B&B Theaters Wylie 12 | |
| 6 Amount (\$) \$1,630.51 | 7 Payee address; City; State; Zip Code 711 Woodridge Pkwy Wylie, TX 75098 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue rental cost for campaign fundraising event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/20/2024 | Payee name B&B Theaters Wylie 12 | |
| Amount (\$) \$350.00 | Payee address; City; State; Zip Code 711 Woodridge Pkwy Wylie, TX 75098 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue rental cost for host room for campaign fundraising event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/12/2024 | Payee name Brannon, Kevin (Mr.) | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 1911 Lorraine Allen, TX 75002 | |
| 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 Consulting expense for campaign |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 2/4 Rpt: 20/25 | 2 FILER NAME Noble, Candace T. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/09/2024 | 5 Payee name Brannon, Kevin (Mr.) | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code 1911 Lorraine Allen, TX 75002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting expense for campaign |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/04/2024 | Payee name Brannon, Kevin (Mr.) | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 1911 Lorraine Allen, TX 75002 | |
| 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 expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/12/2024 | Payee name Chase Card Services | |
| Amount (\$) \$122.00 | Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly payment for campaign credit card bill |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 3/4 Rpt: 21/25 | 2 FILER NAME Noble, Candace T. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/15/2024 | 5 Payee name Chase Card Services | |
| 6 Amount (\$) \$12.69 | 7 Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for campaign credit card |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/23/2024 | Payee name Chase Card Services | |
| Amount (\$) \$3,347.64 | Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly payment for campaign credit card |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/01/2024 | Payee name WinRed | |
| Amount (\$) \$538.60 | Payee address; City; State; Zip Code 1776 Wilson Blvd 530 Arlington, VA 22209 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (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 credit card processing fee from 20240701 through 20240924 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 4/4 Rpt: 22/25 | 2 FILER NAME Noble, Candace T. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 Date 08/09/2024 | 5 Payee name Wylie Chamber of Commerce | |
| 6 Amount (\$) \$850.00 | 7 Payee address; City; State; Zip Code 307 N. Ballard Ave. Wylie, TX 75098 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Sponsorship for the Wylie Rodeo |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
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.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F4: Sch: 1/2 Rpt: 23/25 | 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 CREDIT CARD ISSUER | Name of financial institution Chase | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 750.93 |
| 6 PAYMENT | (a) Amount Charged \$46.62 | (b) Date of Charge 08/18/2024 | (c) Date(s) Credit Card Issuer Paid 09/14/2024 |
| 7 PAYEE | (a) Payee name WAL-MART #5672 | | (b) Payee address; City, State, Zip Code 2662 W Lucas Rd Lucas, TX 75002 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Food for 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 | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$115.31 | (b) Date of Charge 08/26/2024 | (c) Date(s) Credit Card Issuer Paid 09/14/2024 |
| PAYEE | (a) Payee name B&B Theatres Wylie 12 | | (b) Payee address; City, State, Zip Code 711 Woodridge Pkwy Wylie, TX 75098 |
| 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 Food and beverages for campaign fundraising event |
| | (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 | | |
| PAYMENT | (a) Amount Charged \$1,511.87 | (b) Date of Charge 08/29/2024 | (c) Date(s) Credit Card Issuer Paid 09/14/2024 |
| PAYEE | (a) Payee name Strike Visuals | | (b) Payee address; City, State, Zip Code 1040 North 950 W Suite 500 Centerville, UT 84014 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign tent, table top cover and feather flag |
| | (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 | | |

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.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|
| 1 Total pages Schedule F4: Sch: 2/2 Rpt: 24/25 | 2 FILER NAME Noble, Candace T. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081273 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 750.93 |
| 6 PAYMENT | (a) Amount Charged \$68.11 | (b) Date of Charge 09/19/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name WAL-MART #5672 | | (b) Payee address; City, State, Zip Code 2662 W Lucas Rd Lucas, TX 75002 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Candy for Boo on Ballard Event |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$113.96 | (b) Date of Charge 08/22/2024 | (c) Date(s) Credit Card Issuer Paid 09/14/2024 |
| PAYEE | (a) Payee name WAL-MART #5672 | | (b) Payee address; City, State, Zip Code 2662 W Lucas Rd Lucas, TX 75002 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Food for campaign fundraising event |
| | (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 | | |
| PAYMENT | (a) Amount Charged \$1,220.30 | (b) Date of Charge 08/26/2024 | (c) Date(s) Credit Card Issuer Paid 09/14/2024 |
| PAYEE | (a) Payee name B&B Theatres Wylie 12 | | (b) Payee address; City, State, Zip Code 711 Woodridge Pkwy Wylie, TX 75098 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Food and beverages for campaign fundraising event |
| | (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 | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 25/25

2 FILER NAME

Noble, Candace T. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00081273

4 Date

07/26/2024

5 Name of person from whom amount is received

Hyatt Regency Denver

8 Amount (\$)

\$400.82

6 Address of person from whom amount is received; City; State; Zip Code

Denver, CO 80202

7 Purpose for which amount is received

Credit Card refund from hotel stay

☐ Check if political contribution returned to filer