CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

	•	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
(00067789		20			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	CALLY FILED
	OFFICEHOLDER NAME	The Honorable	David A.			01/12/2025	
		NICKNAME	LAST		SUFFIX	"]	
			Canales			Date Hand-delivered	or Date Postmarked
	ORIGINAL	January 15	Runoff	Other (s	pecify)	Date Hand-delivered	of Date Fostillarked
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp			-	
		8th day before election	appointment (office	• •		Date Processed	-
	ORIGINAL PERIOD	<u> </u>	<u> </u>	•	Year		
	COVERED	Month Day Yea 01/01/2024	THROUGH	Month Day 06/30/2024	real	Date Imaged	
_	EXPLANATION OF C			00/30/2024			
		sed the cash on hand amo	unt with the extense	a loons omoust This is	C correct in the	roport clone wist-	undating the same
	AFFIDAVIT						
	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjury	y, that this correct	ed report is true
, ,	AFFIDAVIT		and		, , , ,		ed report is true
. ,	AFFIDAVIT		and	correct.	and all applicas: I swear, or aith and without	ble statements: affirm that the ori	ginal report
	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa	and all applica s: I swear, or aith and without ormation contains swear, or affirm the 14th busine ginally filed is interest any error or or	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing thess day after the diaccurate or incon	iginal report ad or to is corrected late I learned nplete. I
	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith.	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing thess day after the diaccurate or incon	iginal report ad or to is corrected late I learned nplete. I
	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith.	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing th ess day after the d accurate or incon mission in the report	iginal report ad or to is corrected late I learned nplete. I
		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith.	ble statements: affirm that the orian intent to mislened in the report. that I am filing thess day after the diaccurate or incomission in the report.	iginal report ad or to is corrected late I learned nplete. I
	AFFIX NOTARY ST	AMP / SEAL ABOVE	and Che X	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go The F	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing these day after the diaccurate or incon mission in the report orid A. Canales or Officeholder	iginal report lead or to is corrected late I learned inplete. I lort as originally
	AFFIX NOTARY ST Sworn to and subsc		and Che X	Semiannual reports was made in good famisrepresent the info Other reports: I sereport not later than that the report as on swear, or affirm, that filed was made in good. The Head Signature.	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith. Honorable Dav ire of Candidate	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing these day after the diaccurate or incon mission in the report orid A. Canales or Officeholder	iginal report lead or to is corrected late I learned inplete. I lort as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che X	Semiannual reports was made in good famisrepresent the info Other reports: I sereport not later than that the report as on swear, or affirm, that filed was made in good. The Head Signature.	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith. Honorable Dav ire of Candidate	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing these day after the diaccurate or incon mission in the report orid A. Canales or Officeholder	iginal report lead or to is corrected late I learned inplete. I lort as originally

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

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067789 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David A. NAME Date Received **ELECTRONICALLY FILED** 01/12/2025 NICKNAME LAST **SUFFIX** Canales CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 592055 MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78259-0152 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Leticia NAME NICKNAME LAST **SUFFIX** Van de Putte STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 222 Herweck Dr **ADDRESS** (Residence or Business) San Antonio, TX 78213 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 854-6604 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE**

11 OFFICE

Day

03/05/2024

OFFICE HELD (if any)

District Judge District 73 Bexar

Year

Month

χ Primary

General

Runoff

Special

12 OFFICE SOUGHT (if known)

Other

Court Of Appeals, Justice Place 3 District Fourth

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 20

13 C / OH NAME	Canales, David A. (T	ne Honorable)	14 Filer ID 00067789	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have beer	olitical expenditures made by political on made without the candidate's or office this information only if they receive no	eholder's knowledge or						
Additional Pages	COMMITTEE TYPE COMMITTEE NAME									
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREAS	URER NAME							
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS							
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS	S(OTHER THAN PLEDGES, LOANS,							
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIO		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	EES OE LOANS)	\$ 0.00						
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	ZED POLITICAL EXPENDITURES	EES OF LOANS)	\$ 0.00						
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 69,990.79						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED	O AS OF THE LAST DAY OF THE	\$ 139,951.00						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT		l swear, or affirr true and correct under Title 15, E	n, under penalty of perjury, that the ac and includes all information required Election Code.	companying report is to be reported by me						
			The Honorable David A. Cana	les						
			Signature of Candidate or Officeho	lder						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
			, this the	day						
of	, 20, to co	ertify which, witness my hand and se	eal of office.							
Signature of office	cer administering oath	Printed name of officer admini	stering oath Title of office	er administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 4 of 20
	ER NAM	(Ethics Commission Filers)		
	HEDUL ME OF	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.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 69,990.79
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
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	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 12.98
12	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 4,069.22

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/13 Rpt: 5/20	Canales, David A. (The Honorable) 00067789
4	Date	5 Payee name
	01/31/2024	AC Hotel San Antonio Riverwalk
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$603.47	111 Soledad St
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner with donors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/19/2024	Artesia Springs, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.50	8130 Interchange Parkway
		San Antonio, TX 78218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Bottled water for courtroom
		Bottled water for Courtroom
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	01/23/2024	Artesia Springs, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.25	8130 Interchange Parkway
		San Antonio, TX 78218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bottled water for courtroom
	Commission ONU Wife allows	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica		nmittee	Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	strict a category not listed abov	re)
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 3/13 Rpt: 7/20		Canales, Da	avid A. (The Ho	norable)					00067789		
4	Date	5	Payee name									
	05/20/2024		Bexar Coun	ty Democratic I	Party							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$150.00		1844 Freder	ricksburg Rd								
			San Antonio	, TX 78201								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE		Candidate/C	Officeholder/Pol	itical Commi	ittee		_		officeholder livin	g expense	
								Sponsorship	OT (goir event		
_		L										
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	O	ffice sou	gnt			Office h	eid	
_		_										
	Date		Payee name									
	01/29/2024		Costco									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$97.41		1201 N Loo	p 1604 E								
			San Antonic	, TX 78258								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Gift/Awards	Memorials Exp	ense			=		de of Texas. Con officeholder livin	nplete Schedule T.	
								_			arrantee on refri	gerator
										J		J
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/30/2024		Costco									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$649.49		1201 N Loo	-		·						
			San Antonio	o. TX 78258								
	PURPOSE	(a)		e Categories listed at	N 4£4b:b	1 -1 -1	(h)	Description				
	OF	(-,		/Memorials Exp		edule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin		
								Gift for Monito	orir	ng Court - re	efrigerator	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	0	ffice sou	ght			Office h	eld	
	poa.taro to boriont 0/01	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		mmittee	Legal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter		not listed above)	
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics	Commission Filers)
	Sch: 5/13 Rpt: 9/20		Canales, Da	avid A. (The Ho	norable)					00067789			
4	Date	5	Payee name										
	02/02/2024		El Mirasol										
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$443.45		10003 NW I										
			#2107										
			San Antonio	TX 78231									
8	PURPOSE	(2)					(h)	Description					
0	OF	(a)		e Categories listed at	the top of this sche	dule)	(D)	Description Check if travel	nutsi	de of Texas. Cor	nnlete Sche	dule T	
	EXPENDITURE		roou/bever	age Expense				=		officeholder livir			
								Staff lunch					
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	01/25/2024		El Padrino F	Pantry									
	Amount (\$)	H	Payee addres	ss; City;	State;	Zip Co	de						
	\$2,500.00		128 Castillo	Ave									
			San Antonio	. TX 78210									
	PURPOSE	(a)		e Categories listed at	N- 4	al. da N	(b)	Description					
	OF	(")		e Categories listed at IS/Donations M		aule)	(~)		outsi	de of Texas. Cor	nplete Sche	dule T.	
	EXPENDITURE			Officeholder/Pol		ttee		Check if Austin	, TX,	officeholder livir	ig expense		
								Donation					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld		
	experiordine to berieff C/O												
	Date		Payee name										
	01/04/2024		Harland Cla	rke									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$31.86		5800 Northy	vest Pkwy,									
			San Antonio	, TX 78249									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description					
	OF EXPENDITURE		Accounting/			,			outsi	de of Texas. Cor	nplete Sche	dule T.	
	EXPENDITURE			_				ш	, TX,	officeholder livir	ig expense		
								Checks					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld		
	experience to beliefit 6/01												

SCHEDULE F1

The straining Expense Event Expense Event Expense Loan Repayment/Reimbur Community Com

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 6/13 Rpt: 10/20	2 FILER NAME Canales, David A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067789
4	Date	5 Payee name
	02/01/2024	Herrera, Jorge
6	Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 1800 West Commerce St. San Antonio, TX 78207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contribution refund Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution refund
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/06/2024	Hispanic Law Alumni Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1 Camino Santa Maria St
		San Antonio, TX 78228
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2024	Laura Salinas Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5150 Broadway
		#431
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/13 Rpt: 11/20	Canales, David A. (The Honorable) 00067789
4	Date	5 Payee name
	01/25/2024	Madonna Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	1906 Castroville Rd
		San Antonio, TX 78237
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bollation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	04/19/2024	Melinda Cox Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3255 Roan Way
		San Antonio, TX 78259
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Gond Badon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Dette	<u> </u>
	Date	Payee name
	02/02/2024	Myrons
	Amount (\$)	Payee address; City; State; Zip Code
	\$547.67	10003 NW Military Hwy
		San Antonio, TX 78231
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	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
	experience to benefit eye.	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 8/13 Rpt: 12/20	Canales, David A. (The Honorable) 00067789
4	Date	5 Payee name
	04/16/2024	North East Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$2,500.00	8961 Tesoro Dr
	Ψ2,300.00	0301 163010 DI
		San Antonio, TX 78217
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/23/2024	Parental Solutions
	Amount (\$)	
	\$5,000.00	3501 W Commerce St
		San Antonio, TX 78207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/11/2024	Pizza Hut
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code
	\$173.39	730 S Santa Rosa Ave
	Φ1/3.39	130 3 Sailla NUSA AVE
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food for Jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Politics

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter a	strict category not listed above)	
				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 9/13 Rpt: 13/20		Canales, Da	vid A. (The Ho	norable)					00067789		
4	Date	5	Payee name									
	05/24/2024		Ray, Jeff									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		204 Parklan	e Drive								
			Suite 400									
			Olmos Park,	TX 78212								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF		Refund Don			, ,		Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE							—		officeholder living		
											withdrawn from bar	nk
								twice. Bank i	Rei	unaea tuna	s - See Schedule K	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
	experientare to benefit 6/01	_										
	Date		Payee name									
	05/07/2024		Sam's Club	#4914								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$966.97		2530 Marsh	all Rd.								
			San Antonio	, TX 78259								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE			s/Donations Ma	,			=			plete Schedule T.	
			Candidate/C	Officeholder/Pol	iticai Commi	πee		ш		officeholder living	Elementary School	
								1 000 Donaio	,,,	Li Doiado	Licinemaly School	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O						•					
H	Date		Payee name									
	02/29/2024		•	Paralegal Ass	ociation							
	Amount (\$)	\vdash	Payee addres			Zip Co	de					
	\$1,000.00		P. O. Box 9		Ottato,	p 00						
	Ψ1,000.00		1. O. DOX 3	0037								
			San Antonio	, TX 78209								
	PURPOSE	(a)	Category (sa	e Categories listed at t	the ton of this scho	idule)	(b)	Description				
	OF	l`		s/Donations Ma		uuic)	` ′		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Pol		ttee		Check if Austin,	, TX,	officeholder living	g expense	
								Contribution				
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	П										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/13 Rpt: 14/20	Canales, David A. (The Honorable) 00067789
4 Date	5 Payee name
04/12/2024	San Antonio Young Lawyers Association
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 6344
	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/16/2024	Sarah's Heart of Sharing Hearts Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	8103 Broadway
	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	2 Silvatorii
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/29/2024	Smokey Moe's
Amount (\$)	Payee address; City; State; Zip Code
\$130.70	22106 Bulverde Rd
72000	Suite 108
	San Antoni, TX 78259
PURPOSE	T _n ,
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food for PEARLS and EAGLES Court staff
	appreciation lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	gal Services he Instruction Guide expla		Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILED NAME	<u>.</u>			1	3	Filer ID	(Ethics Commission Filers)
-	Sch: 11/13 Rpt: 15/20		id A. (The Honorable))			5	00067789	(Lanes Commission Files)
4	Date	5 Payee name							
	06/30/2024	Sprouts Farm	ers Market						
6	Amount (\$)	7 Payee address:	; City; S	tate; Zip Co	ode				
	\$20.97	22135 Bulver	de Road						
		San Antonio,	TX 78259						
8	PURPOSE	(a) Category (See	Categories listed at the top of thi	is schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beveraç	je Expense			=		de of Texas. Comp	
						—		officeholder living	
						appreciation I			LES Court staff
						прриссіаціон і	i a i i	OI 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ıght			Office he	ld
	Date	Payee name							
	02/05/2024	_	exas - Paralegal Divi	sion					
	Amount (\$)	Payee address:	; City; S	tate; Zip Co	nde				
	\$250.00	1414 Colorad		, _,,					
	Ψ230.00	1414 0010144	5 Street						
		Austin, TX 78	701						
	PURPOSE	(a) Category (See	Categories listed at the top of thi	is schedule)	(b)	Description			
	OF EXPENDITURE		Donations Made By					de of Texas. Comp	
Candidate/Officeholder/Political Committee Central Austin, TX, officeholder living expense					expense				
						CLE Sponsor	SNI	þ	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ıght			Office he	ld
	Date	Payee name							
	03/22/2024		American Bar Associa	ation of San	Ant	onio			
_	Amount (\$)	Payee address		tate; Zip Co					
	\$5,075.00	222 S Flores	•	itate, Zip Ct	Jue				
	Φ5,075.00	222 3 FIUIES	3 l						
		San Antonio,	TX 78204						
	PURPOSE	(a) Category (See	Categories listed at the top of thi	is schedule)	(b)	Description			
	OF EXPENDITURE		Donations Made By			ш		de of Texas. Comp	
	EXPENDITURE	Candidate/Off	ficeholder/Political Co	mmittee		ш		officeholder living	•
						Sponsorship	of ⁻	The Long Ga	ame Movie Screening
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/13 Rpt: 16/20	Canales, David A. (The Honorable) 00067789
4	Date	5 Payee name
	04/15/2024	The Miracle League
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	2029 S Callaghan Rd
		San Antonio, TX 78227
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		2 Silvatori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Data	
	Date	Payee name
	01/26/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.40	20403 Encino Ledge
		San Antonio, TX 78259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Postage Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 01/25/2024	Payee name
		University of Texas at Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	2515 Speedway
		Austin, TX 78712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation - voces Oral history Center
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Gift/Awa Legal Se	everage Exp ords/Memor ervices struction	ials Expens			Expens Wages	e /Contract			Travel in Distric Travel Out of Di OTHER (enter a	istrict	ory not liste	d above)	
1	Total pages Schedule F1:	2	FILER NAM	E								3	Filer ID	(Eth	ics Comr	nission Filers)	\neg
	Sch: 13/13 Rpt: 17/20		Canales, D		. (The F	lonorab	ole)						00067789				
4	Date	5	Payee name														
l	01/25/2024		VIVA Politi	cs, LLC													
6	Amount (\$)	7	Payee addre	ess;	City;		State;	Zip C	ode								٦
l	\$25,000.00		1850 Fred	ericksb	urg												
l																	
			San Anton	io, TX 7	78201												
8	PURPOSE	(a)	Category (See Catego	ories listed	at the top o	of this sch	edule)	(b)	Descri	ption						
l	OF EXPENDITURE		Consulting							_			de of Texas. Con				
l	LXI LINDITORL									_		n, TX,	officeholder livin	g expen	ise		
l										Consu	ulting						
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficehold	er name		C	Office so	ught				Office h	eld			

SCHEDULE |

F	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 Transcription Service Transcription Service Transcription Service inadvertently charged campaign debit card. Refund to campaign made on										

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

SCHEDULE K

			_				
	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 19/20	
2	FILER NAME		3	Fil	er ID	(Ethics Commission F	ilers)
	Canales, Da	vid A. (The Honorable)		00	0677	789	
4	Date	5 Name of person from whom amount is received	_			8 Amount (\$)	
	01/11/2024	Frost Bank					\$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 Check if p	olitio	cal	contri	ibution returned to filer	
		Interest earned on funds on account					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/12/2024	Frost Bank					\$13.78
	02/12/2024						Ψ10.70
		Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78205					
		_	olitid	cal	contri	ibution returned to filer	
		Interest earned on funds on account	Onti	cai	COILLI	ibution returned to mer	
	Date	Name of person from whom amount is received				Amount (\$)	ф10 FC
	03/12/2024	Frost Bank Address of person from whom amount is received; City; State; Zip Code					\$10.56
		San Antonio, TX 78205					
			olitid	cal	contri	ibution returned to filer	
		Interest earned on funds on account	Onti	cai	COILLI	ibution returned to mer	
	5 .						
	Date	Name of person from whom amount is received				Amount (\$)	#0.00
	04/10/2024	Frost Bank					\$9.99
		Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78205					
			- I:4:			ibtion waterward to file	
		Interest earned on funds on account	OIILIO	cai	CONTR	ibution returned to filer	
	Date	Name of person from whom amount is received				Amount (\$)	40.50
	05/10/2024	Frost Bank					\$9.52
		Address of person from whom amount is received; City; State; Zip Code					
		Con Antonio, TV 7020F					
		San Antonio, TX 78205					
		-	olitio	cal	contri	ibution returned to filer	
		Interest earned on funds on account					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 20/20 2 FILER NAME Filer ID (Ethics Commission Filers) Canales, David A. (The Honorable) 00067789 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/12/2024 Frost Bank \$10.10 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 Purpose for which amount is received Check if political contribution returned to filer Interest earned on funds on account Name of person from whom amount is received Amount (\$) Date 02/01/2024 Herrera, Jorge \$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 Check if political contribution returned to filer Lost Check of a Refunded Donation Date Name of person from whom amount is received Amount (\$) 05/28/2024 \$1,000.00 Ray, Jeff Address of person from whom amount is received; City; State; Zip Code Olmos Park, TX 78212 Purpose for which amount is received Check if political contribution returned to filer Refund Check that was processed twice Jeff Ray - Ck 2173