JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH II	nstruction	Guide explains how to c	complete this form.	1 Filer ID (Ethics Commis 00067789		2 Total pages	s filed:
3 CANDIDA	ATE /	MS / MRS / MR	FIRST		MI		
OFFICEH		The Honorable	David A.		IVII	OFFICE Date Received	EUSE ONLY
							CALLY FILED
							CALLT FILED
		NICKNAME	LAST		SUFFIX	01/14/2025	
			Canales				
4 CANDIDA		ADDRESS / PO BOX;	APT / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEH MAILING		P.O. Box 592055					
ADDRESS						Receipt #	Amount
Change	of Address	San Antonio, TX 7825	9-0152				
						Date Processed	
						Date Imaged	
5 CAMPAIG	GN	MS / MRS / MR	FIRST			MI	
TREASUR	RER	Mrs.	Leticia				
NAME							
		NICKNAME	LAST			SUFFIX	
			Van de Putte			30111X	
			vanue Fulle				
6 CAMPAIG		STREET ADDRESS (NO	PO BOX PI FASE)	ΔP ⁻	/ SUITE #; CITY;		TATE; ZIP CODE
TREASUR		1616 W. Mulberry		7.4			
ADDRESS	S						
(Residence o	or Business)						
		San Antonio , TX 782	01				
7 CAMPAIG	GN	AREA CODE P	HONE NUMBER	EXTENSION			
TREASUR	RER	(210) 854-6604					
PHONE							
8 REPORT TYPE					- <i>"</i>	1	
		X January 15	30th day befor	e election	Runoff		campaign treasurer officeholder only)
		July 15	8th day before	election	Exceeded modified	Final Report (A	Attach C/OH-FR)
					reporting limit	4	
9 PERIOD		Month Day Ye	ear		Month Day	Year	
COVEREI	D	07/01/2024	T	HROUGH	12/31/202	4	
10 ELECTIO	N	ELECTION DAT	E		ELECTION TYPE		
		Month Day Ye	ear F	Primary	Runoff	Other	
				General	Special		
				Jeneral			
11 OFFICE		OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
		District Judge District	73 Bexar			(
			. e Bondi				
			<u> </u>	TO PAGE 2			
Forms provid	ded by Te	xas Ethics Commission	www.e	thics.state.tx.u	S	Ver	sion V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 13

T

13 C / OH NAME	Canales, David A. (T	ne Honorable)	14 Filer 0006	ID (Ethic	cs Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or These expenditures may have b officeholders are required to rep	een made without the candi	date's or officehold	er's knowledge or					
Additional Pages		COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIC ES OF LOANS, OR CONTRIBUT			0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	0.00					
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	ZED POLITICAL EXPENDITUR	,	\$	0.00					
	4. TOTAL POLIT	CAL EXPENDITURES		\$	22,472.68					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAIN	IED AS OF THE LAST DAY	OF THE	117,537.20					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTAN TING PERIOD	IDING LOANS AS OF THE	LAST DAY	0.00					
17 AFFIDAVIT										
		true and corr	ffirm, under penalty of perjur ect and includes all informa 5, Election Code.							
			The Honorable Da	vid A. Canales						
			Signature of Candidat	te or Officeholder						
AFFIX NO	TARY STAMP / SEAL AB	DVE								
		aid		the	day					
of	, 20, to ca	rtify which, witness my hand and	I seal of office.							
Signature of offic	cer administering oath	Printed name of officer adr	ninistering oath	Title of officer adm	ninistering oath					
Forms provided by Te	xas Ethics Commissior	www.ethics.state	.tx.us	Vers	ion V4.1.0.5dd2ace2					

FORM JC/OH COVER SHEET PG 3

18 FILER NAM Canales, D	FILER NAME 19 Filer ID Canales, David A. (The Honorable) 00067789										
20 SCHEDULE NAME OF S			SUBTOTAL AMOUNT								
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$								
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$								
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$								
4.	4. SCHEDULE E(J): LOANS (JUDICIAL)										
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 22,472.68								
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$								
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$								
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD										
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$								
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$								
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$								
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 61.02								

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Exp Committee Legal Services The Instruction Guide			Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)		
	Sch: 1/8 Rpt: 4/13		Canales, David A. (The Honorable) 00067789									
4	Date	5	Payee name									
	09/17/2024		Liza Rodriguez Campaign									
6	Amount (\$)	7										
	\$100.00		5507 E Eva	ins Rd								
			Suite 104, a	<i>#</i> 102								
			San Antoni	o, TX 78261								
8	PURPOSE	(a)		ee Categories listed at tl			(b) Description					
-	OF	,		ns/Donations Ma		nedule)		el outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE			Officeholder/Poli	-	nittee			, officeholder living	expense		
							Contribution	l				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ght		Office he	eld		
	Date		Payee name									
	10/22/2024		Andy Mirele	es Charitable Fo	undation							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$2,500.00		329 Mary L	ouise Dr.								
				o, TX 78201								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Advertising	ee Categories listed at th Expense	ne top of this sch	nedule)		in, TX	ide of Texas. Com , officeholder living Nip	•		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ght		Office he	eld		
	Date		Payee name									
	09/19/2024		Angelica Ji	menez Campaig	n							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$100.00		PO Box 59	2767								
			San Antoni	o, TX 78259								
	PURPOSE OF	(a)		ee Categories listed at t		nedule)	(b) Description	al cutto	ido of Toyoc, Com	nloto Schodulo T		
	EXPENDITURE			ns/Donations Ma Officeholder/Poli		nittee		in, TX	ide of Texas. Com			
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	Н										

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense (pens /ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	se		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission F	ilers)		
	Sch: 2/8 Rpt: 5/13		Canales, David A. (The Honorable)					00067789			
4	Date	5	Payee name								
	11/14/2024	24 Beto Altamirano for Mayor									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$100.00		120 9th Street #1309								
			San Antonio, TX 78215								
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b)	Description					
			Contributions/Donations Made By	cuuic)			outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee			, TX,	officeholder living expense			
						Contribution					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held			
	Date		Payee name								
	12/12/2024		Bexar County Women's Bar Associatio	n							
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$0.01		P.O. Box 460176								
			San Antonio, TX 78246								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	EXPENDITURE		Account Verify					de of Texas. Complete Schedule T. officeholder living expense			
								or a larger transaction			
							.,				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office held			
	expenditure to benefit C/OI	H			•						
	Date		Payee name								
	12/16/2024		Bexar County Women's Bar Associatio	n							
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$2,500.00		P.O. Box 460176								
	,										
			San Antonio, TX 78246								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.			
						Sponsorship	, 17,	officeholder living expense			
						οροτισοτοτιτμ					
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	aht			Office held			
	expenditure to benefit C/OI			2000 SOU	ynt						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 3/8 Rpt: 6/13	Canales, David A. (The Honorable)	00067789							
4	Date 07/22/2024	5 Payee name Christine Weems for Judge								
6	Amount (\$) 7 Payee address; City; State; Zip Code \$100.00 201 Caroline St Ste 1410 Houston, TX 77002-1934									
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contributions Contributions										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/28/2024	Eddie Morales for Texas State Representative House District 74 C	Campaign							
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 352 Hillcrest Blvd.								
	PURPOSE	Eagle Pass, TX 78852								
	OF		tside of Texas. Complete Schedule T. X, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/09/2024	Elizabeth Martinez for Judge Campaign								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 830353								
		San Antonio, TX 78283								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 4/8 Rpt: 7/13		Canales, David A. (The Honorable)				00067789			
4	Date	5	Payee name							
	12/01/2024		Ivalis Meza Gonzalez Campaign							
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le					
	\$100.00		PO Box 782094							
			San Antonio, TX 78278							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		b) Description					
ľ	OF	(,	Contributions/Donations Made By	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austin	, TX	, officeholder living expense			
					Contribution					
9	Complete ONLY if direct		Candidate/Officeholder name O	ffice soug	ht		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	10/28/2024		Liz Campos Campaign							
	Amount (\$)			Zip Coo						
	\$100.00		1028 Rigsby,	210 000						
	\$100.00		1020 Nigsby,							
			San Antonio, TX 78210							
	PURPOSE	(2)			(b) Decerimtica					
	OF	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense			
					Contribution					
	Complete ONLY if direct		Candidate/Officeholder name O	ffice soug	ht		Office held			
	expenditure to benefit C/OI	Н								
	Date		Pavee name							
	11/01/2024		Lori Massey Brissette Campaign							
	Amount (\$)			Zip Co	le					
	\$100.00		522 Avenue A #1207e	2.6 000						
	\$100.00									
			Austin, TX 78215							
		<u>.</u> .								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description	outoi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee			, officeholder living expense			
				litee	Contribution	,	,			
-	Complete ONLY if direct	L(Candidate/Officeholder name O	office soug	ht		Office held			
	expenditure to benefit C/Oł				-					
-										

			EX	PENDITURE C	ATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/E Gift/Aw mittee Legal S	Expense everage Expense ards/Memorials Expe iervices instruction Guide (Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Exp	
_	Tatal warma Oak adula E4			Istruction Guide			ipiete this form.		Files ID	(Ethics Oceanicais	- Filere)
1	Total pages Schedule F1:				hle)			3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 5/8 Rpt: 8/13		Canales, David A		able)				00067789		
4	Date 07/26/2024		Payee name Mexican America	ın Bar Associa	ation of S	San Anto	nio				
6	Amount (\$) \$750.00		Payee address; P. O. Box 83095 San Antonio, TX	-	State;	Zip Coc	e				
8	PURPOSE	(a)	Category (See Cate	nories listed at the ton	of this sche	edule)	b) Description				
	OF EXPENDITURE		Advertising Expe		5 01 this solid		Check if tra	ustin, TX	ide of Texas. Com , officeholder living Irnament Sp o	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehol	der name	С	Office soug	ht		Office he	eld	
	Date		Payee name								
	10/21/2024		PEARLS Founda	tion							
	Amount (\$)		Payee address;	City;	State;	Zip Coc	е				
	\$3,000.00		8000 IH 10 West								
			Suite 600								
			San Antonio, TX	78230							
	PURPOSE OF EXPENDITURE		Category _{(See Cate} Advertising Expe		o of this sche	edule)		ustin, TX	ide of Texas. Com , officeholder living ruch Gala		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehol	der name	С	Office soug	ht		Office he	eld	
	Date		Payee name								
	10/21/2024		Rosemarie Alvar	ado for Judge	Campai	ign					
	Amount (\$)		Payee address;	City;	State;	Zip Coc	е				
	\$100.00		PO Box 701348								
			San Antonio, TX	78270-1348							
	PURPOSE	(a)	Category (See Cate	pories listed at the top	o of this sche	edule)	b) Description				
	OF EXPENDITURE		Contributions/Do Candidate/Office			littee		ustin, TX	ide of Texas. Com		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehol	ler name	C	Office soug	ht		Office he	eld	

			EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	lains h	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 6/8 Rpt: 9/13		Canales, David A. (The Honorable	2)				00067789				
4	Date	5	Payee name									
	09/19/2024		San Antonio Bar Association									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$3,750.00		100 Dolorosa, Suite 500									
			San Antonio, TX 78205									
8	PURPOSE	(a)	Category (See Categories listed at the top of th	nis sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense		,			ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						SABA Gala S	ро	nsorsnip				
_	Complete ONIL V if direct		andidate/Officeholder name	0	ffing only	.bt		Office held				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Onicendider hame	0	ffice sou	ji it		Office held				
	Date		Payee name									
	08/26/2024		San Antonio Food Bank									
	Amount (\$)		Payee address; City; S	State;	Zip Co	le						
	\$2,500.00		5200 Historic, Old Hwy 90 W									
			San Antonio, TX 78227									
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense		,			ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						San Antonio	-00	od Bank Turkey Trot Sponsorship				
	Complete ONLY if direct		andidate/Officeholder name	0	ffice soug	iht		Office held				
	expenditure to benefit C/OF				1100 000	,						
-	Date		Payee name									
	10/31/2024		San Antonio Trial Lawyers Associa	ation								
	Amount (\$)		-		Zip Co	le						
	\$600.00		PO Box 120212	,								
			San Antonio, TX 78212									
	PURPOSE OF		Category (See Categories listed at the top of th	nis sche	dule)	(b) Description	ou •+-•	ide of Toyon, Complete Schedule T				
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
								Golf Trounament				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	ffice sou	jht		Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related I	
1	Total pages Schedule F1:	2		- cripiulie				3	Filer ID	(Ethics Commiss	ion Filore)
	Sch: 7/8 Rpt: 10/13	2	Canales, David A. (The Honor	able)				3	00067789		Son Fliers)
4	Date	5	Payee name								
	10/07/2024		San Antonio Young Lawyers A	Associatio	on						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$2,100.00		Ashby Pl., Suite 1200								
			San Antonio, TX 78212								
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense		ouuloy		_	outsi	de of Texas. Comp	plete Schedule T.	
	EXPENDITORE								officeholder living		
							SAYLA Golf	Του	Irnament Sp	onsorship	
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name								
	07/01/2024		Smokey Moe's								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$130.70		22106 Bulverde Rd		•						
			Suite 108								
			San Antoni, TX 78259			<u> </u>					
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b)	Description	outei	de of Texas. Com	aloto Schodulo T	
	EXPENDITURE		Food/Beverage Expense						officeholder living		
										AGLES staff a	ppreciation
							event				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		5					Office he	eld		
_		_									
	Date		Payee name								
	07/01/2024		Sprouts Farmers Market								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$20.97		22135 Bulverde Road								
			San Antonio, TX 78259								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b)	Description				
	OF		Food/Beverage Expense		,		Check if travel	outsi	de of Texas. Comp	plete Schedule T.	
	EXPENDITURE								officeholder living		
								arls	and EAGLE	ES staff appred	ciation
							event				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI										

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)				
	Sch: 8/8 Rpt: 11/13		Canales, David A. (The Honorable)				00067789				
4	Date	5	Payee name								
	08/29/2024		Stonewall Democrats								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$20.00		P.O. Box 12814								
			San Antonio, TX 78212								
8	PURPOSE				(b) Description						
ľ	OF		Category (See Categories listed at the top of this sche Membership Dues	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE						, officeholder living expense				
					Membership	Du	es - Stonewall Democrats				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name								
	09/26/2024		Texas A&M University-Kingsville								
	Amount (\$)			Zip Co	le						
	\$851.00		700 University Blvd MSC 115	2.6 00							
	\$001.00										
			Kingsville, TX 78363								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)	Check if Austin	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense Golf Tournament Sponsorship				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name								
	11/26/2024		Texas Bar Foundation								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$2,750.00		515 Congress Ave								
			-								
			Austin, TX 78701								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Taura Downlate Calendada T				
	EXPENDITURE		Foundation Dues				ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name O	ffice sou	ht		Office held				

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

SCHEDULE K

	The Instruction Guide explains how to complete this form. 1 Total pa Sch: 1/2							
2	2 FILER NAME 3 Filer ID						-ilers)	
	Canales, Da	7789						
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	12/12/2024		Bexar County Women's Bar Associatin				\$0.01	
		6	Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78246					
		7	<u> </u>	oliti	cal con	tribution returned to filer		
		Account Verification Charge Returned						
	Date	Date Name of person from whom amount is received Amount (\$)						
	07/03/2024				\$12.98			
			Address of person from whom amount is received; City; State; Zip Code					
			0 A					
			San Antonio, TX 78259-0152					
			<u> </u>			tribution returned to filer		
	Refund of funds inadvertently charged campaign debit card as noted on previous report							
	Date		Name of person from whom amount is received			Amount (\$)		
	07/11/2024		Frost Bank				\$8.87	
			Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78205					
		┝		oliti	cal con	tribution returned to filer		
			Interest earned on funds on account	-				
-	Date Name of person from whom amount is received Amount (\$)							
	08/12/2024		Frost Bank				\$9.75	
			San Antonio, TX 78205					
				oliti	cal con	tribution returned to filer		
			Interest earned on funds on account					
	Date		Name of person from whom amount is received			Amount (\$)		
	09/12/2024 Frost Bank						\$9.32	
			San Antonio, TX 78205					
		┝		aliti		tribution roturned to filer		
			Purpose for which amount is received Check if p Interest earned on funds on account	ΟΠυ	Cal con	tribution returned to filer		
┝								

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

SCHEDULE K

The Instru	1 Total pages Schedule K: Sch: 2/2 Rpt: 13/13			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Canales, Da	vid A. (The Honorable)	00067789		
4 Date	5 Name of person from whom amount is received	8 Amount (\$)		
10/10/2024	Frost Bank	\$6.53		
	6 Address of person from whom amount is received; City; State; Zip Code			
	San Antonio, TX 78205			
	7 Purpose for which amount is received Check if point Interest earned on funds on account	olitical contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
11/13/2024	Frost Bank	\$6.78		
	Address of person from whom amount is received; City; State; Zip Code			
	San Antonio, TX 78205			
		olitical contribution returned to filer		
	Interest earned on funds on account			
Date	Name of person from whom amount is received	Amount (\$)		
12/11/2024	Frost Bank	\$6.78		
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205			
	Purpose for which amount is received Check if po	olitical contribution returned to filer		
	Interest earned on funds on account			