

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

| | | |
|--|--|--|
| 1 Filer ID (Ethics Commission Filers) 00067789 | 2 Total pages filed: 20 | OFFICE USE ONLY |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI The Honorable David A. | Date Received ELECTRONICALLY FILED 01/12/2025 |
| | NICKNAME LAST SUFFIX Canales | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) | Date Hand-delivered or Date Postmarked |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit | Receipt # Amount |
| | <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | Date Processed |
| | <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report (Attach C/OH-FR) | Date Imaged |
| 5 ORIGINAL PERIOD COVERED | Month Day Year Month Day Year 01/01/2024 THROUGH 06/30/2024 | |

6 EXPLANATION OF CORRECTION
 Inadvertently transposed the cash on hand amount with the outstanding loans amount. This is correct in the report along with updating the campaign treasurers mailing address.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable David A. Canales

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

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | | |
|---|--|---|---|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00067789 | 2 Total pages filed: 20 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST David A. | MI MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2025 |
| | NICKNAME | LAST Canales | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 592055 San Antonio, TX 78259-0152 | | ZIP CODE | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Leticia | MI MI | |
| | NICKNAME | LAST Van de Putte | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 222 Herweck Dr San Antonio , TX 78213 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (210) | 854-6604 | | |
| 8 REPORT TYPE | <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) | | | |
| 9 PERIOD COVERED | Month Day Year | THROUGH | | Month Day Year |
| | 01/01/2024 | | | 06/30/2024 |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | ELECTION TYPE | |
| | | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 73 Bexar | | 12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 3 District Fourth | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 20

13 C / OH NAME Canales, David A. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00067789

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|--------------------------------|--|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 69,990.79 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 139,951.00 |
| 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 David A. Canales

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

SUBTOTALS - JC/OH

| | | |
|---|--|---|
| 18 FILER NAME Canales, David A. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00067789 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 69,990.79 |
| 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 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 12.98 |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 4,069.22 |

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: 1/13 Rpt: 5/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
|--|--|--|

| | |
|-----------------------------|---|
| 4 Date 01/31/2024 | 5 Payee name AC Hotel San Antonio Riverwalk |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$603.47 | 7 Payee address; City; State; Zip Code 111 Soledad St San Antonio, TX 78205 |
|----------------------------------|--|

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|---------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Dinner with donors |
|---------------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 01/19/2024 | Payee name Artesia Springs, LLC |
|--------------------|------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$129.50 | Payee address; City; State; Zip Code 8130 Interchange Parkway San Antonio, TX 78218 |
|-------------------------|---|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Bottled water for courtroom |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|------------------------------------|
| Date 01/23/2024 | Payee name Artesia Springs, LLC |
|--------------------|------------------------------------|

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|------------------------|---|
| Amount (\$) \$13.25 | Payee address; City; State; Zip Code 8130 Interchange Parkway San Antonio, TX 78218 |
|------------------------|---|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Bottled water for courtroom |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | | |
|----------|---|---|--|----------|---|--|
| 1 | Total pages Schedule F1: Sch: 2/13 Rpt: 6/20 | 2 | FILER NAME Canales, David A. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00067789 | |
| 4 | Date 01/23/2024 | 5 | Payee name Artesia Springs, LLC | | | |
| 6 | Amount (\$) \$59.42 | 7 | Payee address; City; State; Zip Code 8130 Interchange Parkway San Antonio, TX 78218 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Bottled water for courtroom | | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | | | | |
| | Date 02/06/2024 | | Payee name Assured Partners Jamison | | | |
| | Amount (\$) \$524.63 | | Payee address; City; State; Zip Code 1327 W Magnolia Ave San Antoni, TX 78201 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Extended State Judges Professional Liability Insurance | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Extended State Judges Professional Liability | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | | | | |
| | Date 01/29/2024 | | Payee name Best Buy # 1082 | | | |
| | Amount (\$) \$270.52 | | Payee address; City; State; Zip Code 2003 N. Loop 1604 East San Antonio, TX 78232 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Giveaways for El Dorado Elementary School fundraiser | | | |
| | | 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: 3/13 Rpt: 7/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
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| | |
|-----------------------------|--|
| 4 Date 05/20/2024 | 5 Payee name Bexar County Democratic Party |
|-----------------------------|--|

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|----------------------------------|--|
| 6 Amount (\$) \$150.00 | 7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of golf event |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|----------------------|
| Date 01/29/2024 | Payee name Costco |
|--------------------|----------------------|

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|------------------------|---|
| Amount (\$) \$97.41 | Payee address; City; State; Zip Code 1201 N Loop 1604 E San Antonio, TX 78258 |
|------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Gift for Monitoring Court - warrantee on refrigerator |
|-------------------------------|--|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|----------------------|
| Date 01/30/2024 | Payee name Costco |
|--------------------|----------------------|

| | |
|-------------------------|---|
| Amount (\$) \$649.49 | Payee address; City; State; Zip Code 1201 N Loop 1604 E San Antonio, TX 78258 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Gift for Monitoring Court - refrigerator |
|-------------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/13 Rpt: 8/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 04/29/2024 | 5 Payee name Cynthia Chapa Campaign | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code P.O. Box 681111 San Antonio, TX 78268 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/23/2024 | Payee name Driving Single Parents, Inc. | |
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code 101 Stumberg St San Antonio, TX 78204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/25/2024 | Payee name El Castillo Mexican Restaurant | |
| Amount (\$) \$32.69 | Payee address; City; State; Zip Code 425 S St Mary's S San Antonio, TX 78205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Lunch with non-profit director |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 5/13 Rpt: 9/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 02/02/2024 | 5 Payee name El Mirasol | |
| 6 Amount (\$) \$443.45 | 7 Payee address; City; State; Zip Code 10003 NW Military Hwy #2107 San Antonio, TX 78231 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff lunch |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/25/2024 | Payee name El Padrino Pantry | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 128 Castillo Ave San Antonio, TX 78210 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/04/2024 | Payee name Harland Clarke | |
| Amount (\$) \$31.86 | Payee address; City; State; Zip Code 5800 Northwest Pkwy, San Antonio, TX 78249 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 6/13 Rpt: 10/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 02/01/2024 | 5 Payee name Herrera, Jorge | |
| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code 1800 West Commerce St. San Antonio, TX 78207 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contribution refund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution refund |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/06/2024 | Payee name Hispanic Law Alumni Association | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 1 Camino Santa Maria St San Antonio, TX 78228 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/02/2024 | Payee name Laura Salinas Campaign | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 5150 Broadway #431 San Antonio, TX 78209 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| 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: 7/13 Rpt: 11/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 01/25/2024 | 5 Payee name Madonna Center | |
| 6 Amount (\$) \$5,000.00 | 7 Payee address; City; State; Zip Code 1906 Castroville Rd San Antonio, TX 78237 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/19/2024 | Payee name Melinda Cox Campaign | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 3255 Roan Way San Antonio, TX 78259 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2024 | Payee name Myrons | |
| Amount (\$) \$547.67 | Payee address; City; State; Zip Code 10003 NW Military Hwy San Antonio, TX 78231 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Dinner with donors |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 8/13 Rpt: 12/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 04/16/2024 | 5 Payee name North East Education Foundation | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 8961 Tesoro Dr San Antonio, TX 78217 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/23/2024 | Payee name Parental Solutions | |
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code 3501 W Commerce St San Antonio, TX 78207 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/11/2024 | Payee name Pizza Hut | |
| Amount (\$) \$173.39 | Payee address; City; State; Zip Code 730 S Santa Rosa Ave San Antonio, TX 78204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for Jury |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | | |
|----------|--|--|--|---------------|---|--|
| 1 | Total pages Schedule F1: Sch: 9/13 Rpt: 13/20 | 2 | FILER NAME Canales, David A. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00067789 | |
| 4 | Date 05/24/2024 | 5 | Payee name Ray, Jeff | | | |
| 6 | Amount (\$) \$1,000.00 | 7 | Payee address; City; State; Zip Code 204 Parklane Drive Suite 400 Olmos Park, TX 78212 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Refund Donation | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund Donation - that was withdrawn from bank twice. Bank Refunded funds - See Schedule K | | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 05/07/2024 | | Payee name Sam's Club #4914 | | | |
| | Amount (\$) \$966.97 | | Payee address; City; State; Zip Code 2530 Marshall Rd. San Antonio, TX 78259 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Donation - El Dorado Elementary School | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 02/29/2024 | | Payee name San Antonio Paralegal Association | | | |
| | Amount (\$) \$1,000.00 | | Payee address; City; State; Zip Code P. O. Box 90037 San Antonio, TX 78209 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution | | | |
| | | 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.

| | | |
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| 1 Total pages Schedule F1: Sch: 10/13 Rpt: 14/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
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| 4 Date 04/12/2024 | 5 Payee name San Antonio Young Lawyers Association |
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| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code P.O. Box 6344 San Antonio, TX 78209 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of fundraising event |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|---|
| Date 01/16/2024 | Payee name Sarah's Heart of Sharing Hearts Texas |
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| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 8103 Broadway San Antonio, TX 78209 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 06/29/2024 | Payee name Smokey Moe's |
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| Amount (\$) \$130.70 | Payee address; City; State; Zip Code 22106 Bulverde Rd Suite 108 San Antoni, TX 78259 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for PEARLS and EAGLES Court staff appreciation lunch |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 11/13 Rpt: 15/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
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|-----------------------------|---|
| 4 Date 06/30/2024 | 5 Payee name Sprouts Farmers Market |
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| 6 Amount (\$) \$20.97 | 7 Payee address; City; State; Zip Code 22135 Bulverde Road San Antonio, TX 78259 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Water for PEARLS and EAGLES Court staff appreciation lunch |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 02/05/2024 | Payee name State Bar of Texas - Paralegal Division |
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| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 1414 Colorado Street Austin, TX 78701 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CLE Sponsorship |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 03/22/2024 | Payee name The Mexican American Bar Association of San Antonio |
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| Amount (\$) \$5,075.00 | Payee address; City; State; Zip Code 222 S Flores St San Antonio, TX 78204 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of The Long Game Movie Screening |
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| 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: 12/13 Rpt: 16/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
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|-----------------------------|---|
| 4 Date 04/15/2024 | 5 Payee name The Miracle League |
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| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 2029 S Callaghan Rd San Antonio, TX 78227 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
|---------------------------------|---|--|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/26/2024 | Payee name USPS |
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| Amount (\$) \$20.40 | Payee address; City; State; Zip Code 20403 Encino Ledge San Antonio, TX 78259 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postage | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/25/2024 | Payee name University of Texas at Austin |
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|---------------------------|---|
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 2515 Speedway Austin, TX 78712 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation - Voces Oral History Center |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 13/13 Rpt: 17/20 | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 01/25/2024 | 5 Payee name VIVA Politics, LLC | |
| 6 Amount (\$) \$25,000.00 | 7 Payee address; City; State; Zip Code 1850 Fredericksburg San Antonio, TX 78201 | |
| 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 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule I: Sch: 1/1 Rpt: | 2 FILER NAME Canales, David A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 02/13/2024 | 5 Payee name Scribd | |
| 6 Amount (\$) 12.98 | 7 Payee Address; City; State; Zip 460 Bryant Street #300 San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Transcription Service | (b) Description (See instructions regarding type of information required.) Transcription service inadvertently charged campaign debit card. Refund to campaign made on |

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: 1/2 Rpt: 19/20 |
| 2 FILER NAME Canales, David A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 01/11/2024 | 5 Name of person from whom amount is received Frost Bank | 8 Amount (\$) \$15.27 |
| | 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | 7 Purpose for which amount is received Interest earned on funds on account <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 02/12/2024 | Name of person from whom amount is received Frost Bank | Amount (\$) \$13.78 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | Purpose for which amount is received Interest earned on funds on account <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 03/12/2024 | Name of person from whom amount is received Frost Bank | Amount (\$) \$10.56 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | Purpose for which amount is received Interest earned on funds on account <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 04/10/2024 | Name of person from whom amount is received Frost Bank | Amount (\$) \$9.99 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | Purpose for which amount is received Interest earned on funds on account <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 05/10/2024 | Name of person from whom amount is received Frost Bank | Amount (\$) \$9.52 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | Purpose for which amount is received Interest earned on funds on account <input type="checkbox"/> Check if political contribution returned to filer | |

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: 2/2 Rpt: 20/20 |
| 2 FILER NAME Canales, David A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067789 |
| 4 Date 06/12/2024 | 5 Name of person from whom amount is received Frost Bank | 8 Amount (\$) \$10.10 |
| | 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 | |
| | 7 Purpose for which amount is received Interest earned on funds on account <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 02/01/2024 | Name of person from whom amount is received Herrera, Jorge | Amount (\$) \$3,000.00 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78207 | |
| | Purpose for which amount is received Lost Check of a Refunded Donation <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 05/28/2024 | Name of person from whom amount is received Ray, Jeff | Amount (\$) \$1,000.00 |
| | Address of person from whom amount is received; City; State; Zip Code Olmos Park, TX 78212 | |
| | Purpose for which amount is received Refund Check that was processed twice Jeff Ray - Ck 2173 <input type="checkbox"/> Check if political contribution returned to filer | |