CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00081273	ssion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Candace T.			Date Received	LLV FILED
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	Candy	Noble				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1105 E. Main Street #223				Receipt #	Amount
Change of Address	Allon TV 75002					
Change of Address	Allen, TX 75002				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Ryan				
		LAST		SUFFIX		
		Jacquess				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	1105 E. Main Street #223					
(Residence or Business)	Allen TV 75000					
	Allen, TX 75002					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(214) 552-5328					
8 REPORT TYPE	Innuary 15	7 20th day hafara	alastian 🗖	Dunoff -	7 15th day ofter con	anaiga traacurar
'''-	January 15	30th day before	election	Runoff	15th day after can appointment (offic	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/03/2026	∏G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ict 89 Collin		State Represent	ative District 89	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Noble, Candace T. (1	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with I officeholders are required to report this inform	hout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	ME	
		COMMITTEE CAMPAIGN TREASURER ADI	DRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 13,590.75
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 1,108.74	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 29,848.13
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TI RIOD	HE LAST DAY OF THE	\$ 112,037.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			enalty of perjury, that the acc des all information required to de.	
		The H	onorable Candace T. Not	ole
		Signatu	re of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of office).	
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 29

					3 01 29
18 FIL	ER NAN	ME	19 Filer ID	(Ethic	s Commission Filers)
No	ble, Ca	andace T. (The Honorable)	00081273		
		E SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE			30510
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,340.75
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.	Х	\$	26,262.70		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	_
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,585.43
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	X	\$	896.25		
				1	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/29		
2	FILER NAME Noble, Cand	dace T. (The Honorable)		3	Filer ID (Ethics Commission 00081273	n Filers)	
4	Date 06/25/2025	 Full name of contributor out-of-state PAC (ID#:_Ballweg, Charles (Mr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$20.00	
_	Dringing Loop	Allen, TX 75002	C Employer (Coo Instructions	_			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_ Bouressa, Christopher (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00		
	Principal occu	Plano, TX 75094 upation / Job title (See Instructions)	Employer (See Instructions	 ;)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Clark, David (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$208.20	
		Frisco, TX 75035					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Freet, Thomas (Mr.) Contributor address; City; State; Zip Code Spring, TX 77381			Amount of Contribution (\$)	\$250.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Gibb, Catherine (Mrs.) Contributor address; City; State; Zip Code Plano, TX 75074			Amount of Contribution (\$)	\$52.05	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/29	
2	FILER NAME Noble, Cand	ace T. (The Honorable)			3	Filer ID (Ethics Commission 00081273	n Filers)
4	Date 06/30/2025	Green, Terri (Mrs.)	state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
•	Dringing occur	Frisco, TX 75035 upation / Job title (See Instructions) 9 Employer (See Instructions)					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Johnson, Alan (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$520.51		
		Plano, TX 75074					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
		Fairview, TX 75069					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/30/2025	Lokey, Derrel (Mr.)				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/26/2025					Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIE	SCHEDULE A1			
	The Instruc	tion Guide explains how to comple	te this form.	1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/29	=	
2	FILER NAME Noble, Cand	ace T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081273		
4	Date 06/26/2025	Moak Casey PAC	PAC (ID#:)	7 Amount of Contribution (\$) \$250.0	0	
Ω	Principal occur	Austin, TX 78746 pation / Job title (See Instructions)	9 Employer (See Instructio	tions)		
0	r inicipal occu	valion / Job title (See Instructions)	3 Employer (See msudello	ions)		
	Date 06/30/2025	Full name of contributor out-of-state Montpas, Edwin (Mr.) Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$500.0	0		
		Wylie, TX 75098	1 5 1 70 1 1 1			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	dons)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Mott, Dale (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$200.0	D D		
		Princeton, TX 75047				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	tions)	_	
	Date 06/30/2025	Renfro, John (Mr.)	PAC (ID#:)	\$500.0	0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	tions)	_	
	Date 06/28/2025	Full name of contributor out-of-state Reuber, Stanley (Mr.) Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$25.0	0		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	tions)	_	
					_	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/29	
2	FILER NAME Noble, Cand	ace T. (The Honorable)		3	Filer ID (Ethics Commission 00081273	n Filers)
4	Date 06/28/2025	 Full name of contributor out-of-state PAC (ID#:_Revor, Louis (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Murphy, TX 75094 pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
	i illoipai oooa	salion, con the (coe monations)	Compleyer (See Mondone)	,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Rivas, Gary (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10	
		Bulverde, TX 78163				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$260.25	
		Allen, TX 75013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$520.51
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#: Stricklin, Art (Mr.) Contributor address; City; State; Zip Code Mesquite, TX 75150			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/29	
2	FILER NAME Noble, Cand	ace T. (The Honorable)			3	Filer ID (Ethics Commission 00081273	on Filers)
4	Date 06/26/2025	 Full name of contributor out-of-state PAC (ID#:) Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code 				Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Washam, Lori (Mrs.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$26.03
	Dringing aggr	Plano, TX 75074		Employer (See Instructions	<u>,,</u>		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					o)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:) Weaver, Joyce (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$104.10
		Allen, TX 75002					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/27/2025)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Developer	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE A1
The Instru	ction Guide explains how to complete this		Total pages Schedule A1: Sch: 6/6 Rpt: 9/29	
FILER NAME Noble, Cand				Filer ID (Ethics Commission Filers) 00081273
Date 06/30/2025 5 Full name of contributor out-of-state PAC (ID#:) Yancey, Jane (Mrs.) 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.0
	Plano, TX 75074			
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	The Instru FILER NAME Noble, Cand Date 06/30/2025	The Instruction Guide explains how to complete this FILER NAME Noble, Candace T. (The Honorable) Date 5 Full name of contributor out-of-state PAC (ID# Yancey, Jane (Mrs.) 6 Contributor address; City; State; Zip Code	Noble, Candace T. (The Honorable) Date 06/30/2025 5 Full name of contributor out-of-state PAC (ID#:) Yancey, Jane (Mrs.) 6 Contributor address; City; State; Zip Code Plano, TX 75074	The Instruction Guide explains how to complete this form. FILER NAME Noble, Candace T. (The Honorable) Date 06/30/2025 5 Full name of contributor out-of-state PAC (ID#:) Yancey, Jane (Mrs.) 6 Contributor address; City; State; Zip Code Plano, TX 75074

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/29 FILER NAME 3 Filer ID (Ethics Commission Filers) Noble, Candace T. (The Honorable) 00081273 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/26/2025 Texas Bankers Association PAC \$250.00 Event space for campaign 7 Contributor address; City; State; Zip Code reception Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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			Legal Services	ais Expense	Salaries/V		se s/Contract Labor		OTHER (enter a		listed above)
	Credit Card Payment			The Instruction	Guide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	ommission Filers)
	Sch: 1/9 Rpt: 11/29		Noble, Cano	lace T. (The I	Honorable)					00081273		
4	Date	5	Payee name									
	02/23/2025		Bender Part	ners								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
-	\$2,000.00		3 Piedra Co	-		-, -,-						
	+ =,000.00		0.1.00.00									
			Mostlaka T	V 76060								
		⊢	Westlake , 1									
8	PURPOSE OF	(a)		e Categories listed	at the top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Travel Out o	of District				=		de of Texas. Con officeholder livin		le T.
								February apa				Austin
											· ······ 9 ···	
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
•	expenditure to benefit C/OI		Januara, Januara,	, o , i o ,		J	9			000	0.0	
	Date	Т	D									
	03/24/2025		Payee name Bender Part	nore								
		<u> </u>										
	Amount (\$)		Payee addres		State	e; Zip Co	ae					
	\$2,000.00		3 Piedra Co	urt								
			Westlake , 1	X 76262								
	PURPOSE OF	(a)	Category (Se	e Categories listed	at the top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Travel Out o	of District				=		de of Texas. Con officeholder livin		le T.
								April apartme				in
								, tpm aparamo			19 117 1401	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI			, o , i o ,		J	9			000	0.0	
	Data	1	D									
	Date 04/28/2025		Payee name Bender Part	nore								
	Amount (\$)		Payee addres		State	e; Zip Co	de					
	\$2,000.00		3 Piedra Co	urt								
			Westlake , T	X 76262								
	PURPOSE OF	(a)		e Categories listed	at the top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Travel Out o	f District						de of Texas. Con officeholder livin		le T.
								X Check if Austin, May apartme				in
								may apartine		CITE TOT IIVII	ig iii 7 tast	
	Complete ONLY if direct	_	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janaidale/OIII	ZIIOIGEI HAIHE		Jinoc Sou	Aiir			Onice II	OIG	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card F ayment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/9 Rpt: 12/29	Noble, Candace T. (The Honorable)	00081273
4	Date	5 Payee name	-
	05/29/2025	Bender Partners	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	3 Piedra Court	
		Westlake , TX 76262	
8	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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			June apartment rent for living in Austin for 1/2 of the month
_			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	03/03/2025	Bender Partners	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	3 Piedra Court	
		Westlake , TX 76262	
	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.
		l	Check if Austin, TX, officeholder living expense March apartment rent for living in Austin
			ividion apartment rent for living in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Since hold
-	Date	Dayee name	
	01/10/2025	Payee name Brannon, Kevin (Mr.)	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code	
	\$1,500.00	1911 Lorraine	
		All	
		Allen, TX 75002	
	PURPOSE OF	(Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Consulting Expense
			, 5
\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 -

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	l 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: 3/9 Rpt: 13/29	Noble, Candace T. (The Honorable) 00081273
4	Date	5 Payee name
	02/03/2025	Brannon, Kevin (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1911 Lorraine
		Allen, TX 75002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Consulting Expense
		Campaign Consuling Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/01/2025	Brannon, Kevin (Mr.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1911 Lorraine
	Ψ1,000.00	1011 Lonaine
		Allen, TX 75002
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Consulting Expense
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	<u></u>
	Date	Payee name
	04/07/2025	Brannon, Kevin (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1911 Lorraine
		Allen, TX 75002
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign Consulting Expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 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:	
L	Sch: 4/9 Rpt: 14/29	Noble, Candace T. (The Honorable) 00081273
4	Date	5 Payee name
	04/28/2025	Brannon, Kevin (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1911 Lorraine
		Allen, TX 75002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Consulting Expense
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/22/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,126.50	P.O. Box 6294
		Carol Stream, IL 60197-6294
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
		Sampaigh Great Gard Edyment
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	<u> </u>	
	Date	Payee name
	02/25/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.40	P.O. Box 6294
		Carol Stream, IL 60197-6294
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Payment for Campaign Credit Card
L	Complete CMIV'S	Condidate (Office helder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mittee	Gift/Awards/Memor Legal Services	•		ages.	/Contract Labor		Travel Out of District OTHER (enter a category not listed above)			
Ļ		-		ine mstruction	Guide explains	HOW TO COL	iibie	te uns ioim.					
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)		
L	Sch: 5/9 Rpt: 15/29	-		ace T. (The	Honorable)					00081273			
4	Date	ı	Payee name										
L	03/24/2025		Chase Card	Services									
6	Amount (\$)	7 F	Payee addres	s; City;	State	; Zip Co	de						
	\$534.31	F	P.O. Box 62	94									
		0	Carol Strear	n, IL 60197-6	294								
8	PURPOSE	(a) C	Category (Se	e Categories listed	at the top of this scl	hedule)	(b)	Description					
	OF EXPENDITURE		Credit Card		,	<i></i>		Check if travel	outsi	de of Texas. Con	nplete Schedule T.		
	LAFLINDITURE							_		officeholder livin			
								Campaign Cr	redi	ıt Card Payı	ment		
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	п 											
	Date	F	Payee name										
	04/23/2025		Chase Card	Services									
	Amount (\$)	F	Payee addres	s; City;	State	e; Zip Co	de						
	\$154.35	F	P.O. Box 62	94									
		0	Carol Strear	n, IL 60197-6	294	_							
	PURPOSE OF	(a) C	Category (Se	e Categories listed	at the top of this scl	hedule)	(b)	Description					
	EXPENDITURE		Credit Card	Payment				-			nplete Schedule T.		
								Campaign Cr		officeholder livin			
								Campaign Ci	cui	n Sara Fayi	HOH		
\vdash	Complete ONLY if direct	l Ca	andidate/Offic	eholder name		Office sou	aht			Office h	eld		
	expenditure to benefit C/OI			o.ioidoi iidillo	·	omoc oou	9.11			Jilloc II			
	Date		Payee name										
	05/23/2025	l	Chase Card	Services									
					2: :	. 7: 0	-1 -						
	Amount (\$)	l	Payee addres		State	e; Zip Co	ae						
	\$93.46	F	P.O. Box 62	94									
		<u> </u>	Carol Strear	n, IL 60197-6	294								
	PURPOSE OF				at the top of this scl	hedule)	(b)	Description		_			
	EXPENDITURE		Credit Card	Payment							nplete Schedule T.		
								Campaign Cr		officeholder livin			
								Campaign Cl	cul	ıı Caru Payı	HEHL		
	Complete ONLY if direct		ndidate/Offic	eholder name		Office sou	tdr			Office h	eld		
	expenditure to benefit C/OI		andidate/Offic	choluel Haille	,	onice sou(giil			Office II	Ciu		
_													

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

	Candidate/Officeholder/Politica Credit Card Payment	Al 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: 6/9 Rpt: 16/29	Noble, Candace T. (The Honorable) 00081273
4	Date	5 Payee name
	03/01/2025	Collin County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$833.34	2963 West 15th Street
l		Suite 2981
		Plano, TX 75075
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
		Lincoln Day table sponsorship and tickets
		Enterin Day table sponsorship and tickets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	01/28/2025	IT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1108 Lavaca
		Ste 110-701
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Fee
		Welling Fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	05/22/2025	Mail Pro USA
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,002.03	2016 East Randol Mill Rd
		Ste 408
		Arlington, TX 76011
	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 Campaign Printing Expenses for graduation
		certificates
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
Ļ		1_			raide explains i	1011 10 00		1	_		/=·· · · · ·	\	
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission I	-liers)	
	Sch: 7/9 Rpt: 17/29		Noble, Cano	lace T. (The H	onorable)					00081273			
4	Date	5	Payee name										
	05/22/2025		Mail Pro US	A									
_	Amount (\$)	7	Payee addres	City:	Stato	Zip Co	do						
6	Amount (\$)	ı	•	•	State,	Zip Co	ue						
	\$517.45			andol Mill Rd									
			Ste 408										
			Arlington, TX	X 76011									
8	PURPOSE	(a)	Category (so	e Categories listed at	the ten of this scho	odulo)	(b)	Description					
	OF		Printing Exp		the top of this sche	edule)	` '		outsi	de of Texas. Co	nplete Schedule T.		
	EXPENDITURE		Timing Exp	01130				Check if Austin,	, TX, officeholder living expense				
								Campaign Pri	inti	ng Expense	es for graduation		
								certificates					
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	ield		
	expenditure to benefit C/OI	H 											
	Date		Payee name										
	06/25/2025		Ryan Data 8	& Research									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$700.00		P.O Box 202	2675									
			A TX =	20700									
			Austin, TX 7	8720									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Polling Expe	ense							nplete Schedule T.		
						Check if Austin, TX, officeholder living expense Expense for campaign early voting reports and voter							
								Expense for c	cam	ıpaıgn earı	y voting reports and	a voter	
	Complete ONLY if direct		Candidate/Office	ceholder name	0	office sou	ght			Office h	ield		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	01/16/2025	1	•	ervative Coalit	ion								
	Amount (\$)	-	Payee addres			Zip Co	de						
	` ,	ı	,		State,	Zip Co	ue						
	\$2,000.00		P.O. Box 26	59									
			Austin, TX 7	8768									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Fees					<u> </u>			nplete Schedule T.		
	LAFENDITORE									officeholder livir	ig expense		
								Membership I	Fee	9			
		L											
	Complete ONLY if direct		Candidate/Office	ceholder name	0	office sou	ght			Office h	ield		
	expenditure to benefit C/OI	H											

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/Officeholder/Politica Credit Card Payment	ll 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: 8/9 Rpt: 18/29	Noble, Candace T. (The Honorable) 00081273	
4	Date	5 Payee name	
	01/28/2025	Texas House Republican Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 13305	
		Austin, TX 78711	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Caucus Membership Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	06/25/2025	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$233.60	401 Century Parkway	
		Allen, TX 75013	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Postage for Campaign mail	
		and the same and t	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	_
	06/02/2025	ViCi Media Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$224.18	5101 Bonneville Blvd	
		Austin, TX 78744	
	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 Campaign Website Updates	
		Campaign website Opuates	
L	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Exper Salaries/Wage	nse es/Contract Labor	Travel in Dis	
	· 		The Instruction Guide exp	lains how to comp	lete this form.		
1	Total pages Schedule F1: Sch: 9/9 Rpt: 19/29		E ndace T. (The Honorable	e)		3 Filer ID 0008127	(Ethics Commission Filers)
4	Date	5 Payee name)	<u></u>		<u>l</u>	
	06/26/2025	ViCi Media	Group				
6	Amount (\$) \$97.68	7 Payee addre 5101 Bonn	eville Blvd	State; Zip Code			
		Austin, TX	78744				
8	PURPOSE OF EXPENDITURE	(a) Category (S Advertising	See Categories listed at the top of the Expense	nis schedule) (b)		n, TX, officeholder li	
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder 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

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 Commis	sion Filers)			
	Sch: 1/9 Rpt: 20/29	Noble, Candace T.	(The Honorable)			00081273					
4	CREDIT CARD ISSUER		ncial institution rd Services	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	763.3	34			
6	PAYMENT	(a) Amount Charged \$321.24	(b) Date of Charge 01/01/2025	01/12/20		r Paid					
7	PAYEE	(a) Payee name Kirkland Home		(b) Payee 10900 La Austin, T	akeline Mall Dr.	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Office Supplies							
	Non-Political		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					
е	expenditure to benefit C/OH		T								
	PAYMENT	(a) Amount Charged \$43.80	(b) Date of Charge 06/25/2025	(c) Date(s)	Credit Card Issue	r Paid					
	PAYEE (a) Payee name USPS			(b) Payee 401 Cent Allen, TX	tury Parkway	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Stamps for campaign mail							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		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 \$294.44	(b) Date of Charge 01/31/2025	(c) Date(s) 02/15/20	Credit Card Issue 25	r Paid					
	PAYEE	(a) Payee name Walmart		(b) Payee 1900 Ga Plano, T	teway Blvd	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	URE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			otion apitol Office						
lacksquare	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0 001:24+	Check if Austin, TX,	Office hold	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 form.	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)							
Sch: 2/9 Rpt: 21/29	Noble, Candace T.	(The Honorable)		00081273									
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	EXPENDITURES \$ 763.34 CHARGED TO A CREDIT CARD									
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid									
	\$227.21	02/07/2025	03/17/2025										
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code							
	At Home		3002 Firewheel Pkwy										
			Garland, TX 75049										
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description										
X Political	Gift/Awards/Memoria		Supplies for campaign gift baskets										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se								
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) Credit Card Issue	r Paid									
	\$24.46	02/11/2025	03/17/2025										
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code							
	Divo Domino		5355 Gate Pkwy										
	BlueDomino		2nd Floor										
			Jacksonville, TX 32256										
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Monthly fee for campaign website										
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	ffice sought Office held										
expenditure to benefit C/OH			_										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 03/17/2025	r Paid									
	\$57.56	02/17/2025	03/11/2023										
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code							
			675 Ponce de Leon Ave.	NE									
	MailChimp - The R	ocket Services	Suite 5000										
			Atlanta, GA 30308										
PURPOSE OF	(a) Category		(b) Description										
EXPENDITURE	(See Categories listed at the top	of this schedule)	Monthly fee for campaign	mail box									
X Political			<u> </u>										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se								
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

Candidate/Onicendiden/Folitica	3	ruction Guide explains how	•	TITEN (enter a categor	y not listed at	oove)				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)				
Sch: 3/9 Rpt: 22/29	Noble, Candace T.	(The Honorable)		00081273		,				
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	763.3	34				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$18.89	02/28/2025	02/17/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
			5355 Gate Pkwy							
	BlueDomino		2nd Floor							
			Jacksonville, TX 32256							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ' '	website domair	name pi	rotection				
X Political	Fees		Annual fee for campaign website domain name protection							
Non-Political	(-) 🗆	(T. 0 11 01 11 T		· · · · · · · · · · · · · · · · · · ·						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living exp	ense					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onici	e sought	Office field						
<u> </u>	(-) A	(h) D-tt Ob	(-) D-t-(-) O	- D-i-l						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/16/2025	r Pald						
	\$24.46	04/11/2025	03/10/2023							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	BlueDomino		5355 Gate Pkwy							
	BiueDomino		2nd Floor							
			Jacksonville, TX 32256							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Monthly fee for campaign website hosting service							
X Political	rees									
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 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						
	\$24.46	06/11/2025								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Divo Domino		5355 Gate Pkwy							
	BlueDomino		2nd Floor							
			Jacksonville, TX 32256							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)	Monthly fee for campaign	website						
X Political	1 003									
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 Office	e sought	Office held						
expenditure to benefit C/OH										
	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 fo	orm.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 4/9 Rpt: 23/29	Noble, Candace T.	(The Honorable)			00081273				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF L EXPENDITU CHARGED 1 CARD		\$	763.3	34		
6	PAYMENT	(a) Amount Charged \$24.46	(b) Date of Charge 01/11/2025	(c) Date(s) Cred 02/15/2025	lit Card Issuer	Paid				
7	PAYEE	(a) Payee name BlueDomino		(b) Payee addre 5355 Gate Pk 2nd Floor Jacksonville,	wy	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Monthly fee for campaign website						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	C	neck if Austin, TX, o	officeholder living expe	ense			
	Complete ONLY if direct	name Office	e sought		Office held					
L	expenditure to benefit C/OH					D : 1				
	PAYMENT	(a) Amount Charged \$57.56	(b) Date of Charge 03/17/2025	(c) Date(s) Credit Card Issuer Paid 04/13/2025						
	PAYEE (a) Payee name MailChimp - The Rocket Services			(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave. NE Suite 5000 Atlanta, GA 30308						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Monthly fee for campaign email service						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		neck if Austin, TX, o	officeholder living expe	ense			
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$57.56	(b) Date of Charge 01/17/2025	(c) Date(s) Cred 02/15/2025	lit Card Issuer	Paid				
	PAYEE (a) Payee name MailChimp - The Rocket Services			(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave. NE Suite 5000 Atlanta, GA 30308						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees			(b) Description Monthly fee for campaign email service						
L	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living expe	ense			
e	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: 5/9 Rpt: 24/29	Noble, Candace T.	(The Honorable)		00081273						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	763.3	34				
6	PAYMENT	(a) Amount Charged \$18.63	(b) Date of Charge 01/20/2025	(c) Date(s) Credit Card Issuer 02/15/2025	Paid						
7	PAYEE	(a) Payee name WAL-MART #5672		(b) Payee address; 2662 W Lucas Rd Lucas, TX 75002	City,	State,	Zip Code				
8	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Office Supplies							
	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	ffice sought Office held							
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$48.08	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issuer 02/15/2025	Paid						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		HEB		575 E. Exchange Parkway	/						
				Allen, TX 75002							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office Supplies							
	Non-Political	() [
┡	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Gree sought Office held							
е	Complete ONLY if direct xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$96.88	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer 01/12/2025	⁻ Paid						
	PAYEE	(a) Payee name Walmart		(b) Payee address; 1900 Gateway Blvd Plano, TX 75023	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Office Supplies							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense					
е	Complete <u>ONLY</u> 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

	The Insti	ruction Guide explains how	to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commissi	ion Filers)				
Sch: 6/9 Rpt: 25/29	Noble, Candace T.	(The Honorable)		00081273						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	763.3	4				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid						
	\$57.56	06/17/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	MailChimp - The Ro	ocket Services	675 Ponce de Leon Ave. NE Suite 5000 Atlanta, GA 30308							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE X Political	(See Categories listed at the top Fees	of this schedule)	Monthly fee for campaign email service							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	е					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$24.46	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issuer 04/13/2025	· Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	BlueDomino		5355 Gate Pkwy 2nd Floor Jacksonville, TX 32256							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Monthly campaign website hosting fee							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
Complete ONLY if direct	Candidate/Officeholder	·	fice sought Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$625.00	(b) Date of Charge 05/27/2025	(c) Date(s) Credit Card Issuer 06/12/2025	Paid						
PAYEE	(a) Payee name American Legislativ	(b) Payee address; 2733 Crystal Drive Suite 1000 Arlington, VA 22202	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Fees			rence.						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
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 Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 7/9 Rpt: 26/29	Noble, Candace T.	00081273					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$ 763.34		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid		
	\$19.98	02/01/2025	02/15/202	5			
7 PAYEE	(a) Payee name		(b) Payee address; City, St		State,	Zip Code	
	Kirkland Home		10900 Lakeline Mall Dr.				
			Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category	(a) Category (See Categories listed at the top of this schedule)		(b) Description Expense for lamp for Capitol office			
X Political	Office Overhead/Rent		Expense to	or lamp for Cap	ітоі опісе		
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	(b) Date of Charge		Credit Card Issue	r Paid		
	\$48.19	03/01/2025	03/17/202	5			
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	WAL-MART #5672		2662 W Lucas Rd				
	Luc		Lucas, TX 75002				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
X Political	Office Overhead/Rental Expense		Office supp	olies			
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 sought Office held						
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$23.99	02/28/2025	02/17/202	5			
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	BlueDomino		5355 Gate Pkwy				
			2nd Floor				
			Jacksonville, TX 32256				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE 	(See Categories listed at the top of this schedule) Fees		Fee for campaign website domain name annual renewal				
X Political			<u> </u>				
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							

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: 8/9 Rpt: 27/29	Noble, Candace T.	(The Honorable)	00081273					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$ 763.34				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$57.28	03/07/2025	04/13/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	BlueDomino		5355 Gate Pkwy 2nd Floor Jacksonville, TX 32256					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Fees	of this schedule)	Fee for extra Mailbox Storage					
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	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$24.46	05/11/2025	06/12/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	PluoDomino		5355 Gate Pkwy					
	BideDomino	BlueDomino		2nd Floor				
			Jacksonville, TX 32256					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly fee for campaign website hosting					
X Political	1 000							
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 sought Office held							
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$57.56	05/17/2025	06/12/2025					
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code				
	MailChimp - The Rocket Services		675 Ponce de Leon Ave. NE					
			Suite 5000					
			Atlanta, GA 30308					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of this schedule)		Monthly fee for campaign website hosting					
X Political	1 003							
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				
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 (Ethics Commission Filers)			
Sch: 9/9 Rpt: 28/29	Noble, Candace T.		00081273				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 763.34			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$279.37	05/18/2025	06/12/2025				
7 PAYEE	(a) Payee name	a) Payee name (b) Payee address;		City,	State,	Zip Code	
	HEB		575 E. Exchange Parkwa	у			
		Allen, TX 75002					
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Gift/Awards/Memorial		Gifts for staff				
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			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$210.55	05/28/2025	06/12/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Quatro Gatti Ristora		908 Congress Avenue				
			Austin, TX 78701				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule)		Staff appreciation dinner expense				
X Political	Food/Beverage Expense						
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 name Office sought Office held						
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$54.00	04/17/2025	05/11/2025				
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code	
			675 Ponce de Leon Ave. NE				
	MailChimp - The Rocket Services		Suite 5000				
			Atlanta, GA 30308				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule)		Monthly Expense for campaign email service				
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 Office	e sought	Office held			
expenditure to benefit C/OH							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 29/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Noble, Candace T. (The Honorable) 00081273 5 Name of person from whom amount is received 8 Amount (\$) Date 01/17/2025 Flexpoint Media \$896.25 6 Address of person from whom amount is received; City; State; Zip Code New Albany, OH 43054 Purpose for which amount is received Check if political contribution returned to filer Unused media buy