FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067789 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David A. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Canales CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Leticia NAME NICKNAME LAST **SUFFIX** Van de Putte **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 854-6604 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 73 Bexar

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Canales, David A. (T	ne Honorable)	14 Filer ID 00067789	(Ethics Commiss	ion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to sup reholder's knowled otice of such expe	dge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER I	NAME		
		COMMITTEE CAMPAIGN TREASURER /	ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHE ES OF LOANS, OR CONTRIBUTIONS MA		\$	0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$	0.00
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES O	F LOANS)		
TOTALS	\$	0.00			
		ICAL EXPENDITURES		\$	6,353.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O	F THE LAST DAY OF THE	\$ 11	11,207.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO	ANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			er penalty of perjury, that the ac cludes all information required n Code.		
		The	e Honorable David A. Cana	ıles	
		Sigr	nature of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	da	ay
		ertify which, witness my hand and seal of of			
Signature of office	cer administering oath	Printed name of officer administering	oath Title of office	er administering o	ath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 13
18 FILER NAI Canales,	19 Filer ID 00067789	(Ethics Commission Filers)	
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 6,353.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 23.46

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 1/8 Rpt: 4/13	Canales, David A. (The Honorable) 00067789
4	Date	5 Payee name
	02/28/2025	Adrian Spears Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2834 Sierra Salinas
		San Antonio, TX 78259
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	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
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
—	Data	
	Date	Payee name
	05/16/2025	Cesar Garcia Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1844 Fredericksburg Road
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	
	Date	Payee name
	05/16/2025	Christine Del Prado Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 830964
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OI	<u> </u>

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Comm	nittee L	GOOD/Beverage Expensions In the Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 F	ILER NAME							Filer ID	(Ethics Commission Filers	;)
L	Sch: 2/8 Rpt: 5/13		Canales, Da	vid A. (The Hon	orable)					00067789		
4	Date	5 P	ayee name									
	05/19/2025	c	Christine We	ems for Judge								
6	Amount (\$)	7 P	ayee addres	s; City;	State;	Zip Co	de					
	\$100.00	2	01 Caroline	St Ste 1410								
		+	louston, TX	77002-1934								
8	PURPOSE	(a) C	Category (See	Categories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		,		Check if travel	outsio	de of Texas. Com	plete Schedule T.	
	EM EMBITORE		Candidate/O	fficeholder/Polit	tical Comm	ittee		_	, TX,	officeholder living	expense	
								Contribution				
_	Complete ONLY if direct	<u> </u>	ndidata/Off:-	oholder name		office com	ah+			Office he	old.	
9	Complete ONLY if direct expenditure to benefit C/OI		iiiuiuale/OITIC	eholder name		office sou	ığılı			Office ne	:iu	
	Date	Р	ayee name									
	02/28/2025	E	Elizabeth Ma	rtinez for Judge	e Campaigr	1						
	Amount (\$)	Р	ayee addres	s; City;	State;	Zip Co	de					
	\$100.00	P	O Box 8303	353								
		s	San Antonio	TX 78283								
	PURPOSE	(a) C	Category (See	Categories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	c	Contributions	s/Donations Ma	de By			—			plete Schedule T.	
	EM EMBITORE		Candidate/O	fficeholder/Polit	tical Comm	ittee			, TX,	officeholder living	expense	
								Contribution				
_	Complete ONLY if direct		ndidata/Offic	eholder name		Office sou	aht			Office he	ald	
	expenditure to benefit C/O		u iuiuale/OIIIC	enoluel Hallie	C	mice Sou	ıyııl			Onice ne	สน	
_	Data	T :										
	Date	ı	ayee name	nai Compoier								
	01/20/2025			ngi Campaign								
	Amount (\$)	l	ayee addres		State;	Zip Co	ode					
	\$100.00	¹	.844 Frederi	cksburg Road								
		 s	San Antonio	TX 78201								
	PURPOSE	-		: Categories listed at th	o top of this cab	adula)	(þ)	Description				
	OF			Categories listed at the S/Donations Ma		zuul e)	`_,		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			fficeholder/Polit		ittee			, TX,	officeholder living	expense	
								Contribution				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ındidate/Offic	eholder name	C	office sou	ght			Office he	eld	
	onponditure to belieff 0/01											

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 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 co	mplete t	his form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 3/8 Rpt: 6/13	Canales, David A. (The Honorable)			00067789	
4 Date	5 Payee name				
05/29/2025	GoDaddy.com				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$204.42	2150 E Warner Rd				
	Tempe, AZ 85284				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Advertising Expense		Check if travel outsid	le of Texas. Com	plete Schedule T.
EXPENDITORE			Check if Austin, TX,	officeholder living	expense
		Do	omain renewal		
		<u> </u>		O.W. 1	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld
Date	Payee name				
05/28/2025	GoDaddy.com				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$46.34	2150 E Warner Rd				
	Tempe, AZ 85284				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Advertising Expense		Check if travel outsid		
			Check if Austin, TX, ebmail renewa		expense
		"`			
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıaht		Office he	eld
expenditure to benefit C/OI		3			
Date	Payee name				
02/28/2025	Jacqueline "Jackie" Valdes Campaign				
Amount (\$)	Payee address; City; State; Zip Co	nde			
\$100.00	1850 Fredericksburg Road	Juo			
+200.00					
	San Antonio, TX 78201				
DUDDOCE		/b) 5			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By		escription Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX,		
		Co	ontribution		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
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 Con 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	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:	
	Sch: 4/8 Rpt: 7/13	Canales, David A. (The Honorable) 00067789
4	Date	5 Payee name
	02/28/2025	Judge Benjamin 'Ben' Robertson Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	4100 NW Loop 410, Ste 100
		San Antonio, TX 78229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
L	02/28/2025	Judge Scharf-Zeldes Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 781025
		San Antonio, TX 78278
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
_	Complete ONLY !! -!!	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Dete	
	Date	Payee name
	02/28/2025	Laura Salinas Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5150 Broadway
		#431
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
	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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Candidate/Officeholder/Political Committee 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: 5/8 Rpt: 8/13 Canales, David A. (The Honorable) 00067789 4 Date Payee name 02/28/2025 Lori Valenzuela Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 P.O. Box 702043 San Antonio, TX 78270 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/19/2025 Marisa Flores Campaign Amount (\$) Payee address; City; State; Zip Code \$100.00 816 Camaron Suite 220 San Antonio, TX 78212 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/10/2025 Mary Lou Alvarez Campaign Amount (\$) Payee address: City: State; Zip Code \$100.00 PO Box 15007 San Antonio, TX 78212 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
	Sch: 6/8 Rpt: 9/13	Canales, David A. (The Honorable) 00067789	
4	Date	5 Payee name	
	05/19/2025	Monique Diaz Campaign	
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 90883 San Antonio, TX 78209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/04/2025	North East ISD	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	8961 Tesoro	
		San Antonio, TX 78217	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	03/31/2025	Sam's Club #4914	
	Amount (\$) \$152.25	Payee address; City; State; Zip Code 2530 Marshall Rd.	
		San Antonio, TX 78259	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Checks	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (ls Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	5)
	Sch: 7/8 Rpt: 10/13		Canales, Da	vid A. (The Ho	onorable)					00067789		
4	Date	5	Payee name									
	05/20/2025		San Antonic	Young Lawye	ers Associatio	n						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$4,000.00		Ashby Pl., S	uite 1200								
			San Antonio	, TX 78212								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				=		de of Texas. Comp		
	-		Candidate/C	Officeholder/Po	olitical Commi	ittee		Sponsorship	, TX,	officeholder living	expense	
								Сропооголір				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Ω	office sou	ght			Office he	eld	
	expenditure to benefit C/O		3.2.2.2.0.0,0111				<i>3.</i>			255 116		
	Date		Payee name									
	02/28/2025		Tina Torres	Campaign								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00		100 Doloros	a, 5th Floor								
			San Antonic	, TX 78205								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By			—		de of Texas. Comp		
	EXI ENDITORE		Candidate/C	Officeholder/Po	litical Commi	ittee			, TX,	officeholder living	expense	
								Contribution				
H	Complete ONLY if direct		Candidate/Offi	ceholder name		office sou	aht			Office he	eld	
	expenditure to benefit C/O		.a.raiaato/Offit	Jerioladi Hallid	O	300	ສານ			Since He		
H	Date	Π	Davee name									
	02/28/2025		Payee name Velia Meza	Campaign								
			Payee addres		Stato:	Zip Co	nde					
	Amount (\$) \$100.00		1924 Main A		State;	Zip C0	ue					
	φ100.00		±32+ Mail F	WE								
			San Antonic	, TX 78212								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By			Check if travel		de of Texas. Comp		
	LAI LADITORE		Candidate/C	Officeholder/Po	litical Commi	ittee			, TX,	officeholder living	expense	
								Contribution				
	Complete ONLY if direct	Ц	`andidate/Offic	ceholder name		office sou	aht			Office he	ıld	
	expenditure to benefit C/O		ai iuiuale/OIII	ciloluci IIdille	U	mice Sou	yııı			Office He	au	

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 Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Comn	Gift nittee Leg	dibeverage Expense (Awards/Memorials Exal Services e Instruction Guid			pense ages/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 F	ILER NAME					3	Filer ID	(Ethics Commission Filers)	
L	Sch: 8/8 Rpt: 11/13			d A. (The Hond	rable)				00067789		
4	Date	5 P	ayee name								
	06/10/2025	٧	eronica Vasq	uez Campaign							
6	Amount (\$)	7 P	ayee address;	City;	State;	Zip Cod	de e				
	\$100.00	1	850 Frederick	sburg Rd							
		S	San Antonio, T	X 78201							
8	PURPOSE	(a) C	ategory (See C	ategories listed at the	top of this sche	edule)	(b) Description				
	OF EXPENDITURE	C	Contributions/[Donations Mad	е Ву		<u>—</u>		de of Texas. Com		
	LXI ENDITORE	C	Candidate/Offi	ceholder/Politic	al Commi	ittee	ш		officeholder living	expense	
							Contribution	1			
L											
9	Complete ONLY if direct expenditure to benefit C/OH	Ca I	ındidate/Officeh	older name	0	office soug	ıht		Office he	eld	

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

SCHEDULE K

			1	Tot	al na	ages Schedule K:	
	The Instru	ction Guide explains how to complete this form.	_			/2 Rpt: 12/13	
2	FILER NAME		er ID	(Ethics Commission F	ilers)		
	Canales, Da	vid A. (The Honorable)	789				
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	06/11/2025	Frost Bank					\$3.74
		6 Address of person from whom amount is received; City; State; Zip Code					
		0					
		San Antonio, TX 78205					
			olitic	cal c	ontri	ibution returned to filer	
		Interest earned on funds on account					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/12/2025	Frost Bank					\$4.08
		Address of person from whom amount is received; City; State; Zip Code					
		0					
		San Antonio, TX 78205					
			olitic	cal c	ontri	ibution returned to filer	
		Interest earned on funds on account					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/10/2025	Frost Bank					\$3.70
		Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78205					
			litic	201.0	ontri	ibution returned to filer	
		Interest earned on funds on account	JIILIC	Jai C	.OI ILI I	ibution returned to liler	
	Dt-					A (A)	
	Date	Name of person from whom amount is received				Amount (\$)	ቀኃ ፍሰ
	03/12/2025	Frost Bank					\$3.60
		Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78205					
		Purpose for which amount is received Check if po	olitic	cal c	ontri	ibution returned to filer	
		Interest earned on funds on account					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/12/2025	Frost Bank				γιιτοαπε (φ)	\$3.86
		Address of person from whom amount is received; City; State; Zip Code					,
		. a.a. 555 of policion from milent amount to received, Oity, Otate, Zip Code					
		San Antonio, TX 78205					
		Purpose for which amount is received	olitic	cal c	ontri	ibution returned to filer	
		Interest earned on funds on account					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 13/13 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Canales, David A. (The Honorable) 00067789 5 Name of person from whom amount is received 8 Amount (\$) Date 01/13/2025 \$4.48 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 Purpose for which amount is received Check if political contribution returned to filer Interest earned on funds on account