## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Comm 00088189		2 Total pages filed 8		
2 CANIDIDATE /	MC / MDC / MD	FIDOT	1 30000100		-		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Allan Dwain		MI		USE ONLY	
NAME					Date Received		
					ELECTRONIC	ALLY FILED	
	NICKNAME	LAST		SUFFIX	07/15/2025		
	INICKIVAIVIE			SUFFIX	0172072020		
		Handley					
4 CANDIDATE /	ADDRESS / PO BOX; A	.PT / SUITE #; CIT	ΓY:	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER	P.O. Box 1181	,	,				
MAILING	F.O. BOX 1101				Receipt #	Amount	
ADDRESS					r todo.pt //	, anodin	
Change of Address	Burnet, TX 78611						
▎╚					Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>		
TREASURER							
NAME	Mr.	Rodney					
	NICKNAME	LAST	•••••	SUFFIX	•••••		
		Wing					
		vviiig					
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE	
TREASURER	103 E. Johnson St.						
ADDRESS							
(Residence or Business)							
	Burnet, TX 78611						
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION				
TREASURER	(512) 756-4543						
PHONE	(012) 100 1010						
8 REPORT TYPE	l				<b>7</b>		
''' -	January 15	30th day before	e election	Runoff	appointment (off	mpaign treasurer iceholder only)	
	X July 15	8th day before	olootion $\square$	Exceeded modified	_		
	X July 15	our day before	election	reporting limit	Final Report (Att	acii C/On-FR)	
9 PERIOD	Month Day Yea	ar		Month Day	Year		
COVERED	01/01/2025	TI	HROUGH	06/30/202	5		
10 ELECTION	ELECTION DATE	1		ELECTION TYPE			
LLCTION		l <u>—</u>	Drim on t	Runoff	Othor		
	Month Day Yea	а   Ш <sup>г</sup>	Primary	Runon	Other		
	11/05/2024		General	Special			
				1			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT			
				State Representa	ative District 19		
<b></b>							
		GO T	TO PAGE 2				
I							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Handley, Allan Dwair	(Mr.)	14 Filer ID 00088189	(Ethics Commission	on Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditures made by political committees to support the hese expenditures may have been made without the candidate's or officeholder's knowledge or officeholders are required to report this information only if they receive notice of such expenditures.							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
Ш	GENERAL								
	COMMITTEE ADDRESS								
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	0.00				
EXPENDITURE TOTALS									
	4. TOTAL POLITICAL EXPENDITURES								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$	772.32					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00				
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		Mr. Al	lan Dwain Handley						
		Signature of	Candidate or Officeho	lder					
AFFIX NO	FARY STAMP / SEAL AB	DVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day	y				
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oa	uth				

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

			3 of 8							
<b>18</b> FILER NAM Handley, A	E Allan Dwain (Mr.)	<b>19</b> Filer ID 00088189	(Ethics Commission Filers)							
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE									
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$								
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE E: LOANS		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 1,822.78							
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

#### 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

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

	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: 1/5 Rpt: 4/8	Handley, Allan Dwain (Mr.) 00088189
4	Date	5 Payee name
L	03/21/2025	Handley, Allan Dwain (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$493.67	PO Box 1181
L		Burnet, TX 78611
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Repayment of personal loan made by candidate
		Repayment of personal loan made by candidate
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
	Date	Payee name
	03/21/2025	Handley, Allan Dwain (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$568.02	PO Box 1181
		Burnet, TX 78611
	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  Reimbursement of mileage
		Trombarcoment of mileage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/11/2025	Handley, Allan Dwain (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.33	PO Box 1181
		Burnet, TX 78611
	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  Reimbursement for mileage
		Reimbulsement for mileage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

#### 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					
1	Total pages Schedule F1:					
	Sch: 2/5 Rpt: 5/8	Handley, Allan Dwain (Mr.) 00088189				
4	Date	5 Payee name				
L	02/11/2025	Handley, Allan Dwain (Mr.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$493.67	PO Box 1181				
		Burnet, TX 78611				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Repayment of personal loan made by candidate				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OI	H 				
	Date	Payee name	_			
	03/21/2025	Synchrony Bank				
	Amount (\$)	Payee address; City; State; Zip Code				
\$31.98 PO Box 71711						
		Philadelphia, PA 19176				
	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				
		Payment of credit card bill				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OI	H				
	Date	Payee name	=			
	04/15/2025	United States Postal Service				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$9.68	508 E. Jackson St.				
		Burnet, TX 78611				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense  TEC letter				
		TEO IEILEI				
	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 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 Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries	Expens s/Wages	se s/Contract Labor		Travel in District Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 3/5 Rpt: 6/8	Handley,	Allan Dwain (Mr.)					00088189	
4	Date	5 Payee nar	ne						
	04/16/2025	United St	ates Postal Service						
6	Amount (\$)	<b>7</b> Payee add	dress; City;	State; Zip (	Code				
	\$13.54	508 E. Ja	ickson St.						
		Burnet, T	X 78611						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Expens			Check if travel	outsi	de of Texas. Comp	lete Schedule T.
	LAI LADITORE					$\Box$	ı, TX,	officeholder living e	expense
						TEC letter			
_	Complete ONLY if alice -t	Condidat-	Office holder is a sec	Office	2116:55			Office I	d
9	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office so	ougnt			Office hel	u
	Date	Payee nar	ne						
	01/26/2025	zoom.us							
	Amount (\$)	Payee add	dress; City;	State; Zip 0	Code				
	\$33.96	55 Alame	eda Blvd						
		San Jose	e, CA 95113						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Expens			ш		de of Texas. Comp	
	LA LIBITORE					ш		officeholder living	expense
						Meeting platf	UIII	I	
L	Complete ONLY if direct	Candidate"	Officeholder name	Office				Office hel	d
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office so	Jugni			Office net	u
_	<u> </u>								
	Date	Payee nar	ne						
	02/26/2025	zoom.us							
	Amount (\$)	Payee add	•	State; Zip (	Code				
	\$33.96	55 Alame	eda Bivd						
		_							
		San Jose	e, CA 95113						
	PURPOSE OF		(See Categories listed at the top		(b)	Description			
	EXPENDITURE	Office O	erhead/Rental Expens	se				de of Texas. Compl officeholder living e	
						Meeting platf			олренас
						9 F			
_	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	<u> </u>			Office hel	d
	expenditure to benefit C/O				5 ,				

### 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	)
	Sch: 4/5 Rpt: 7/8	Handley, Allan Dwain (Mr.) 00088189	
4	Date	5 Payee name	_
	03/26/2025	zoom.us	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$33.96	55 Alameda Blvd	
		San Jose, CA 95113	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EVENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meeting platform	
_			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	•		
	Date	Payee name	
	04/26/2025	zoom.us	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.96	55 Alameda Blvd	
		San Jose, CA 95113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Meeting platform	
l		mooning platform	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	_
	05/26/2025	zoom.us	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.96	55 Alameda Blvd	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		San Jose, CA 95113	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meeting platform	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientale to beliefft C/Of	·	

#### 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			By - Gift/Awards/Memorials Expense Polling Expense Elegal Services Printing Expense Froiding Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.							Travel in District Travel Out of Dis OTHER (enter a	above)	
1	Total pages Schedule F1: Sch: 5/5 Rpt: 8/8	2		E llan Dwain (	Mr.)				3	Filer ID 00088189	(Ethics Commi	ssion Filers)
	Date 06/26/2025	5	Payee name		,				<u> </u>			
6	Amount (\$) \$36.09	7	Payee addre 55 Alamed San Jose,	a Blvd	Stat	te; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)		See Categories list rhead/Renta	ed at the top of this s Il Expense	schedule)		<u> </u>	n, TX,	de of Texas. Com officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder nan	ne	Office sou	ıght			Office he	eld	