CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to complete | | 1 Filer ID (Ethics Commis 00065230 | | 2 Total pages file | |
|------------------------------------|--------------------------------|------------------|--|--|----------------------------|-----------------|
| 3 CANDIDATE / | MS / MRS / MR F | IRST | | MI | OFFICE U | JSE ONLY |
| OFFICEHOLDER NAME | The Honorable T | erry | | | Date Received ELECTRONICA | |
| | | | | | 07/15/2025 | CLITICLD |
| | | AST Canales | | SUFFIX | 07/15/2025 | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / S | UITE#; CITY | Y; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| OFFICEHOLDER MAILING ADDRESS | 310 S. Closner Blvd | | | | Receipt# | Amount |
| Change of Address | Ediphura TV 70520 | | | | | |
| Change of Address | Edinburg, TX 78539 | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR FII | RST | | MI | | |
| TREASURER NAME | Mrs. Er | rica E. | | | | |
| | NICKNAME LA | AST | | SUFFIX | | |
| | | anales | | SUFFIX | | |
| | | anaies | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BC | OX PLEASE); | AP | Γ / SUITE #; CITY | ; STA | TE; ZIP CODE |
| TREASURER ADDRESS | 310 S. Closner Blvd. | | | | | |
| (Residence or Business) | Edinburg, TX 78539 | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | | NUMBER E | XTENSION | | | |
| PHONE | (956) 605-0836 | | | | | |
| 8 REPORT TYPE | January 15 | 30th day before | election | Runoff | 15th day after can | |
| | | Other transfers | | | appointment (office | |
| | X July 15 | 8th day before e | election | Exceeded modified reporting limit | Final Report (Atta | ch C/OH-FR) |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2025 | TH | ROUGH | 06/30/20 | 25 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | χPr | imary | Runoff | Other | |
| | 03/03/2026 | □G∈ | eneral | Special | | |
| | | | | <u>. </u> | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGH | | |
| | State Representative District | : 40 | | State Represen | tative District 40 | |
| | 1 | | | 1 | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 64

| 13 C / OH NAME | Canales, Terry (The I | Honorable) | 14 Filer ID 00065230 | (Ethics Commission Filers) |
|--|----------------------------------|--|------------------------------|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expend These expenditures may have been made witho officeholders are required to report this informa | ut the candidate's or office | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | | | |
| ⊔ ° | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | <u> </u> | |
| | | COMMITTEE CAMPAIGN TREASURER ADDR | ESS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER TIES OF LOANS, OR CONTRIBUTIONS MADE E | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA | NS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | | \$ 0.00 | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 64,253.25 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD | LAST DAY OF THE | \$ 296,424.93 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS A | AS OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | I swear, or affirm, under pen true and correct and include under Title 15, Election Code | all information required t | |
| | | The H | onorable Terry Canale | s |
| | | Signature | of Candidate or Officeho | lder |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| of | , 20, to ce | ertify which, witness my hand and seal of office. | | |
| Signature of office | cer administering | Printed name of officer administering | Title of office | r administering oath |

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 64 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00065230 Canales, Terry (The Honorable) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 51,760.93 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 12,492.32 \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/15 Rpt: 4/64 | Canales, Terry (The Honorable) 00065230 |
| 4 | Date | 5 Payee name |
| | 01/30/2025 | Advance Publishing LLC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$400.00 | 217 W. Park Avenue |
| | | |
| | | Pharr, TX 78577 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Christmas Ad |
| | | Cilibilitàs Au |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| _ | _ | |
| | Date | Payee name |
| | 01/10/2025 | American Express |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,433.13 | PO Box 650448 |
| | | |
| | | Dallas, TX 75265-0448 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Credit Card Payment Credit Card Payment Credit Card Payment |
| | | Credit card payment |
| | | Credit Card payment |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 02/21/2025 | American Express |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3,678.72 | PO Box 650448 |
| | | |
| | | Dallas, TX 75265-0448 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense credit card payment |
| | | Credit Card payment |
| \vdash | 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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solaries (Contract Labor

| | 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: 2/15 Rpt: 5/64 | Canales, Terry (The Honorable) 00065230 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 04/16/2025 | American Express | | | | |
| 6 | Amount (\$) \$4,556.23 | 7 Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265-0448 | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if the polytic of Taylor Complete Schedule T | | | | |
| | EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card payment | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 01/06/2025 | Amistad Floral & Craft | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$85.14 | 1416 Fresno Ave | | | | |
| | | McAllen, TX 78501 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel cutcide of Taxas, Complete Schedule T | | | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Ribbons and supplies for events and gifts | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 01/13/2025 | Bath & Body Works | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$228.47 | 5425 S Padre Island Dr | | | | |
| | | Corpus Christi, TX 78411 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel cuteids of Taxas, Complete Schedule T | | | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Gifts for elected officials | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | _ | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | 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: 3/15 Rpt: 6/64 | Canales, Terry (The Honorable) 00065230 |
| 4 | Date | 5 Payee name |
| | 01/24/2025 | Bill Wendlandt |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5,000.00 | 1908 N Laurent St 7790 |
| | | |
| | | Victoria, TX 77901 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Rent Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Austin Rent |
| | | Additivent |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Date | Payee name |
| | 03/28/2025 | Bill Wendlandt |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10,000.00 | 1908 N Laurent St 7790 |
| | Ψ10,000.00 | 1500 N Edurent St 1750 |
| | | Victoria, TX 77901 |
| | DUDDOCE | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Rent in Austin |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiditure to beriefit C/O | |
| | Date | Payee name |
| | 01/17/2025 | Buc-ee's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$18.30 | 10070 I-10 |
| | | |
| | | Luling, TX 78648 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Fuel for travel |
| | | i del loi davei |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

| Contributions/ Donations Made Candidate/Officeholder/Politi Credit Card Payment | |
|---|--|
| 1 Total pages Schedule F1 | |
| Sch: 4/15 Rpt: 7/64 | Canales, Terry (The Honorable) |
| - | , |
| 4 Date | 5 Payee name |
| 05/22/2025 | Christian Life Church |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$3,000.00 | 321 N M Rd |
| | |
| | Edinburg, TX 78542 |
| 0 DUDDOCE | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Donation |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | |
| | |
| Date | Payee name |
| 01/09/2025 | Citizen M Hotel |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$328.00 | 617 Colorado St |
| | |
| | Austin, TX 78701 |
| | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense |
| | Austin hotel |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/0 | |
| | |
| Date | Payee name |
| 06/01/2025 | Colon, Venisha |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,500.00 | 6851 Stone Oak Dr. |
| | |
| | Brownsville, TX 78526 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Supplemental Pay |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/0 | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense 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 nagge Schodule F1: | |
| | Total pages Schedule F1: Sch: 5/15 Rpt: 8/64 | Canales, Terry (The Honorable) Canales (The Honorable) |
| 4 | Date | 5 Payee name |
| | 04/08/2025 | Delias Tamales |
| 6 | Amount (\$) \$364.83 | 7 Payee address; City; State; Zip Code 3400 N 10th Street. McAllen, TX 78501 |
| 8 | 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 Tamales for gifts at Capitol |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/21/2025 | Edinburg Housing Authority |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 910 Sugar Rd |
| | DUDDOG | Edinburg, TX 78539 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Annual Easter Egg Hunt Donation |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/30/2025 | Garza, Balde |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 200 E. 2nd St. |
| | | Rio Grande City, TX 78582 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee |
| | | Bonation dauge Battle dampaign |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Auvertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|----------|--|---|
| L | | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/15 Rpt: 9/64 | Canales, Terry (The Honorable) 00065230 |
| 4 | Date | 5 Payee name |
| | 01/16/2025 | Garza Jr., Ramiro |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,500.00 | 2122 Ichabod Ln. |
| | | |
| | | Edinburg, TX 78539 |
| Ļ | DUDDOOF | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Skeet Shoot Fundraiser Donation for Ramiro Garza |
| | | Campaign |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Ľ | expenditure to benefit C/Ol | |
| | Date | Payee name |
| | 01/14/2025 | HEB |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$209.09 | 8900 S. Congress Avenue |
| | | |
| | | Austin, TX 78745 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Drinks and Food for Capitol office |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| F | Date | Payee name |
| | 02/14/2025 | KC Postal Services |
| \vdash | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.10 | 4200 N 23rd St |
| | Ψ10.10 | 7200 N 2010 Ot |
| | | M All TV 70504 |
| | | McAllen, TX 78504 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Mail Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Postage to capitol office |
| | | Postage to capitor office |
| \vdash | Complete ONLY if direct | Condidate/Officeholder name Office cought |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | | |
| | | |
| | | |
| Fo | rms provided by Texas E | thics Commission www.ethics.state.tx.us Version V4.1.0.f10d0fd8 |

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/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: 7/15 Rpt: 10/64 | Canales, Terry (The Honorable) 00065230 |
| 4 | Date | 5 Payee name |
| | 02/28/2025 | Krispy Kreme |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$56.97 | 1420 E Expressway 83 |
| | | |
| | | McAllen, TX 78503 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Donuts for meeting |
| | | Bolidio for mooning |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 05/02/2025 | La doña tacos y gorditas |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$94.25 | 1001 Ash Ave |
| | | |
| | | McAllen, TX 78501 |
| | 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 Unch for district staff |
| | | iditeri for district stan |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| - | Data | Davies same |
| | Date 01/24/2025 | Payee name Local Foods |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$141.43 | 454 W 2nd |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Lunch with staff |
| | | Lunch with Stall |
| _ | 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 Cor 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 | | | Legal Services | | ng Expe ies/Wag | ense jes/Contract Labor | | OTHER (enter a | strict a category not listed above | ·) |
|---|---|-------------|-----------------|---------------------------|--------------------------|--------------------|---|--------|-----------------------|---------------------------------------|---------|
| | Credit Card Payment | | | The Instruction Gu | ide explains how to | comp | olete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| | Sch: 8/15 Rpt: 11/64 | | Canales, Te | erry (The Honora | ıble) | | | | 00065230 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/02/2025 | | Murphy Exp | ress | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Zip | Code |) | | | | |
| | \$44.15 | | 1900 E. Exp | ressway 83 | | | | | | | |
| | | | · | • | | | | | | | |
| | | | Penitas, TX | 78576 | | | | | | | |
| 8 | PURPOSE | (2) | | | | (h |) Description | | | | |
| ľ | OF | (۵) | Travel In Dis | e Categories listed at th | e top of this schedule) | " | DescriptionCheck if travel | l outs | ide of Texas. Con | plete Schedule T. | |
| | EXPENDITURE | | Havel III Di | Strict | | | | | , officeholder livin | • | |
| | | | | | | | Fuel for in di | istri | ct travel | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | ceholder name | Office | sough | it | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 01/27/2025 | | Nation Build | ler | | | | | | | |
| | Amount (\$) | H | Payee addres | ss; City; | State; Zip | Code | | | | | |
| | \$240.00 | | 520 S Grand | d Ave., 2nd Floo | r | | | | | | |
| | | | | • | | | | | | | |
| | | | Los Angeles | X TX 90071 | | | | | | | |
| | PURPOSE | (2) | | | | (h | Description | | | | |
| | OF | (۵) | Advertising | e Categories listed at th | e top of this schedule) | " | | l outs | ide of Texas. Con | plete Schedule T. | |
| | EXPENDITURE | | Auvertising | Схрепзе | | | = | | , officeholder living | | |
| | | | | | | | Website | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | Office | sough | it | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 02/25/2025 | | Nation Build | ler | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Zip | Code |) | | | | |
| | \$240.00 | | 520 S Grand | d Ave., 2nd Floo | r | | | | | | |
| | | | | | | | | | | | |
| | | | Los Angeles | s, TX 90071 | | | | | | | |
| | PURPOSE | (a) | Category (sc | e Categories listed at th | up top of this schodulo) | (b |) Description | | | | |
| | OF | ` ´ | Advertising | | ie top of this schedule) | ` | | l outs | ide of Texas. Con | plete Schedule T. | |
| | EXPENDITURE | | 3 | 1 | | | | n, TX | , officeholder livin | g expense | |
| | | | | | | | website | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | Office | sough | t | | Office h | eld | |
| | experionale to belieff C/OI | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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/Officeholder/Politica Credit Card Payment | | mittee | Legal Services The Instruction | ion Guide expl | | Vages | /Contract Labor | | OTHER (ente | | tegory not listed above) |
|----------|--|-------|--------------|--------------------------------|----------------------|--------------|------------------|-------------------------------------|------|--------------------|---------|---------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (| Ethics Commission Filers) |
| L | Sch: 9/15 Rpt: 12/64 | · | Canales, T | erry (The H | onorable) | | | | | 0006523 | 0 | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 03/25/2025 | ı | Nation Buil | der | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | S | tate; Zip Co | ode | | | | | |
| | \$240.00 | į | 520 S Grar | d Ave., 2nd | l Floor | | | | | | | |
| | | | | | | | | | | | | |
| | | ı | Los Angele | s, TX 9007 | 1 | | | | | | | |
| 8 | PURPOSE OF | (a) (| Category (S | ee Categories lis | ted at the top of th | is schedule) | (b) | Description | | | | |
| | EXPENDITURE | / | Advertising | Expense | | | | Check if travel of Check if Austin, | | | | |
| | | | | | | | | website | , 17 | , omcendaer in | ing c | фензе |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | C | andidate/Off | iceholder nar | ne | Office sou | <u>l</u> ight | | | Office | held | I |
| L | expenditure to benefit C/OI | 1 | | | | | | | | | | |
| | Date | ı | Payee name | | | | | | | | | |
| | 04/25/2025 | ı | Nation Buil | der | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | S | tate; Zip Co | ode | | | | | |
| | \$240.00 | į | 520 S Gran | d Ave., 2nd | l Floor | | | | | | | |
| | | | | | | | | | | | | |
| L | | ı | Los Angele | s, TX 9007 | 1 | | | | | | | |
| | PURPOSE OF | | | | ted at the top of th | is schedule) | (b) | Description | | | | |
| | EXPENDITURE | , | Advertising | Expense | | | | Check if travel of Check if Austin, | | | | |
| | | | | | | | | website | , 17 | , omcendaer in | ing c | фензе |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | C | andidate/Off | iceholder nar | ne | Office sou | <u>l</u> ight | | | Office | held | 1 |
| L | expenditure to benefit C/OI | 1 | | | | | | | | | | |
| | Date | ı | Payee name | | | | | | | | | |
| | 05/27/2025 | ı | Nation Buil | der | | | | | | | | |
| | Amount (\$) | ı | Payee addre | ss; City; | S | tate; Zip Co | ode | | | | | |
| | \$240.00 | į | 520 S Grar | d Ave., 2nd | l Floor | | | | | | | |
| | | | | | | | | | | | | |
| | | ı | Los Angele | s, TX 9007 | 1 | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories lis | ted at the top of th | is schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | , | Advertising | Expense | | | | Check if travel of | | | | |
| | | | | | | | | Check if Austin, website | , IX | , officenolaer IIV | /ing ex | kpense |
| | | | | | | | | | | | | |
| \vdash | Complete ONLY if direct | C: | andidate/Off | ceholder nar | me | Office sou | L laht | | | Office | held | <u> </u> |
| 1 | expenditure to benefit C/OI | | | 3.23 | - | 0 000 | J . | | | 230 | 2.0 | |
| \vdash | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| L | | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | d 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: 10/15 Rpt: 13/64 | Canales, Terry (The Honorable) 00065230 |
| 4 | Date | 5 Payee name |
| | 06/25/2025 | Nation Builder |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$240.00 | 520 S Grand Ave., 2nd Floor |
| | | |
| | | Los Angeles, TX 90071 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Website |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 01/28/2025 | O'Cana, Patty |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 2704 Sierra Ct. |
| | | |
| | | Mission, TX 78574 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 01/15/2025 | Parking Management Company |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$15.00 | 583 W 6th St |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Austin downtown parking |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | | |
| | | |
| L | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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/Officeholder/Politica Credit Card Payment | 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: 11/15 Rpt: 14/64 | Canales, Terry (The Honorable) 00065230 |
| 4 | Date | 5 Payee name |
| | 02/25/2025 | Salazar, Gabriel |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$550.00 | 7123 Thrushview #37 |
| | | |
| | | San Antonio, TX 78209 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Christmas Mailing List |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 01/09/2025 | SpotHero |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$98.35 | 910 Brazos St |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Parking in Austin |
| | | T withing in 7 docum |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Data | D |
| | Date 05/27/2025 | Payee name Starbucks |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$50.00 | 1401 East Jackson |
| | | 200 |
| | | Mcallen, TX 78503 |
| | 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 |
| | | food and drinks for staff |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 12/15 Rpt: 15/64 | Canales, Terry (The Honorable) 00065230 |
| 4 | Date | 5 Payee name |
| | 03/14/2025 | Sunoco Gas Station |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$30.05 | 2900 W. Nolana |
| | | |
| | | McAllen, TX 78504 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Fuel for travel |
| | | T del lei davel |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 04/09/2025 | Sunoco Gas Station |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$26.00 | 2900 W. Nolana |
| | | |
| | | McAllen, TX 78504 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense fuel for travel |
| | | luci for traver |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | Date | Payee name |
| | 05/27/2025 | Sunoco Gas Station |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$40.10 | 2900 W. Nolana |
| | | |
| | | McAllen, TX 78504 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | fuel for in district travel |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | experialitate to beliefit 6/61 | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| l | 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: 13/15 Rpt: 16/64 | Canales, Terry (The Honorable) | 00065230 | | | | |
| 4 | Date | 5 Payee name | · | | | | |
| | 01/24/2025 | TDCJ | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$832.00 | PO Box 4013 | | | | | |
| | | | | | | | |
| | | Huntsville, TX 77343 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descri | | | | | |
| | OF EXPENDITURE | Citt/ Wards/Metriorials Expense | ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense | | | | |
| | | , | citutional Chairs For Gifts | | | | |
| | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/O | Н | | | | | |
| F | Date | Payee name | | | | | |
| | 05/28/2025 | Tex Best | | | | | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$43.15 | 36188 N Expressway 281 | | | | | |
| | | | | | | | |
| | | Edinburg, TX 78542 | | | | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descri | ption | | | | |
| | OF EXPENDITURE | Haver in District | ck if travel outside of Texas. Complete Schedule T. | | | | |
| | | , | ck if Austin, TX, officeholder living expense Or in district travel | | | | |
| | | 133.1 | or in diodist davor | | | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/O | Н | | | | | |
| F | Date | Payee name | | | | | |
| | 04/23/2025 | Wendlant, Bill | | | | | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$5,000.00 | 40 N. Interstate 35 Hwy #Pa1 | | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descri | ption | | | | |
| l | OF EXPENDITURE | Rent Che | ck if travel outside of Texas. Complete Schedule T. | | | | |
| | | L Che Austin | ck if Austin, TX, officeholder living expense | | | | |
| | | / doin | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/O | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ı | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | 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: 14/15 Rpt: 17/64 | Canales, Terry (The Honorable) 00065230 |
| 4 | Date | 5 Payee name |
| | 03/28/2025 | Wendlant, Bill |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5,000.00 | 40 N. Interstate 35 Hwy #Pa1 |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Rent Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Austin Rent |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 05/27/2025 | Worley Printing Co. Inc |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,464.47 | 3217 North IH 35 |
| | | |
| | | Austin, TX 78722 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Graduation certificates |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 05/22/2025 | Your Sweets By Kacy |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$224.25 | 1627 N Conway Ave |
| | | |
| | | Mission, TX 78572 |
| | 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 |
| | | Gifts for constiuents |
| | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| l | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 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) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/15 Rpt: 18/64 Canales, Terry (The Honorable) 00065230 4 Date Payee name 05/27/2025 Your Sweets By Kacy 6 Amount (\$) Payee address; State; Zip Code \$35.00 1627 N Conway Ave Mission, TX 78572 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense bakery for meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2025 Your Sweets By Kacy Amount (\$) Payee address; City; State; Zip Code \$263.75 1627 N Conway Ave Mission, TX 78572 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Baked items for meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Inst | ruction Guide explains how | to complete | this form. | | | | |
|--|--|--------------------------------|------------------------------|-----------------------------|-------------------------|-----------|--------------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commis | sion Filers) | |
| Sch: 1/46 Rpt: 19/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | |
| 4 CREDIT CARD | Name of final | ncial institution | | OF UNITEMIZED | | | | |
| ISSUER | Delta SkyMiles Plat | tinum Business Card | | IDITURES GED TO A CREDIT | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | |) Credit Card Issue | r Paid | | | |
| | \$709.04 | 01/09/2025 | 02/20/20 | 025 | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code | |
| | Dilliards | | 2200 S 1 | .0th St | | | | |
| | | | | TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descri | | | | | |
| X Political | Gift/Awards/Memorial | | GITTS FOR | Elected Officials | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s |) Credit Card Issue | r Paid | | | |
| | \$86.47 | 01/10/2025 | 02/20/20 | 025 | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | |
| | Pilot | | 5508 Lor | nas Dr. Building 3 | 3 | | | |
| | | | Knoxville | e, TN 37909 | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this schodule) | (b) Description | | | | | |
| EXPENDITURE | Travel In District | of this scriedule) | Fuel For Officeholder travel | | | | | |
| X Political | | | | | | | | |
| Non-Political | ` | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | |) Credit Card Issue | r Paid | | | |
| | \$12.58 | 02/04/2025 | 02/20/20 | 125 | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | |
| | Amazon | | 1516 Se | cond Avenue | | | | |
| | Amazon | | | | | | | |
| | | | | WA 98101 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descri | ption and drinks for Cap | nital Offica | | | |
| l <u> </u> | Food/Beverage Expe | , | SHACKS | and unitiks ioi Cap | pitoi Office | | | |
| X Political | | | | _ | | | | |
| Non-Political | (*) — | of Texas. Complete Schedule T. | 0 001.0p+ | Check if Austin, TX, | Office hold | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| SAPORGILATO TO DOLLOTTE OF OTHER | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete | this form. | | | |
|-------------------|---|---|----------------------------------|-------------------------------------|---|--------------------------|---------------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Et | thics Commiss | sion Filers) |
| | Sch: 2/46 Rpt: 20/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDI | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$40.75 | (b) Date of Charge 01/23/2025 | (c) Date(s 02/20/20 |) Credit Card Issue 125 | er Paid | | |
| 7 | PAYEE | (a) Payee name Texan | | (b) Payee 3015 US Portland | | City, | State, | Zip Code |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descri | | stin for Sessio | on | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX | K, officeholder living e | expense | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| L | PAYMENT | (a) Amazunt Chausad | (h) Data of Charge | (a) Data(a | Cradit Card Issue | ar Daid | | |
| | PATMENT | (a) Amount Charged \$91.99 | (b) Date of Charge 01/27/2025 | 02/20/20 |) Credit Card Issu 125 | ei Palu | | |
| | PAYEE | (a) Payee name Target | | (b) Payee 5621 N I | H 35 | City, | State, | Zip Code |
| ┡ | DUDDOOF OF | (a) Catagony | | Austin, T | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Reni | | (b) Descri Office su | polion pplies for Capito | ol Office | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | • | Check if Austin, TX | K, officeholder living e | expense | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$39.78 | (b) Date of Charge 01/28/2025 | (c) Date(s 02/20/20 |) Credit Card Issue 125 | er Paid | | |
| | PAYEE | (a) Payee name Metropolis Parking | | (b) Payee 710 Trini Austin, T | ty St | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | , | (b) Descri Parking | for Staff | | | |
| $ldsymbol{f eta}$ | Non-Political | (7) | of Texas. Complete Schedule T. | | Check if Austin, TX | K, officeholder living e | expense | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| ı | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | |
|---|---|---|----------------------------------|--|---------------------|-------------------------|-----------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| | Sch: 3/46 Rpt: 21/64 | Canales, Terry (The Honorable) | | | 00065230 | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UN EXPENDITUR CHARGED TO CARD | ES | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$354.57 | (b) Date of Charge 01/29/2025 | (c) Date(s) Credit 02/20/2025 | Card Issuer | Paid | | |
| 7 | PAYEE | (a) Payee name Holiday Inn Express | s | (b) Payee addres 805 Neches St | | City, | State, | Zip Code |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description hotel for staff | 01 | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Che | ck if Austin, TX, c | officeholder living exp | ense | |
| | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$32.22 | (b) Date of Charge 01/29/2025 | (c) Date(s) Credit 02/20/2025 | Card Issuer | Paid | | |
| | PAYEE | (a) Payee name Shell Service Station | on | (b) Payee addres 701 N Interstate Austin, TX 787 | e Hwy 35 | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Fuel for staff tra | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Che | ck if Austin, TX, c | fficeholder living exp | ense | |
| е | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$271.19 | (b) Date of Charge 01/23/2025 | (c) Date(s) Credit 02/20/2025 | Card Issuer | Paid | | |
| | PAYEE | (a) Payee name Hyatt Centric Austir | 1 | (b) Payee addres 721 Congress A Austin, TX 787 | Ave. | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Austin hotel for | | duties | | |
| L | Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | ck if Austin, TX, c | officeholder living exp | ense | |
| е | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

mbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
ract Labor OTHER (enter a category not listed above)

| | | The Inst | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | , |
|-------------------------------------|-------------------------------|--|----------------------------------|---|--|---|-----------|--------------|
| 1 Total pages | Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commis | sion Filers) |
| Sch: 4/46 F | Rpt: 22/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 CREDIT CA ISSUER | RD | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 PAYMENT | | (a) Amount Charged \$41.77 | (b) Date of Charge 01/23/2025 | (c) Date(s) 02/20/20 |) Credit Card Issuer 125 | Paid | | |
| 7 PAYEE | | (a) Payee name Chevron | | (b) Payee 30 N Inte | erstate Hwy 35 | City, | State, | Zip Code |
| 8 PURPOSE EXPENDITO | URE | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Descrip | | ting | | |
| Non-P | olitical | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete O expenditure to | | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | | (a) Amount Charged \$80.44 | (b) Date of Charge 01/27/2025 | (c) Date(s) 02/20/20 |) Credit Card Issuer 125 | Paid | | |
| PAYEE | | (a) Payee name Junior's Supermark | et | | address; Closner Blvd 7854 J, TX 78541 | City, 11 | State, | Zip Code |
| PURPOSE EXPENDITI | URE | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Descri | | rict office | | |
| Non-Pe | olitical | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete <u>O</u> expenditure to | NLY if direct benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | | (a) Amount Charged \$24.28 | (b) Date of Charge 01/31/2025 | (c) Date(s) 02/20/20 |) Credit Card Issuer)25 | Paid | | |
| PAYEE | | (a) Payee name Caffeine Aroma | | (b) Payee 1101 W : #1 Pharr, T | Sam Houston Ave | City, | State, | Zip Code |
| PURPOSE EXPENDITI X Politica | URE al | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Descrip Coffee fo | ption or officeholder me | eting | | |
| Non-Po | olitical | ` 1 | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete <u>O</u> expenditure to | NLY if direct benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 | | | nting Expense laries/Wages/Co | ontra | | HER (enter a catego | ry not listed a | bove) |
|---------------------------------|---|--------------------------------|----------------------------------|-------|------------------------|-------------------------|-----------------|--------------|
| | The Instr | ruction Guide explains how | to complete | this | s form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 5/46 Rpt: 23/64 | Canales, Terry (The | e Honorable) | | | | 00065230 | | |
| 4 CREDIT CARD | Name of finar | ncial institution | | | UNITEMIZED | | | |
| ISSUER | see pr | evious | EXPEN | | TURES O TO A CREDIT | \$ | | |
| | · | | CARD | JLL | O TO A CICEDIT | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Cı | redit Card Issuer | Paid | | |
| | \$63.58 | 01/30/2025 | 02/20/20 |)25 | | | | |
| | 700.00 | 02/00/2020 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee | ado | dress; | City, | State, | Zip Code |
| | | | 303 2nd | St | | | | |
| | Doordash | | | | | | | |
| | | | San Fran | ncis | sco, CA 94107 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | ptio | n | | | |
| EXPENDITURE | (See Categories listed at the top | | Lunch fo | r C | apitol Staff | | | |
| X Political | Food/Beverage Exper | ise | | | | | | |
| Non-Political | (c) Check if travel outside of | of Texas. Complete Schedule T. | <u> </u> | П | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | l | Office held | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Cı | redit Card Issuer | Paid | | |
| | \$81.81 | 01/30/2025 | /30/2025 | | | | | |
| | , , , , , | 0=,00,=0=0 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | ado | dress; | City, | State, | Zip Code |
| | Doordash | | 303 2nd | St | | | | |
| | | | | | | | | |
| | | | San Fran | ncis | sco, CA 94107 | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | | | | | |
| EXPENDITURE | (See Categories listed at the top of Food/Beverage Exper | * | Dinner fo | or C | Capitol Staff | | | |
| X Political | T ood/Beverage Exper | 130 | | | | | | |
| Non-Political | (c) Check if travel outside of | of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | | Office held | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | | redit Card Issuer | Paid | | |
| | \$750.00 | 01/30/2025 | 02/20/20 |)25 | | | | |
| | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | ado | dress; | City, | State, | Zip Code |
| | | | 1108 Lav | vac | a St | | | |
| | Mexican American I | Legislative | Suite 110-351 | | | | | |
| | | | Austin, T | X | 78701 | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | | | | | |
| EXPENDITURE | (See Categories listed at the top of Contributions/Donation | | MALC C | aud | cus Dues | | | |
| X Political | Candidate/Officeholde | | | | | | | |
| Non-Political | (c) Check if travel outside of | of Texas. Complete Schedule T. | • | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | | Office held | | |
| expenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | |
|---|---|----------------------------------|--|-------------------------------|-----------------|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Com | mission Filers) | | | | |
| Sch: 6/46 Rpt: 24/64 | Canales, Terry (The | e Honorable) | | 00065230 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | | |
| | \$92.21 | 01/31/2025 | 02/20/2025 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, Stat | e, Zip Code | | | | |
| | Doordash | | 303 2nd St | | | | | | |
| | San Francisco, CA 9410 | | | 7 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | | | |
| X Political | Food/Beverage Expe | · · | Lunch for Capitol Staff | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$71.08 | (b) Date of Charge 02/02/2025 | (c) Date(s) Credit Card Issue 02/20/2025 | er Paid | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, Stat | e, Zip Code | | | | |
| | Amazon | | 1516 Second Avenue | | | | | | |
| | | | Seattle, WA 98101 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Description Drinks and Snacks for Capitol Office | | | | | | |
| X Political | | | | | | | | | |
| Non-Political | - · · · - | of Texas. Complete Schedule T. | | , officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | | | |
| PAYMENT | (a) Amount Charged \$137.78 | (b) Date of Charge 02/09/2025 | (c) Date(s) Credit Card Issue 02/20/2025 | er Paid | | | | | |
| PAYEE | (a) Payee name | L | (b) Payee address; | City, Stat | e, Zip Code | | | | |
| | | | 1516 Second Avenue | | | | | | |
| | Amazon | | | | | | | | |
| | | | Seattle, WA 98101 | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cahadula) | (b) Description | | | | | | |
| EXPENDITURE | Food/Beverage Exper | • | Snacks and drinks for Ca | pitol Office | | | | | |
| X Political | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | | | |
| 1 | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officerolder/Politica | · · | uction Guide explains how | - | THER (effer a category not in | sieu above) | | | |
|--|---|--------------------------------|---|-------------------------------|---------------------|--|--|--|
| 1 Total pages Schedule F4: | | | | 3 Filer ID (Ethics Cor | nmission Filers) | | | |
| Sch: 7/46 Rpt: 25/64 | Canales, Terry (The | Honorable) | | 00065230 | iliniosion i licio) | | | |
| 4 CREDIT CARD | | icial institution | 5 TOTAL OF UNITEMIZED | 00003230 | | | | |
| ISSUER | see pr | | EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | | | |
| | \$22.39 | 01/23/2025 | 02/20/2025 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, Sta | ate, Zip Code | | | |
| | Exxon Mobil | | 4120 S. Business Hwy 28 | 1 | | | | |
| | | | Edinbrurg, TX 78539 | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top of Travel In District | or this schedule) | Fuel for staff travel | | | | | |
| X Political | Traver in Blothlet | | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | | | |
| | \$42.97 | 01/27/2025 | 02/20/2025 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, Sta | ate, Zip Code | | | |
| | Toyon | | 3015 US-181 | | | | | |
| | Texan | | | | | | | |
| | | | Portland, TX 78374 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category | of this schodulo) | (b) Description | | | | | |
| l <u> </u> | (See Categories listed at the top of this schedule) Travel Out of District | | Fuel for staff travel to Austin | | | | | |
| X Political | | | | | | | | |
| Non-Political | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | of Texas. Complete Schedule T. | | officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer 02/20/2025 | Paid | | | | |
| | \$12.00 | 01/29/2025 | 02/20/2023 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, Sta | ate, Zip Code | | | |
| | Comital Minitan Double | | 1201 San Jacinto Blvd | | | | | |
| | Capitol Visitor Parki | ng | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of | of this schedule) | (b) Description | | | | | |
| <u> </u> | Travel Out of District | or and someduic) | Parking for Staff | | | | | |
| X Political | | | | | | | | |
| Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | <u> </u> | officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instr | ruction Guide explains how | to complete thi | s form. | | ., | , |
|--|--|----------------------------------|--|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 8/46 Rpt: 26/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPENDI | F UNITEMIZED TURES D TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$3.99 | (b) Date of Charge 01/31/2025 | (c) Date(s) C 02/20/2025 | redit Card Issuer | Paid | | |
| 7 PAYEE | (a) Payee name Metropolis Parking | | (b) Payee ad 710 Trinity | St | City, | State, | Zip Code |
| | () - | | Austin, TX | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top- Travel Out of District | of this schedule) | (b) Description Staff Parkir | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged \$10.10 | (b) Date of Charge 01/31/2025 | (c) Date(s) C 02/20/2025 | redit Card Issuer | Paid | | |
| PAYEE | (a) Payee name USPS | | (b) Payee ad 410 S. Jack Edinburg, 1 | kson Rd | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Mailing | of this schedule) | (b) Description | | itol Office | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Γ | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | - | Office held | | |
| PAYMENT | (a) Amount Charged \$20.40 | (b) Date of Charge 01/22/2025 | (c) Date(s) C 02/20/2025 | redit Card Issuer 5 | Paid | | |
| PAYEE | (a) Payee name Capital Grille | | (b) Payee ad 117 W 4th Austin, TX | St | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top-Food/Beverage Exper | | (b) Description Food/Drink | on for Meeting | | | |
| Non-Political | (c) Check if travel outside of | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instr | ruction Guide explains how | to complete this for | m. | | | |
|---|---|--|--|-------------------|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 9/46 Rpt: 27/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UN EXPENDITUR CHARGED TO CARD | ES | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$13.80 | (b) Date of Charge 01/23/2025 | (c) Date(s) Credit 02/20/2025 | Card Issuer | Paid | | |
| 7 PAYEE | (a) Payee name Capitol Gift Shop | | (b) Payee addres 1400 N. Congre Austin, TX 787 | ess Avenue | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Office Supplies (b) Description Medicine for staff/o | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule T. | Che | ck if Austin, TX, | officeholder living exp | ense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | e sought | | Office held | | | |
| PAYMENT | (a) Amount Charged \$77.25 | (b) Date of Charge 01/31/2025 | (c) Date(s) Credit 02/20/2025 | Card Issuer | Paid | | |
| PAYEE | (a) Payee name 7-Eleven | (b) Payee addres 1415 E Univers Edinburg, TX 7 | sity Dr | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel In District | of this schedule) | (b) Description Fuel for In-distr | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Che | ck if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged \$152.51 | (b) Date of Charge 02/24/2025 | (c) Date(s) Credit 04/15/2025 | Card Issuer | Paid | | |
| PAYEE | (a) Payee name Junior's Supermark | et | (b) Payee addres 3621 N Closne Edinburg, TX 7 | r Blvd 7854 | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top-Food/Beverage Exper | | (b) Description Snack and drinks for District Office | | | | |
| Non-Political | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | of Texas. Complete Schedule T. | | ck if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| 1 | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Instr | ruction Guide explains how | to complete tl | his form. | | | | |
|---|---|--|--|---|--|-------------------------|----------|--------------|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commis | sion Filers) | |
| | Sch: 10/46 Rpt: 28/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | |
| 6 | PAYMENT | (a) Amount Charged \$81.56 | (b) Date of Charge 03/12/2025 | (c) Date(s) 04/15/202 | Credit Card Issuer 25 | Paid | | | |
| 7 | PAYEE | (a) Payee name Uber Eats | | (b) Payee address; 1455 Market St #400 | | City, | State, | Zip Code | |
| L | | | | | ciscos, CA 9410 | 3 | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | 1 | See Categories listed at the top of this schedule) Food/Beverage Expense Food For Capi | | | | | | |
| | Non-Political | (c) Check if travel outside | de of Texas. Complete Schedule T. Check if Austin, TX, | | | officeholder living exp | ense | | |
| | Complete ONLY if direct expenditure to benefit C/OH | e sought | | Office held | | | | | |
| F | PAYMENT | (a) Amount Charged | (h) Data of Charge | (a) Data(a) | Cradit Card laguar | Doid | | | |
| | PATMENT | \$19.47 | (b) Date of Charge 03/14/2025 | 04/15/202 | Credit Card Issuer 25 | Palu | | | |
| | PAYEE (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code | | |
| | | | | 1516 Sec | ond Avenue | | | | |
| | | | | Seattle, WA 98101 | | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Description Snacks for Capitol Office | | | | | |
| | Non-Political | | of Towns Committee College date T | | | | | | |
| H | | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | <u>L</u> e sought | Check if Austin, TX, | officeholder living exp | ense | | |
| e | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeriolder | marile Office | e sought | | Office field | | | |
| | PAYMENT | (a) Amount Charged \$42.53 | (b) Date of Charge 02/25/2025 | (c) Date(s) 04/15/202 | Credit Card Issuer 25 | Paid | | | |
| | PAYEE | (a) Payee name | • | (b) Payee a | address; | City, | State, | Zip Code | |
| | | Exxon Mobil | | 4120 S. B | Business Hwy 28 | 1 | | | |
| 1 | | | | Edinburg, | TX 78539 | | | | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Fuel for staff travel | | | | | | |
| 1 | Non-Political | | | | Check if Austin, TX, officeholder living expense | | | | |
| _ | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | · | e sought | | Office held | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

| Candidate/Officeholder/Politica | | | alaries/Wages/Cor | | THER (enter a category | y not listed al | oove) |
|---|---|--------------------------------|----------------------------------|----------------------|-------------------------|-----------------|--------------|
| | The Instr | ruction Guide explains how | v to complete t | his form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | s Commiss | sion Filers) |
| Sch: 11/46 Rpt: 29/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 CREDIT CARD | Name of finar | ncial institution | | OF UNITEMIZED | | | |
| ISSUER | see pi | revious | EXPENDITURES CHARGED TO A CREDIT | | \$ | | |
| | | | CARD | LD TO A CKLDIT | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| | \$10.00 | 02/26/2025 | 04/15/202 | 25 | | | |
| | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | | | 1201 San | Jacinto Blvd | | | |
| | Capitol Visitor Park | ing | | | | | |
| | | | Austin, TX 78701 | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District | | | Staff park | ing at Capitol | | | |
| X Political | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct Candidate/Officeholder name Offi | | | ce sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issuer | Paid | | |
| | \$12.00 | 02/27/2025 | 04/15/202 | 25 | | | |
| | | | | | | | |
| PAYEE | PAYEE (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | | • | 1201 San | Jacinto Blvd | | | |
| | Capitol Visitor Park | ing | | | | | |
| | | | Austin, T | X 78701 | | | |
| PURPOSE OF | (a) Category | of this cohodula) | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Travel Out of District | of this schedule) | Parking for staff at Capitol | | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. |] | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | ce sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | 1 ' ' | Credit Card Issuer | Paid | | |
| | \$10.00 | 03/10/2025 | 04/15/202 | 25 | | | |
| | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | Capitol Visitor Park | ina | 1201 San | Jacinto Blvd | | | |
| | Capitoi visitoi Faik | ing | | | | | |
| | | | Austin, T | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| l <u> </u> | Travel Out of District | or this schedule) | Staff park | ring at Capitol | | | |
| X Political | | | | | | | |
| Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | ce sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|---|---|---|----------------------------------|--|--|---------------------------------------|----------|----------|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 12/46 Rpt: 30/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issuer | Paid | | | | | |
| | | \$12.00 | 03/11/2025 | 04/15/202 | 5 | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | | |
| | | Capitol Visitor Park | Capitol Visitor Parking | | | | | | | | |
| | | | | Austin, TX | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | | | | |
| | X Political | Travel Out of District | of this serieutie) | Staff parki | ng at Capitol | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| е | xpenditure to benefit C/OH | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged \$9.00 | (b) Date of Charge 03/12/2025 | (c) Date(s) (04/15/202 | Credit Card Issuer 5 | · Paid | | | | | |
| | PAYEE (a) Payee name (b) | | (b) Payee a | ddress; | City, | State, | Zip Code | | | | |
| | | Capitol Visitor Parking | | 1201 San | Jacinto Blvd | | | | | | |
| | | | | Austin, TX | 78701 | | | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Staff parking at Capitol | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | F | Chock if Austin TV | officeholder living ever | oneo | | | | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder | · | Check if Austin, TX, officeholder living expense Ce sought Office held | | | | | | | |
| е | xpenditure to benefit C/OH | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged \$21.26 | (b) Date of Charge 03/25/2025 | (c) Date(s) (06/27/202 | Credit Card Issuer 5 | · Paid | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | | |
| | | Uber Eats | | | ket St #400 | | | | | | |
| _ | | () 0 : | | ļ | iscos, CA 9410 | 3 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | | | | |
| | X Political | Food/Beverage Expe | | F000 101 C | Capitol staff | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX, | officeholder living expe | ense | | | | |
| H | Complete ONLY if direct | Candidate/Officeholder | · | e sought | | Office held | | | | | |
| е | xpenditure to benefit C/OH | | | - | | | | | | | |
| Г | | • | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

| Candidate/Officenoider/Politica | - | ruction Guide explains how | | HER (enter a category | not listed al | oove) | | |
|---|---|---------------------------------------|---|--------------------------|---------------|----------|--|--|
| 1 Total pages Schedule F4: | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Sch: 13/46 Rpt: 31/64 | Canales, Terry (The | e Honorable) | | 00065230 | | , | | |
| 4 CREDIT CARD ISSUER | Name of finar | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged \$39.78 | (b) Date of Charge 04/11/2025 | (c) Date(s) Credit Card Issuel 06/27/2025 | | | | | |
| 7 PAYEE | (a) Payee name Metropolis Parking | | (b) Payee address; 710 Trinity St Austin, TX 78701 | City, | State, | Zip Code | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | |
| X Political Travel Out of District | | | Staff parking in Austin | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | e sought | Office held | | | | | |
| PAYMENT | (a) Amount Charged \$59.60 | (b) Date of Charge 03/28/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | | | | | |
| PAYEE | (a) Payee name Uber Trip | | (b) Payee address; City, State, Zip C 1515 3rd Street | | | | | |
| DUDDOCE OF | (a) Catagony | | San Francisco, TX 94158 | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Ride to Capitol | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| PAYMENT | (a) Amount Charged \$12.53 | (b) Date of Charge 04/08/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | Paid | | | | |
| PAYEE | PAYEE (a) Payee name Uber Trip | | (b) Payee address; City, State, Zip Code 1515 3rd Street | | | | | |
| PURPOSE OF EXPENDITURE X Political | EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District | | San Francisco, TX 94158 (b) Description Ride to Capitol | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| l | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | , | | |
|----------|---|---|---|--|--|---|--------|----------|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 14/46 Rpt: 32/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | | | |
| 6 | PAYMENT | (a) Amount Charged \$9.34 | (b) Date of Charge 04/10/2025 | (c) Date(s) Credit Card Issuer Paid 06/27/2025 | | | | | | |
| 7 | PAYEE | (a) Payee name Uber Trip (b) Payee address; 1515 3rd Street San Francisco, TX | | | Street | City, State, Zip Code | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | See Categories listed at the top of this schedule) Travel Out of District Ride to Capitol | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| | PAYMENT | (a) Amount Charged \$32.91 | (b) Date of Charge 04/14/2025 | (c) Date(s) 06/27/20 |) Credit Card Issuer 125 | Paid | | | | |
| | PAYEE | (a) Payee name Uber Eats | | | rket St #400 | City, | State, | Zip Code | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | San Franciscos, CA 94103 (b) Description Meal for meeting with staff | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | • | Check if Austin, TX, | officeholder living exp | ense | | | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| | PAYMENT | (a) Amount Charged \$27.12 | (b) Date of Charge 04/11/2025 | (c) Date(s) 06/27/20 |) Credit Card Issuer 125 | Paid | | | | |
| | PAYEE | (a) Payee name Buc-ee's | | (b) Payee 10070 I-1 Luling, T | 10 | City, | State, | Zip Code | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Fuel for staff travel | | | | | | |
| L | Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| E | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| ı | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

| | The Inst | ruction Guide explains how | to complete this | s form. | | ., | , | |
|---|--|----------------------------------|---|--|---------------------------------------|--------|----------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 15/46 Rpt: 33/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPENDI | F UNITEMIZED TURES D TO A CREDIT | \$ | | | |
| 6 PAYMENT | (a) Amount Charged \$29.20 | (b) Date of Charge 04/22/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer | Paid | | | |
| 7 PAYEE | (a) Payee name Uber Trip | | (b) Payee address; 1515 3rd Street | | | State, | Zip Code | |
| a purpose of | (a) Catagony | | (b) Description | sco, TX 94158 | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | Uber in Aus | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | e sought | | Office held | | | | | |
| PAYMENT | (a) Amount Charged \$376.00 | (b) Date of Charge 04/27/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer 5 | Paid | | | |
| PAYEE | (a) Payee name | | | dress; | City, | State, | Zip Code | |
| | Atlantic Austin | | 4309 Emma Browning Ave | | | | | |
| | | | Austin, TX 78717 | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Chack if Austin TY | officeholder living exp | nense | | |
| Complete ONLY if direct | Candidate/Officeholder | | e sought | Check ii Austini, 174, | Office held | Jense | | |
| expenditure to benefit C/OH | | | 3 - | | | | | |
| PAYMENT | (a) Amount Charged \$38.81 | (b) Date of Charge 05/05/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer | · Paid | | | |
| PAYEE | (a) Payee name Uber Trip | | (b) Payee ad 1515 3rd S San Francis | | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | (b) Description Uber ride to | on | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | omplete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|-----|--|---|---------------------------------------|---|--|---------------------------------------|----------|----------|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 16/46 Rpt: 34/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPENDI | F UNITEMIZED TURES D TO A CREDIT | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$11.96 | (b) Date of Charge 04/28/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer | Paid | | | | | |
| 7 | PAYEE | (a) Payee name Chevron | | | tate Hwy 35 | City, | State, | Zip Code | | | |
| Ļ | DUDDOSE OF | (a) Catagony | | Austin, TX | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | · | (b) Description Snacks for | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | | |
| 9 | 9 Complete ONLY if direct Candidate/Officeholder name Office | | | | | Office held | | | | | |
| е | xpenditure to benefit C/OH | | | _ | | | | | | | |
| | PAYMENT | (a) Amount Charged \$15.08 | (b) Date of Charge 04/30/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | | Paid | | | | | |
| | PAYEE (a) Payee name | | (b) Payee ad | dress; | City, | State, | Zip Code | | | | |
| | | | | 1515 3rd S | treet | | | | | | |
| L | | | | San Francisco, TX 94158 | | | | | | | |
| | PURPOSE OF EXPENDITURE Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Uber ride in | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin TX | officeholder living expe | anso | | | | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder | · · · · · · · · · · · · · · · · · · · | e sought | Check if Austin, 1X, | Office held | | | | | |
| l e | expenditure to benefit C/OH | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged \$16.20 | (b) Date of Charge 05/07/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer | Paid | | | | | |
| | PAYEE | (a) Payee name Uber Trip | | (b) Payee address; City, Star 1515 3rd Street San Francisco, TX 94158 | | State, | Zip Code | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Ride to Cap | | | | | | | |
| L | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | | |
| e | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete | this form. | | | | |
|----------|---|---|----------------------------------|---------------------------------------|--|---------------------------------------|--------|----------|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 17/46 Rpt: 35/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES GED TO A CREDI | \$ | | | |
| 6 | PAYMENT | (a) Amount Charged \$38.41 | (b) Date of Charge 05/12/2025 | (c) Date(s 06/27/20 | Credit Card Issue 25 | er Paid | | | |
| 7 | PAYEE | (a) Payee name Uber Trip | | (b) Payee 1515 3rd San Fran | | City, | State, | Zip Code | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descri | otion | | | | |
| L | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX | (, officeholder living ex | pense | | |
| | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| | PAYMENT | (a) Amount Charged \$146.11 | (b) Date of Charge 04/21/2025 | (c) Date(s 06/27/20 | Credit Card Issue 25 | er Paid | | | |
| | PAYEE | (a) Payee name Doordash | | (b) Payee 303 2nd | | City, | State, | Zip Code | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Descri | | ı | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | • | Check if Austin, TX | K, officeholder living ex | pense | | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| | PAYMENT | (a) Amount Charged \$23.99 | (b) Date of Charge 02/26/2025 | (c) Date(s) 04/15/20 | Credit Card Issue 25 | er Paid | | | |
| | PAYEE | (a) Payee name Muchos Import | | (b) Payee 2314 E 7 Austin, T | th St | City, | State, | Zip Code | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | , | (b) Description Fuel for staff travel | | | | | |
| \vdash | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| ı | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | 1116 111311 | uction dulue explains now | to complete ti | | | | | |
|--|--|--------------------------------------|---|--|---------------------------------------|--------|----------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 18/46 Rpt: 36/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | |
| 6 PAYMENT | (a) Amount Charged \$115.79 | (b) Date of Charge 02/17/2025 | (c) Date(s) 04/15/202 | Credit Card Issuer 25 | Paid | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | |
| | HEB | | 8900 S. C | ongress Avenue | 9 | | | |
| | | | Austin, TX | 78745 | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descript | ion | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Food/Beverage Exper | Snacks and drinks for Capitol Office | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Γ | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct | | | e sought | _ | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged \$34.67 | (b) Date of Charge 03/03/2025 | (c) Date(s) 04/15/202 | Credit Card Issuer 25 | Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | |
| | Amazon | | 1516 Second Avenue | | | | | |
| | | | Seattle, W | /A 98101 | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Description Snacks and Drinks for Capitol Office | | | | | |
| Non-Political | (3 🗆 a | / - | | | | | | |
| | (c) Check if travel outside of Candidate/Officeholder | of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense Ce sought Office held | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | _ | | | | | |
| PAYMENT | (a) Amount Charged \$58.53 | (b) Date of Charge 03/09/2025 | (c) Date(s) 04/15/202 | Credit Card Issuer 25 | Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | |
| | Amazan | | 1516 Sec | ond Avenue | | | | |
| | Amazon | | | | | | | |
| | | | Seattle, WA 98101 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodula) | (b) Descript | | | | | |
| X Political | Food/Beverage Exper | | Snacks ar | nd drinks for Cap | oitol Office | | | |
| Non-Political | (C) Check if travel outside (| of Texas. Complete Schedule T. | T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

| | Candidate/Officeriolder/Folitica | ů. | ruction Guide explains how | • | THER (effici a category flot | i iisteu at | iove) |
|---|--|--|---|--|------------------------------|-------------|-------------|
| 1 | Total pages Schedule F4: | | · | · | 3 Filer ID (Ethics C | ommiss | ion Filers) |
| | Sch: 19/46 Rpt: 37/64 | Canales, Terry (The | e Honorable) | | 00065230 | | • |
| 4 | CREDIT CARD ISSUER | Name of finar | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$81.70 | (b) Date of Charge 03/14/2025 | (c) Date(s) Credit Card Issuel 04/15/2025 | r Paid | | |
| 7 | PAYEE | (a) Payee name Doordash | | (b) Payee address; 303 2nd St San Francisco, CA 94107 | <i>y.</i> | State, | Zip Code |
| 8 | EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense | | | (b) Description Lunch for Capitol Office | | | |
| | (c) denotes dates of remain complete constants | | | Check if Austin, TX, | officeholder living expense | : | |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sor | | | e sought | Office held | | |
| | PAYMENT | (a) Amount Charged \$112.23 | (b) Date of Charge 03/17/2025 | (c) Date(s) Credit Card Issuel 04/15/2025 | r Paid | | |
| | PAYEE | (a) Payee name Doordash | | (b) Payee address; 303 2nd St | <i>*</i> | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | | San Francisco, CA 94107 (b) Description Lunch for Staff | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense | ! | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | |
| | PAYMENT | (a) Amount Charged \$312.04 | (b) Date of Charge 03/19/2025 | (c) Date(s) Credit Card Issuel 06/27/2025 | r Paid | | |
| | PAYEE (a) Payee name Amazon | | (b) Payee address; 1516 Second Avenue Seattle, WA 98101 | City, S | State, | Zip Code | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Food and snacks for office | e | | | |
| | Non-Political | 1 | of Texas. Complete Schedule T. | <u> </u> | officeholder living expense | : | |
| е | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete | this form. | (5 15 15 15 15 15 15 15 15 15 15 15 15 15 | , | , |
|---|---|---|----------------------------------|----------------------------------|--|---|-----------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commis | sion Filers) |
| | Sch: 20/46 Rpt: 38/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$93.42 | (b) Date of Charge 03/21/2025 | (c) Date(s 06/27/20 |) Credit Card Issue)25 | r Paid | | |
| 7 | PAYEE | (a) Payee name Doordash | | (b) Payee 303 2nd San Fran | | City, | State, | Zip Code |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Descri | | | | |
| | X Political Non-Political | | | | _ | | | |
| 9 | (c) State and the state of the | | | officeholder living exp | ense | | | |
| | expenditure to benefit C/OH | | | | Office field | | | |
| | PAYMENT | (a) Amount Charged \$85.48 | (b) Date of Charge 03/27/2025 | (c) Date(s 06/27/20 |) Credit Card Issue 025 | r Paid | | |
| | PAYEE | (a) Payee name (b) Payee Amazon | | address; cond Avenue | City, | State, | Zip Code | |
| | | | | | WA 98101 | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Descri Drinks a | ption nd snacks for offi | ce | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | · L | Check if Austin, TX, | officeholder living exp | ense | |
| E | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$128.06 | (b) Date of Charge 04/04/2025 | (c) Date(s 06/27/20 |) Credit Card Issue)25 | r Paid | | |
| | PAYEE | (a) Payee name Doordash | | (b) Payee 303 2nd San Frai | | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (b) Description | | ption r Capitol Staff | | | | |
| | Non-Political | · · · — | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| l | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|-----------------------------|--|--|--|---|----------------------------|------------|--------------|--|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethi | ics Commis | sion Filers) | | | | |
| | Sch: 21/46 Rpt: 39/64 | Canales, Terry (The | e Honorable) | | 00065230 | | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD | \$ | | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$143.58 | (b) Date of Charge 04/06/2025 | (c) Date(s) Credit Card Issu 06/27/2025 | er Paid | | | | | | |
| 7 | PAYEE | (a) Payee name Amazon | | (b) Payee address; 1516 Second Avenue Seattle, WA 98101 | City, | State, | Zip Code | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Drinks and snacks for capiton (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. of | | | apitol office | | | | | | |
| | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | | X, officeholder living exp | oense | | | | | |
| expenditure to benefit C/OH | | | e sought | Office held | | | | | | | |
| | PAYMENT | (a) Amount Charged \$127.74 | 06/27/2025 | | er Paid | | | | | | |
| | PAYEE (a) Payee name Amazon | | (b) Payee address; 1516 Second Avenue Seattle, WA 98101 | City, | State, | Zip Code | | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Description Drinks and snacks for C | apitol Office | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, T | X, officeholder living exp | oense | | | | | |
| е | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |
| | PAYMENT | (a) Amount Charged \$23.08 | (b) Date of Charge 04/01/2025 | (c) Date(s) Credit Card Issu 06/27/2025 | er Paid | | | | | | |
| | PAYEE (a) Payee name Exxon Mobil | | (b) Payee address; City, State, Zip 4120 S. Business Hwy 281 Edinburg, TX 78539 | | | Zip Code | | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel In District | of this schedule) | (b) Description Fuel for district staff trav | el | | | | | | |
| | Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | X, officeholder living exp | oense | | | | | |
| е | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | e sought | Office held | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|--|--|--|---|--------------------------|--|-------------------------|------------|--------------|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) | | | |
| | Sch: 22/46 Rpt: 40/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$37.85 | (b) Date of Charge 04/01/2025 | (c) Date(s) 06/27/202 | Credit Card Issuer 25 | r Paid | | | | | |
| 7 | PAYEE | (a) Payee name H.E.B. Gas | | | Closner Rd | City, | State, | Zip Code | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (See Categories listed at the top of this schedule) Travel Out of District Fuel for staff travel | | | | | | | | | |
| | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | ľ | Check if Austin, TX, | officeholder living exp | ense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name | | | | e sought | | Office held | | | | | |
| | PAYMENT | (a) Amount Charged \$213.66 | (b) Date of Charge 04/11/2025 | (c) Date(s) 06/27/202 | Credit Card Issuer 25 | r Paid | | | | | |
| | PAYEE (a) Payee name Holiday Inn Express | | (b) Payee a 805 Nech Austin, TX | es St | City, | State, | Zip Code | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descrip | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | İ | Check if Austin, TX, | officeholder living exp | ense | | | | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| | PAYMENT | (a) Amount Charged \$116.94 | (b) Date of Charge 05/04/2025 | (c) Date(s) 06/27/202 | Credit Card Issuer 25 | r Paid | | | | | |
| | PAYEE (a) Payee name Amazon | | (b) Payee address; City, State, 1516 Second Avenue Seattle, WA 98101 | | | Zip Code | | | | | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | | (b) Descrip Drinks an | tion d snacks for Cap | oitol | | | | | |
| | Non-Political | (*) — | of Texas. Complete Schedule T. | j | Check if Austin, TX, | officeholder living exp | ense | | | | |
| е | <u> </u> | | | e sought | | Office held | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officerolder/Folitica | | ruction Guide explains how | - | TIEN (enter a category | not iisteu ai | bove) | |
|---|---|----------------------------------|--|---------------------------|---------------|--------------|--|
| 1 Total pages Schedule F4: | | | | 3 Filer ID (Ethics | Commiss | sion Filers) | |
| Sch: 23/46 Rpt: 41/64 | Canales, Terry (The | - Honorable) | | 00065230 | Commiss | 30111 11013) | |
| 4 CREDIT CARD ISSUER | Name of finar | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | |
| 6 PAYMENT | (a) Amount Charged \$5.00 | (b) Date of Charge 05/06/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | Paid | | | |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; 1516 Second Avenue Seattle, WA 98101 | City, | State, | Zip Code | |
| 8 PURPOSE OF EXPENDITURE X Political | (See Categories listed at the top of this schedule) X Political Tip for delivery | | | | | | |
| Non-Political | (c) Constitution of the complete contract of | | | officeholder living exper | nse | | |
| | | | e sought | Office held | | | |
| expenditure to benefit C/OH | | | 1 | | | | |
| PAYMENT | (a) Amount Charged \$81.93 | (b) Date of Charge 05/14/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | · Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | Doordash | | 303 2nd St | | | | |
| | | | San Francisco, CA 94107 | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Description Snacks and drinks for cap | itol | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living exper | nse | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | |
| PAYMENT | (a) Amount Charged \$33.72 | (b) Date of Charge 04/21/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | Paid | | | |
| PAYEE | PAYEE (a) Payee name Starbucks | | (b) Payee address; 140 FM 1069 Aransas Pass, TX 78336 | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE X Political | EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Food and drink for staff | | | | |
| Non-Political | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | officeholder living exper | nse | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | |
| 1 | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete | this form. | (1 11 11 11 11 11 11 11 11 11 11 11 11 1 | , | , |
|----------|---|---|----------------------------------|------------------------------------|--|--|-----------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commis | sion Filers) |
| | Sch: 24/46 Rpt: 42/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$6.00 | (b) Date of Charge 04/21/2025 | (c) Date(s) 06/27/20 |) Credit Card Issuer 125 | Paid | | |
| 7 | PAYEE | (a) Payee name Capitol Visitor Park | ing | (b) Payee 1201 Sai Austin, T | n Jacinto Blvd | City, | State, | Zip Code |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descri | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 | expenditure to benefit C/OH | | | | Office held | | | |
| | PAYMENT | (a) Amount Charged \$28.08 | (b) Date of Charge 05/01/2025 | (c) Date(s) 06/27/20 |) Credit Card Issuer 125 | Paid | | |
| | PAYEE | PAYEE (a) Payee name Exxon Mobil | | | Business Hwy 28 | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descri | g, TX 78539 ption staff travel | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$11.00 | (b) Date of Charge 05/05/2025 | (c) Date(s) 06/27/20 |) Credit Card Issuer)25 | Paid | | |
| | PAYEE | (a) Payee name Capitol Visitor Parking | | (b) Payee 1201 Sai Austin, T | n Jacinto Blvd | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descri | ption king at capitol | | | |
| | Non-Political | 1 | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| € | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| ı | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|---|--|---|----------------------------------|---|---|-------------------------|------------|--------------|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) | | | |
| | Sch: 25/46 Rpt: 43/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$54.31 | (b) Date of Charge 05/27/2025 | (c) Date(s) 0 06/27/2029 | Credit Card Issuer 5 | r Paid | | | | | |
| 7 | PAYEE | (a) Payee name Uber Trip | | (b) Payee ad 1515 3rd S | Street | City, | State, | Zip Code | | | |
| L | | | | | isco, TX 94158 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descripti Uber ride i | | | | | | | |
| | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | | Check if Austin, TX, | officeholder living exp | ense | | | | |
| 9 | | | | e sought | | Office held | | | | | |
| Ŀ | expenditure to benefit C/OH | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged \$154.11 | (b) Date of Charge 05/18/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | | r Paid | | | | | |
| | PAYEE | (a) Payee name (b) Payee address; | | City, | State, | Zip Code | | | | | |
| | | Amazon | | 1516 Seco | and Avenue | | | | | | |
| | | | | Seattle, W. | | | | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | • | (b) Descripti Drinks and | on I snacks for cap | iitol | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | 7 Check if Austin TX | officeholder living exp | ense | | | | |
| H | Complete ONLY if direct | Candidate/Officeholder | • | e sought | Oneok ii 7 kasairi, 174, | Office held | | | | | |
| | expenditure to benefit C/OH | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged \$107.27 | (b) Date of Charge 05/23/2025 | (c) Date(s) 0 06/27/202 | Credit Card Issuer 5 | r Paid | | | | | |
| | PAYEE | Doordash 303 | | (b) Payee ad 303 2nd Si San Franci | | City, | State, | Zip Code | | | |
| | PURPOSE OF EXPENDITURE X Political | EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description lunch for capitol staff | | | | | | | |
| L | Non-Political (c) Check if travel outside of Texas. Complete Schedule T | | | | Check if Austin, TX, | officeholder living exp | ense | | | | |
| - | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | name Office | e sought | | Office held | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | | |
|--|---|----------------------------------|--|---------------------------|------------|--------------|--|--|--|--|--|--|
| 1 Total pages Schedule F | 4: 2 FILER NAME | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | | | | | | |
| Sch: 26/46 Rpt: 44/6 | 4 Canales, Terry (Th | e Honorable) | | 00065230 | | | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | | | | |
| 6 PAYMENT | (a) Amount Charged \$5.00 | (b) Date of Charge 05/25/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | | | | | | |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; 1516 Second Avenue Seattle, WA 98101 | City, | State, | Zip Code | | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Food/Beverage Expe | | tip on delivery | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living exp | ense | | | | | | | |
| | | | e sought | Office held | | | | | | | | |
| expenditure to benefit C/O | н | | | | | | | | | | | |
| PAYMENT | \$17.97 06/10/2025 06/27/2025 | | | er Paid | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | | | |
| | Amazon | | 1516 Second Avenue | | | | | | | | | |
| | | | Seattle, WA 98101 | | | | | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Description snacks for office | | | | | | | | | |
| I <u>=</u> | | | | | | | | | | | | |
| Non-Political | (4) | of Texas. Complete Schedule T. | <u> </u> | , officeholder living exp | ense | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | н | | e sought | Office held | | | | | | | | |
| PAYMENT | (a) Amount Charged \$43.99 | (b) Date of Charge 05/26/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | | | | | | |
| PAYEE | PAYEE (a) Payee name Pilot | | (b) Payee address; 10700 US-183 78610 Mustang Ridge, TX 7861 | City, | State, | Zip Code | | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Fuel for staff travel | | | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | Check if Austin, TX | , officeholder living exp | ense | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | | r name Offic | e sought | Office held | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|--|---|--------------------------------|--|-------------------------------|------------------|--|--|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Con | ımission Filers) | | | | | | |
| Sch: 27/46 Rpt: 45/64 | Canales, Terry (The | e Honorable) | | 00065230 | | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | | | | |
| | \$39.78 | 02/27/2025 | 04/15/2025 | | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, Sta | ite, Zip Code | | | | | | |
| | Metropolis Parking | | 710 Trinity St | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | _ | | | | | | | |
| X Political | Travel Out of District | or the contocally | Parking for Staff in Austir | 1 | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | | | | | |
| 9 Complete ONLY if direct | · · · · · · · · · · · · · · · · · · · | | | Office held | | | | | | | |
| expenditure to benefit C/OH | expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$362.24 | (b) Date of Charge 02/27/2025 | (c) Date(s) Credit Card Issue 04/15/2025 | er Paid | | | | | | | |
| | Ψ302.24 | 02/21/2023 | | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, Sta | ite, Zip Code | | | | | | |
| | | | 805 Neches St | | | | | | | | |
| | Holiday Inn Expres | S | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Hotel for staff in Austin | | | | | | | | |
| X Political | Travel Out of District | , , | Hotel for Stall III Austili | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | | | | |
| | \$1,030.00 | 02/27/2025 | 04/15/2025 | | | | | | | | |
| | | | | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, Sta | ite, Zip Code | | | | | | |
| | Legislative Study G | iroun | 1106 Lavaca St. | | | | | | | | |
| | Logiolativo otady o | лоцр | | | | | | | | | |
| DUDDOSE OF | (a) Cotogon/ | | Austin, TX 78701 | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Caucus Dues | | | | | | | | |
| X Political | Contributions/Donatio | | Caucus Dues | | | | | | | | |
| Non-Political | Candidate/Officerolacity official Committee | | | | | | | | | | |
| | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | Office held | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeriolder | name Offic | e sougrit | Office field | | | | | | | |
| | ,- | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

| | The Insti | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | |
|--|--|----------------------------------|---------------------------|---|---|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) |
| Sch: 28/46 Rpt: 46/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$57.63 | (b) Date of Charge 03/08/2025 | (c) Date(s) 04/15/20 | Credit Card Issuei 25 | r Paid | | |
| 7 PAYEE | (a) Payee name Walmart Super Cer | nter Store | | address; Nolana Ave TX 78504 | City, | State, | Zip Code |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Food/Beverage Exper | * | ` ′ ' | d drinks for Distric | ct Office | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | e sought | | Office held | | | | |
| PAYMENT | (a) Amount Charged \$24.92 | (b) Date of Charge 03/10/2025 | (c) Date(s) 04/15/20 | Credit Card Issuei 25 | r Paid | | |
| PAYEE | (a) Payee name Exxon Mobil | | | address; Business Hwy 28 , TX 78539 | City, 1 | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descrip | otion | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | 1 | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged \$465.86 | (b) Date of Charge 03/12/2025 | (c) Date(s) 04/15/20 | Credit Card Issuer 25 | r Paid | | |
| PAYEE | (a) Payee name (b) Payee address 805 Neches St Holiday Inn Express Austin, TX 7870 | | nes St | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descrip Staff hote | otion el in Austin | | | |
| Non-Political | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | | | | | | <u>-</u> | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Inst | ruction Guide explains how | v to complete this form. | | | | |
|---|---|----------------------------------|--|---------------------------------------|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 29/46 Rpt: 47/64 | Canales, Terry (The | e Honorable) | | 00065230 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | |
| | \$42.55 | 05/07/2025 | 06/27/2025 | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code | | | |
| | Chevron | | 30 N Interstate Hwy 35 | | | | |
| | | | Austin, TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Description | | | | |
| X Political | Food/Beverage Exper | | Snacks and drinks for me | eeting | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | x, officeholder living expense | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought | | | | Office held | | | |
| expenditure to benefit C/OH | · | | | | | | |
| PAYMENT | (a) Amount Charged \$20.57 | (b) Date of Charge 03/25/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| | Uber Trip | | 1515 3rd Street | | | | |
| | | | San Francisco, TX 94158 | 3 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Austin Uber Trip for Meeting | | | | |
| X Political | | | | | | | |
| Non-Political | ` | of Texas. Complete Schedule T. | | x, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | ee sought | Office held | | | |
| PAYMENT | (a) Amount Charged \$20.32 | (b) Date of Charge 03/26/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| | | | 1515 3rd Street | | | | |
| | Uber Trip | | | | | | |
| | | | San Francisco, TX 94158 | 3 | | | |
| PURPOSE OF | (a) Category | of this sehedule) | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Travel Out of District | of this schedule) | Uber to Capitol | | | | |
| I <u>=</u> | X Political | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | dule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | ce sought | Office held | | | |
| 1 | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | | |
|---|---|----------------------------------|--|-----------------------------------|--------------------------|-----------|--------------|--|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | | | | | |
| Sch: 30/46 Rpt: 48/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPENDIT | UNITEMIZED URES TO A CREDIT | \$ | | | | | | | |
| 6 PAYMENT | (a) Amount Charged \$64.71 | (b) Date of Charge 03/27/2025 | (c) Date(s) Cr 06/27/2025 | edit Card Issuer | Paid | | | | | | | |
| 7 PAYEE | (a) Payee name Delta Sky Club | | (b) Payee add 3600 Presid | ential Blvd | City, | State, | Zip Code | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Description Food at Aus | n | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date of Charge (c) Date | | | e sought | | Office held | | | | | | | |
| PAYMENT | (a) Amount Charged \$61.96 | (b) Date of Charge 04/07/2025 | (c) Date(s) Cr 06/27/2025 | edit Card Issuer | Paid | | | | | | | |
| PAYEE | (a) Payee name Uber Trip | | (b) Payee add | reet | City, | State, | Zip Code | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descriptio | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | T. Check if Austin, TX, officeholder living expense | | | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | | | | | |
| PAYMENT | (a) Amount Charged \$62.76 | (b) Date of Charge 04/14/2025 | (c) Date(s) Cr 06/27/2025 | edit Card Issuer | Paid | | | | | | | |
| PAYEE | (a) Payee name Uber Trip | | (b) Payee address; 1515 3rd Street San Francisco, TX 94158 | | City, | State, | Zip Code | | | | | |
| PURPOSE OF EXPENDITURE X Political | EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District | | | n apitol to Meeti | ng | | | | | | | |
| Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | |
|--|--|----------------------------------|--------------------------------------|--|-------------------------|------------|--------------|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) | | |
| Sch: 31/46 Rpt: 49/64 | Canales, Terry (The | Canales, Terry (The Honorable) | | | 00065230 | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES ED TO A CREDIT | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged \$7.00 | (b) Date of Charge 03/20/2025 | (c) Date(s) 0 06/27/202 | Credit Card Issuer 5 | Paid | | | | |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee at 1516 Second Seattle, W. | and Avenue | City, | State, | Zip Code | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Exper | | (b) Descripti Snacks for | on Capitol office | | | | | |
| | | | officeholder living exp | ense | | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | | |
| PAYMENT | (a) Amount Charged \$53.70 | (b) Date of Charge 04/01/2025 | (c) Date(s) 0 06/27/202 | Credit Card Issuer 5 | Paid | | | | |
| PAYEE | (a) Payee name Amazon | | (b) Payee at 1516 Seco | and Avenue | City, | State, | Zip Code | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Descripti Drinks and | on I snacks for offic | ce | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | _ | Office held | | | | |
| PAYMENT | (a) Amount Charged \$113.26 | (b) Date of Charge 04/07/2025 | (c) Date(s) 0 06/27/202 | Credit Card Issuer 5 | Paid | | | | |
| PAYEE | (a) Payee name Amazon | | (b) Payee at 1516 Seco | and Avenue | City, | State, | Zip Code | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Drinks and snacks for Ca | | | on | pitol office | | | | |
| Non-Political | (6) | | | Check if Austin, TX, | officeholder living exp | ense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete | this form. | (, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | , |
|----------|---|---|----------------------------------|--|--|---|-----------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commis | sion Filers) |
| | Sch: 32/46 Rpt: 50/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | . OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$57.41 | (b) Date of Charge 04/11/2025 | (c) Date(s 06/27/20 |) Credit Card Issue)25 | r Paid | | |
| 7 | PAYEE | (a) Payee name Amazon | | | cond Avenue | City, | State, | Zip Code |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | Seattle, WA 98101 (b) Description Drinks and snacks for Capitol Office | | | | |
| | | | | officeholder living exp | ense | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | penefit C/OH | | | Office held | | | |
| | PAYMENT | (a) Amount Charged \$86.50 | (b) Date of Charge 04/14/2025 | (c) Date(s 06/27/20 |) Credit Card Issue 025 | r Paid | | |
| | PAYEE | (a) Payee name Amazon | | | cond Avenue | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Descri | WA 98101 ption nd snacks for cap | oitol office | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$85.15 | (b) Date of Charge 04/01/2025 | (c) Date(s 06/27/20 |) Credit Card Issue 025 | r Paid | | |
| | PAYEE | (a) Payee name Ceviche 76 | | | address; Trenton Rd ste 10 J, TX 78539 | City, D6g | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Descri District s | ption staff lunch | | | |
| | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| ε | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| l | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

| The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|---|---|----------------------------------|---|----------------------------|------------|--------------|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | | | | |
| Sch: 33/46 Rpt: 51/64 | Canales, Terry (The | e Honorable) | | 00065230 | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD | \$ | | | | | | |
| 6 PAYMENT | (a) Amount Charged \$7.00 | (b) Date of Charge 04/11/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | | | | |
| 7 PAYEE | (a) Payee name Capitol Visitor Park | ing | (b) Payee address; 1201 San Jacinto Blvd | City, | State, | Zip Code | | | | |
| 0 DUDDOCE OF | (a) Category | | Austin, TX 78701 (b) Description | | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (See Categories listed at the top Travel Out of District | of this schedule) | Parking for staff at Capit | ol | | | | | | |
| | | | | X, officeholder living exp | ense | | | | | |
| | | | e sought | Office held | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$193.00 | (b) Date of Charge 04/21/2025 | (c) Date(s) Credit Card Issu 06/27/2025 | er Paid | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | |
| | Atlantic Austin | | 4309 Emma Browning A | ve | | | | | | |
| | | | Austin, TX 78717 | | | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Fuel for Plane | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin T | X, officeholder living exp | ionso | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | <u> </u> | e sought | Office held | | | | | | |
| expenditure to benefit C/OH | | | g | | | | | | | |
| PAYMENT | (a) Amount Charged \$20.75 | (b) Date of Charge 04/21/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | | | | |
| PAYEE | (a) Payee name Chevron | | (b) Payee address; 30 N Interstate Hwy 35 Austin, TX 78701 | City, | State, | Zip Code | | | | |
| PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense | | | (b) Description Food and drinks for staff | meeting | | | | | | |
| Non-Political | Check if Austin, T | X, officeholder living exp | ense | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | e sought | Office held | | _ | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

| | | The Inst | ruction Guide explains how | to complete | this form. | (| , | , |
|----------|--|---|----------------------------------|-----------------------------------|--|-------------------------|------------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) |
| | Sch: 34/46 Rpt: 52/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$193.00 | (b) Date of Charge 04/24/2025 | (c) Date(s) 06/27/20 |) Credit Card Issuer 25 | Paid | | |
| 7 | PAYEE | (a) Payee name Atlantic Austin | | (b) Payee 4309 Em Austin, T | ma Browning Ave | City, | State, | Zip Code |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descrip | otion | | | |
| | | | | officeholder living exp | ense | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | to benefit C/OH | | | Office held | | | |
| | PAYMENT | (a) Amount Charged \$32.46 | (b) Date of Charge 04/28/2025 | (c) Date(s) 06/27/20 |) Credit Card Issuer 25 | Paid | | |
| | PAYEE | (a) Payee name Uber Trip | | (b) Payee 1515 3rd | | City, | State, | Zip Code |
| | | | | San Fran | ncisco, TX 94158 | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descrip Uber ride | otion e in Austin | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$523.25 | (b) Date of Charge 05/04/2025 | (c) Date(s) 06/27/20 |) Credit Card Issuer 25 | Paid | | |
| | PAYEE | (a) Payee name Atlantic Austin | | (b) Payee 4309 Em Austin, T | ma Browning Ave | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descrip Fuel for p | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 6 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| ı | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|---|--|---|----------------------------------|-------------------------------------|---|-------------------------|------------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| | Sch: 35/46 Rpt: 53/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$22.04 | (b) Date of Charge 05/06/2025 | (c) Date(s) C 06/27/2029 | Credit Card Issuer 5 | r Paid | | |
| 7 | PAYEE | (a) Payee name Uber Trip | | (b) Payee ad 1515 3rd S | Street | City, | State, | Zip Code |
| L | | () - | | <u> </u> | isco, TX 94158 | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descripti Ride to cap | | | | |
| | Non-Political | | | | | officeholder living exp | ense | |
| 9 | 9 Complete ONLY if direct Candidate/Officeholder name Office sought | | | | Office held | | | |
| € | expenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged \$52.59 | (b) Date of Charge 05/12/2025 | (c) Date(s) 0 06/27/2029 | Credit Card Issuer 5 | r Paid | | |
| | PAYEE (a) Payee name (b) Payee address; | | | ddress; | City, | State, | Zip Code | |
| | | Uber Trip | | 1515 3rd S | Street | | | |
| L | | | | San Franc | isco, TX 94158 | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Descripti Ride to apa | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | 7 Check if Austin, TX. | officeholder living exp | ense | |
| H | Complete ONLY if direct | Candidate/Officeholder | | e sought | | Office held | | |
| 6 | expenditure to benefit C/OH | | | · · | | | | |
| | PAYMENT | (a) Amount Charged \$26.02 | (b) Date of Charge 05/12/2025 | (c) Date(s) 0 06/27/202 | Credit Card Issuer 5 | Paid | | |
| | PAYEE | (a) Payee name Chevron | | (b) Payee at 30 N Inters Austin, TX | state Hwy 35 | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Desc Drinks a | | | on snacks for mee | eting | | |
| L | Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin | | | | officeholder living exp | ense | |
| e | (c) and the data of the complete desiration in the contract of | | | | | Office held | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | |
|---|---|----------------------------------|--|--------------------------|-----------|--------------|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | | | | |
| Sch: 36/46 Rpt: 54/64 | Canales, Terry (The | e Honorable) | | 00065230 | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | | |
| 6 PAYMENT | (a) Amount Charged \$107.70 | (b) Date of Charge 04/20/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | Paid | | | | | | |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; 1516 Second Avenue | City, | State, | Zip Code | | | | |
| | (a) Oatawari | | Seattle, WA 98101 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Description Snacks and drinks for office | ce | | | | | | |
| | | | | officeholder living expe | ense | | | | | |
| 9 Complete ONLY if direct | e sought | Office held | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$7.54 | (b) Date of Charge 04/22/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | · Paid | | | | | | |
| PAYEE (a) Payee name | | | (b) Payee address; | City, | State, | Zip Code | | | | |
| | Amazon | | 1516 Second Avenue | | | | | | | |
| | | | Seattle, WA 98101 | | | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Description Snacks for capitol office | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin TX | officeholder living expe | nco | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | · | e sought | Office held | Elise | | | | | |
| expenditure to benefit C/OH | | | o ooug | 000 | | | | | | |
| PAYMENT | (a) Amount Charged \$64.73 | (b) Date of Charge 05/02/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | Paid | | | | | | |
| PAYEE | (a) Payee name Bath & Body Works | 5 | (b) Payee address; 5425 S Padre Island Dr Corpus Christi, TX 78411 | City, | State, | Zip Code | | | | |
| PURPOSE OF EXPENDITURE X Political | EXPENDITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austi | | | | officeholder living expe | ense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | e sought | Office held | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|---|---|---|----------------------------------|--|----------------------------------|--------------|--------------|--|--|--|--|
| 1 Total pages | Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Eth | nics Commiss | sion Filers) | | | | |
| Sch: 37/46 | Rpt: 55/64 | Canales, Terry (The | e Honorable) | | 00065230 | | | | | | |
| 4 CREDIT CA ISSUER | IRD | | ncial institution revious | 5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CI CARD | \$ | | | | | | |
| 6 PAYMENT | | (a) Amount Charged \$38.06 | (b) Date of Charge 05/05/2025 | (c) Date(s) Credit Card 06/27/2025 | Issuer Paid | | | | | | |
| 7 PAYEE | | (a) Payee name H.E.B. Gas | | (b) Payee address; 1212 S. Closner Rd | City, | State, | Zip Code | | | | |
| | | (a) Cataman | | Edinburg, TX 78539 | 1 | | | | | | |
| 8 PURPOSE EXPENDIT | URE | (a) Category (See Categories listed at the top Travel In District | of this schedule) | (b) Description Fuel for Staff | | | | | | | |
| Non-P | | | | | stin, TX, officeholder living ex | xpense | | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought | | | | Office held | | | | | | | |
| expenditure to | benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer 06/27/2025 | | Issuer Paid | | | | | | | | |
| PAYEE | | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | |
| | | Metropolis Parking | | 710 Trinity St | | | | | | | |
| | | | | Austin, TX 78701 | | | | | | | |
| PURPOSE EXPENDIT | URE | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Parking for Capitol s | staff | | | | | | |
| Non-P | | (c) Check if travel outside | of Texas. Complete Schedule T. | Chack if Au | stin, TX, officeholder living ex | ynoneo | | | | | |
| | NLY if direct | Candidate/Officeholder | · | e sought | Office held | xperise | | | | | |
| expenditure to | | Garialadio, Gillochioladi | That To The Company | o oodgin: | Omoo noid | | | | | | |
| PAYMENT | | (a) Amount Charged \$23.34 | (b) Date of Charge 04/28/2025 | (c) Date(s) Credit Card 06/27/2025 | Issuer Paid | | | | | | |
| PAYEE | | (a) Payee name Amazon | • | (b) Payee address; 1516 Second Avenu Seattle, WA 98101 | City, ue | State, | Zip Code | | | | |
| EXPENDIT | URPOSE OF (a) Category (b) De | | | (b) Description Drinks and snacks fo | or capitol | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, 7 | | | | stin, TX, officeholder living ex | xpense | | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH | | | | | Office held | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|---|--|----------------------------------|---|--|-----------|--------------|--|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics | s Commiss | sion Filers) | | | | | |
| Sch: 38/46 Rpt: 56/64 | Canales, Terry (The | e Honorable) | | 00065230 | | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | | | |
| 6 PAYMENT | (a) Amount Charged \$51.29 | (b) Date of Charge 04/29/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | | | | | |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; 1516 Second Avenue | City, | State, | Zip Code | | | | | |
| 8 PURPOSE OF | (a) Category | | Seattle, WA 98101 (b) Description | | | | | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Food/Beverage Expe | | Drinks and snacks for Ca | pitol | | | | | | | |
| Non-Political | | | | | nse | | | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought | | | e sought | Office held | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$69.39 | (b) Date of Charge 05/11/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | | | | | |
| PAYEE (a) Payee name (b) Pa | | | (b) Payee address; | City, | State, | Zip Code | | | | | |
| | Amazon | | 1516 Second Avenue | | | | | | | | |
| | (a) Oata mari | | Seattle, WA 98101 | | | | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Description Snack and drinks for capi | itol | | | | | | | |
| Non-Political | | of Towns Committee Calcadida T | Character & Asserting TV | etti a la l | | | | | | | |
| Complete ONLY if direct | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | , officeholder living expe | rise | | | | | | |
| expenditure to benefit C/OH | | | o oougin | Omeo neid | | | | | | | |
| PAYMENT | (a) Amount Charged \$57.83 | (b) Date of Charge 05/12/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | | | | | |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; 1516 Second Avenue Seattle, WA 98101 | City, | State, | Zip Code | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Drinks and s | | | pitol | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, | | | | , officeholder living expe | nse | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | e sought | Office held | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | |
|---|--|----------------------------------|---|---|---------------------------|------------|--------------|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) | | | |
| Sch: 39/46 Rpt: 57/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | | | |
| | \$26.43 | 04/21/2025 | 06/27/20 | 25 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | | |
| | Buc-ee's | | 10070 I-1 | 10 | | | | | | |
| | | | Luling, T | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of | of this schedule) | (b) Descrip | | | | | | | |
| X Political | Travel Out of District | or and sorreune) | Fuel for s | staff travel | | | | | | |
| | | | , officeholder living exp | ense | | | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought | | | | Office held | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | | | | |
| | \$147.22 04/29/2025 ^{06/27/2025} | | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | | |
| | La Uni Print | | 3111 S C | Closner Blvd | | | | | | |
| | | | Edinburg | , TX 78539 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of | of this schedule) | (b) Descrip | | | | | | | |
| X Political | Advertising Expense | or unic conceuticy | Screen p | rinting | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule T. | | Check if Austin, TX, | , officeholder living exp | ense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$24.81 | (b) Date of Charge 05/05/2025 | (c) Date(s) Credit Card Issue 06/27/2025 | | r Paid | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | | |
| | Buc-ee's | | 10070 I-1 | LO | | | | | | |
| | Buc-ee's | | | | | | | | | |
| | | | Luling, T | | | | | | | |
| PURPOSE OF EXPENDITURE | PURPOSE OF (a) Category (See Categories listed at the top of this schedule) | | (b) Descrip | | | | | | | |
| X Political (See Categories issee at the top of this scriedule) | | | Fuel for S | Staff Travel | | | | | | |
| Non-Political | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check | | | Check if Austin, TX, | , officeholder living exp | ense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instr | ruction Guide explains how | to complete this | s form. | (| ., | , |
|---|---|----------------------------------|--|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 40/46 Rpt: 58/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPENDI | F UNITEMIZED TURES D TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$14.26 | (b) Date of Charge 05/13/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer | r Paid | | |
| 7 PAYEE | (a) Payee name Exxon Mobil | | | siness Hwy 28 | City, | State, | Zip Code |
| | (-) 0-4 | | Edinburg, T | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top- Travel Out of District | of this schedule) | (b) Description Fuel for sta | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Ocomplete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought | | | Office held | | | | |
| PAYMENT | (a) Amount Charged \$21.12 | (b) Date of Charge 05/14/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer 5 | r Paid | | |
| PAYEE | (a) Payee name Buc-ee's | | (b) Payee ad 10070 I-10 Luling, TX | | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description Fuel for sta | on | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | · | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged \$9.94 | (b) Date of Charge 05/19/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer | r Paid | | |
| PAYEE | (a) Payee name Uber Trip | | (b) Payee ad 1515 3rd Si San Francis | | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top- Travel Out of District | of this schedule) | (b) Description Uber trip from | on om capitol to ap | partment | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|----------------------|--|--|----------------------------------|--|--|--------------------------|-----------|--------------|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | | | |
| | Sch: 41/46 Rpt: 59/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPENDI | F UNITEMIZED TURES D TO A CREDIT | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$7.07 | (b) Date of Charge 05/20/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer | Paid | | | | | |
| 7 | PAYEE | (a) Payee name Uber Trip | | (b) Payee ad 1515 3rd S | treet | City, | State, | Zip Code | | | |
| Ļ | | () 0 : | | | sco, TX 94158 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description | | | | | | | |
| | | | | | officeholder living expe | ense | | | | | |
| | 9 Complete ONLY if direct Candidate/Officeholder name Office sought | | | | | Office held | | | | | |
| Le | expenditure to benefit C/OH | () | T (1) = 1 (1) | 1 () = . () = | | | | | | | |
| | PAYMENT | (a) Amount Charged \$27.88 | (b) Date of Charge 05/21/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer 5 | Paid | | | | | |
| PAYEE (a) Payee name | | | | (b) Payee ad | ldress; | City, | State, | Zip Code | | | |
| | | Uber Trip | | 1515 3rd S | treet | | | | | | |
| | | | | San Franci | sco, TX 94158 | | | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | (b) Description ride in Aust | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin TX | officeholder living expe | ense | | | | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder | • | e sought | Check in Addain, 174, | Office held | | | | | |
| e | expenditure to benefit C/OH | | | · · | | | | | | | |
| | PAYMENT | (a) Amount Charged \$22.36 | (b) Date of Charge 05/25/2025 | (c) Date(s) C 06/27/2025 | redit Card Issuer 5 | Paid | | | | | |
| | PAYEE | (a) Payee name Uber Eats | | (b) Payee address; 1455 Market St #400 San Franciscos, CA 9410 | | City, | State, | Zip Code | | | |
| | PURPOSE OF EXPENDITURE X Political | E OF (a) Category (b) [TURE (See Categories listed at the top of this schedule) state Food/Beverage Expense | | | on | | | | | | |
| L | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T | | | | Check if Austin, TX, | officeholder living expe | ense | | | | |
| е | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought | | | | | Office held | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|---|---|--|----------------------------------|------------------------------|---|-------------------------|------------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| | Sch: 42/46 Rpt: 60/64 | Canales, Terry (The | e Honorable) | | | 00065230 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$7.00 | (b) Date of Charge 05/20/2025 | (c) Date(s) C 06/27/2029 | Credit Card Issuer 5 | r Paid | | |
| 7 | PAYEE | (a) Payee name Amazon | | | and Avenue | City, | State, | Zip Code |
| Ļ | DUDDOOF OF | (a) Catagony | | Seattle, W. (b) Descripti | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | Tip on delivery | | | | |
| | Non-Political | (c) distant data successive succe | | | officeholder living exp | ense | | |
| 9 | Complete ONLY if direct Candidate/Officeholder name Office sought | | | | Office held | | | |
| E | expenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged \$96.52 | (b) Date of Charge 05/27/2025 | (c) Date(s) 0 06/27/2029 | Credit Card Issuer 5 | r Paid | | |
| | PAYEE (a) Payee name (b) Payee address; | | | ddress; | City, | State, | Zip Code | |
| | | Doordash | | 303 2nd St | t | | | |
| L | | | | | isco, CA 94107 | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | • | (b) Descripti Lunch for o | on capitol staff | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Chock if Austin TV | officeholder living exp | onco | |
| H | Complete ONLY if direct | Candidate/Officeholder | <u> </u> | <u>L</u> e sought | Check if Austin, 1A, | Office held | lense | |
| e | expenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged \$8.42 | (b) Date of Charge 05/26/2025 | (c) Date(s) C 06/27/2029 | Credit Card Issuer 5 | r Paid | | |
| Г | PAYEE | (a) Payee name | | (b) Payee ad | ddress; | City, | State, | Zip Code |
| | | Capitol Grill | | 1400 Cong | gress Ave. | | | |
| L | | | | Austin , TX | 78701 | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) D Lun | | | on staff | | | |
| | Non-Political | Political (c) Check if travel outside of Texas. Complete Schedule T. Check if A | | | | officeholder living exp | ense | |
| E | (c) Sistematics access in State company constant in | | | | | Office held | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Insti | ruction Guide explains how | to complete the | is form. | | | | | |
|-----------------------------|---|--------------------------------|---------------------------------------|---|---|--------|----------|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 43/46 Rpt: 61/64 | Canales, Terry (The | 00065230 | | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | | Paid | | | | |
| | \$26.36 | 05/27/2025 | 06/27/202 | 5 | | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee ac | ldress; | City, | State, | Zip Code | | |
| | Buc-ee's | | | | | | | | |
| | | | Luling, TX | | | | | | |
| 8 PURPOSE OF | (a) Category | of this cohodule) | (b) Description | | | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Travel Out of District | or this schedule) | Fuel for sta | aff travel | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issuer | Paid | | | | |
| | \$23.68 | 05/27/2025 | 06/27/202 | 0 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee ac | ldress; | City, | State, | Zip Code | | |
| | Exxon Mobil | | 4120 S. Business Hwy 281 | | | | | | |
| | | | | Edinburg, TX 78539 | | | | | |
| PURPOSE OF EXPENDITURE | EXPENDITURE (See Categories listed at the top of this schedule) | | (b) Description Staff fuel for travel | | | | | | |
| X Political | Travel Out of District | | | | | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. | | | Check if Austin, TX, | Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct | Complete ONLY if direct Candidate/Officeholder name Offic | | | _ | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | redit Card Issuer | Paid | | | | |
| | \$103.80 | 06/01/2025 | 06/27/202 | 0 | | | | | |
| PAYEE | (a) Payee name | ı | (b) Payee address; | | City, | State, | Zip Code | | |
| | | 8900 S. Congress Avenue | | | | | | | |
| | HEB | | | | | | | | |
| | | | Austin, TX | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | | | | | |
| EXPENDITURE | Food/Beverage Exper | Snacks an | d drinks for cap | itol | | | | | |
| X Political | | | | | | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | | |
| expenditure to benefit C/OH | <u> </u> | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

| | The Instr | ruction Guide explains how | to complete this form. | | | | | | |
|--|--|--------------------------------|---|-------------------------------|---------------------------------------|----------|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics C | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 44/46 Rpt: 62/64 | Canales, Terry (The Honorable) | | | 00065230 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | | |
| | \$30.12 | 06/02/2025 | 06/27/2025 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | |
| | Buc-ee's | | 10070 I-10 | | | | | | |
| | | | Luling, TX 78648 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top) | of this schedule) | (b) Description | | | | | | |
| X Political | Travel Out of District | luci iui staii tiavei | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | , officeholder living expense | Э | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid | | | | | | |
| | \$231.28 | 05/14/2025 | 06/27/2025 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | |
| Holiday Inn Expre | | 5 | 805 Neches St | | | | | | |
| | | | Austin, TX 78701 | | | | | | |
| PURPOSE OF | EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description | | | | | | |
| | | | Staff hotel in Austin | | | | | | |
| X Political | | | <u> </u> | | | | | | |
| | | | | , officeholder living expense | 9 | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | | e sought | Office held | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue 06/27/2025 | er Paid | | | | | |
| | \$47.49 | 05/19/2025 | 00/21/2023 | | | | | | |
| PAYEE | (a) Payee name Uber Trip | | (b) Payee address; | City, | State, | Zip Code | | | |
| | | | 1515 3rd Street | | | | | | |
| | | | San Francisco, TX 94158 | | | | | | |
| PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) | | of this schedule) | (b) Description | | | | | | |
| | Travel Out of District | | Ride from airport to capitol | | | | | | |
| X Political Non-Political | (a) \Box (c) \Box (c) | | | | | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Onicendider | name Office | Jought | Office field | | | | | |
| , | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| l | The Instruction Guide explains how to complete this form. | | | | | | | | | |
|---|--|---|---|--|--|---------------------------------------|--------|----------|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethio | 3 Filer ID (Ethics Commission Filers) | | | | |
| l | Sch: 45/46 Rpt: 63/64 | Canales, Terry (The Honorable) | | | | 00065230 | | | | |
| 4 | CREDIT CARD ISSUER | Name of financial institution See previous See previous CHARGED TO A CREDIT CARD | | | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$60.68 | (b) Date of Charge 05/22/2025 | (c) Date(s) C 06/27/2029 | Credit Card Issuer 5 | r Paid | | | | |
| 7 | PAYEE | (a) Payee name (b) Payee addr 30 N Intersta | | | state Hwy 35 | City, | State, | Zip Code | | |
| Ļ | | () 0 : | | Austin, TX | | | | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | 1.21 2 . 7 . 1 | | | escription cks and drinks for meeting | | | | | |
| l | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expense | | | | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| L | expenditure to benefit C/OH | | I a | 14.5- 4.5- | | | | | | |
| | PAYMENT | (a) Amount Charged \$119.06 | (b) Date of Charge 05/27/2025 | (c) Date(s) Credit Card Issuer 06/27/2025 | | r Paid | | | | |
| | PAYEE | (a) Payee name InMotion | | (b) Payee ac 9501 Carg Suite 500 Austin, TX | o Ave | City, | State, | Zip Code | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Descripti | | | | | | |
| l | Non-Political | (c) Check if travel outside | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, | | | officeholder living exp | ense | | | |
| e | Complete ONLY if direct expenditure to benefit C/OH | | | | _ | Office held | | | | |
| | PAYMENT | (a) Amount Charged \$207.60 | (b) Date of Charge 05/28/2025 | (c) Date(s) 0 06/27/2029 | Credit Card Issuer 5 | Paid | | | | |
| | PAYEE | (a) Payee name Uber Eats | | (b) Payee address; 1455 Market St #400 San Franciscos, CA 9410 | | City, | State, | Zip Code | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Lunch for Capitol staff | | | | | | |
| L | Non-Political | (C) Check if travel outside of Texas. Complete Schedule T. | | | Check if Austin, TX, | in, TX, officeholder living expense | | | | |
| ε | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

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

| Candidate/Officeholder/Politica | | | alaries/Wages/Contrac | | HER (enter a category | not listed ab | oove) | |
|--|---|---|---------------------------------------|-------------------------------------|--------------------------------|---------------|----------|--|
| 4 7 | The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F4: | | | | 3 Filer ID (Ethics Commission Filer | | | | |
| Sch: 46/46 Rpt: 64/64 | Canales, Terry (The Honorable) | | | | 00065230 | | | |
| 4 CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF | | | | | |
| ISSUER | see p | revious | EXPENDITURES CHARGED TO A CREDIT CARD | | \$ | | | |
| | | | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cre | edit Card Issuer | Paid | | | |
| | \$171.17 | 06/03/2025 | 06/27/2025 | | | | | |
| | Φ1/1.1/ | 00/03/2023 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee add | roce: | City, | State, | Zip Code | |
| | (a) Fayee name | | | City, | State, | Zip Code | | |
| | Holiday Inn Expres | S | 805 Neches | SI | | | | |
| | | | l | | | | | |
| | () 2 | | Austin, TX 7 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | (b) Description | | | | | | |
| l <u> </u> | Travel Out of District | or this scriedule) | Staff hotel in Austin | | | | | |
| X Political | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | П | Check if Austin, TX, | officeholder living expe | ense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cre | edit Card Issuer | · Paid | | | |
| | \$207.00 | 06/29/2025 | | | | | | |
| | φ207.00 | 00/29/2023 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee add | ress. | City, | State, | Zip Code | |
| | (a) rayee name | | 620 S. Closr | | Oity, | Otato, | Zip Oode | |
| | El Taco Place | | 320 S. GlOSHEI | | | | | |
| | | | Edinburg, T | V 70E20 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Lunch for staff | | | | | |
| Deliver d | Food/Beverage Expe | nse | Lunchion | A11 | | | | |
| X Political | | | | | | | | |
| Non-Political | (C) Check if travel outside | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T | | | K, officeholder living expense | | | |
| Complete ONLY if direct Candidate/Officeholder name Office | | | ce sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
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