#### **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2. Total pages fi The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME FILED FOR RECORD NICKNAME SUFFIX at //: 20 o'clock # m 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE **OFFICEHOLDER** JAN 12 2024 **MAILING ADDRESS** SANDRA KNIGHT Change of Address County Clerk, Canyo County, Texas 5 CANDIDATE/ **OFFICEHOLDER** 708 - 1407 **PHONE** Receipt # Amount \$ 6 CAMPAIGN FIRST ΜI **TREASURER** Date Processed NAME NICKNAME Date Imaged ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER PHONE** 708 - 1407 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day COVERED 06/31 2023 **THROUGH ELECTION TYPE ELECTION DATE** 11 ELECTION Runoff Other Month Day Description General Special 12 OFFICE OFFICE HELD (if any) OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH

**CANDIDATE / OFFICEHOLDER** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	an D. Mc Cand	lless	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$ <b>4</b> ,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	RES	s 7,560.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	IS MAINTAINED AS OF THE LAST	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING P		THE \$
Please complete either option below:  NOTARY STAMP ALTEXAS  Swom to and subscribed before me by Androman Androm			
My name is		, and my date of birth is _	·
My address is	(street)		ote) (zin code) (country)
Executed in	(street) County, State of,	` • •	ate) (zip code) (country) , 20 (year)
		Signature of Candida	te/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME ALan D. McCandless 20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$4,900.°°	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 7,560.44	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

### **MONETARY POLITICAL CONTRIBUTIONS**

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The I	nstruction Guide explains how to complete this form.	1 Total 3 des Spiedule A1)
2 FILER NAME	Alan D. Mc Candless	3 Filer ID (Ethics Commission Filers)
4 Date 07/ 10/ 2023	5 Full name of contributor out-of-state PAC (ID#:)  Calvin Lamont  6 Contributor address; City; State; Zip Code  1699 FM 2254 PHsburg, TX 7886	7 Amount of contribution (\$)
8 Principal occup M.P. City	Police Officer Mt. Pleasant	
Date 09/ 01/ /2023	Full name of contributor out-of-state PAC (ID#:)  Bobby Burns  Contributor address; City; State; Zip Code  OP N. Greer Pillsburg, Tx 75686	Amount of contribution (\$)
Principal occupa	Stes / Pawn Shop  Employer (See Instructions)  Burn's Pawr	
09/ 08/ 2023	Full name of contributor out-of-state PAC (ID#:)  Mike Cox  Contributor address; City; State; Zip Code  H W. Marshall St. Pillsburg, 1x75666	Amount of contribution (\$)
Principal occup	enovation Contractor CoxHospitali	ty Construction
Date 09/ /6/ /202.3	Full name of contributor   out-of-state PAC (ID#:)  Billy MC Neil  Contributor address; City; State; Zip Code  H9 CR 2114 Pittsburg, Tx 75686	Amount of contribution (\$)
	ed form Equip  Employer (See Instructions)  Employer (See Instructions)  Fiftsburg Mc	Neil Eterprizes
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS Not contributor is out-of-state PAC, please see instruction guide for additional	

www.ethics.state.tx.us

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Lan D. Mc Candless	3 Filer ID (Ethics Commission Filers)
4 Date 09/	5 Full name of contributor   out-of-state PAC (ID#:)  Manuel Alvar 4  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
/2023	P.O. Box 1185 74Hsburg, Tx 75686	4. 3
8 Principal occu Chicken	Vacination Company  Semployer (See Instructions)  Partial Party  Semployer (See Instructions)  Partial Party  Semployer (See Instructions)	tions) Owner  Ltry
Date	Full name of contributor	( Amount of contribution (\$)
10/ /20/ /2023	Contributor address; City; State; Zip Code P.O. Box 640 Pittsburg, IX 75686	\$1,000.00
Principal occup	ation / Job title (See Instructions)  Employer (See Instruc	tions) Owney
Bullda	ozer Repair Service Crawler Trac	kw-Service
Date	Full name of contributor	Amount of contribution (\$)
/03/	Contributor address; City; State; Zip Code	#1,000.00
/2023	1638 7m 993 Hittsburg, 1x 75686	
	eation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	rcy Construction
Date 12/	Full name of contributor out-of-state PAC (ID#:)  Harold Kennington Jr.	Amount of contribution (\$)
15/	Contributor address; City; State; Zip Code P.O. Box 688 Pitts burg, Tx 75686	# 200.°°
	pation / Job title (See Instructions) Employer (See Instruc	ank-Pittsburg, Ix
	THE TOTAL TO	wide Hillshowy) ix

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:			
2 FILER NAME	Alan D. McCan	dless	3 Filer ID (Ethics Commission Filers)	
Date 01/05/2024	Steve Lentz	State; Zip Code  X 75686	7 Amount of contribution (\$)	
8 Principal occur Roof	ng Contractor	9 Employer (See Instruction Lentz Roo		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code	#	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC, please see inst			

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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** Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Travel Out Of District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)

	The Instruction Guide explains how to complete this form.
1 Total offes Schedule F1:	2 FILER AME D. McCandless 3 Filer ID (Ethics Commission Filers)
07/12/2023	T-Shirts & More
6 Amount (\$)  \$\frac{175.00}{2}	7 Payee address; Zip Code 40 CR 1310 Pitts burg, Tx 75686
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense 4'x8' Vynal Banner
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name County Office held  Alan D. McCandless Sheriff None
Date	Payee name
06/26/2023	Cavenders - Longview
Amount (\$)	Payee address; City; State; Zip Code
# 257.10	1306 W. Loop 281 Longview, 1x 75686
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Event Expense HAT/Clothing
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Office holder name  Office to light County  Office hold  None
Date	Payee name
07/13/2023	Princedale Country Club
Amount (\$)	Payee address; City; State; Zip Code
\$ 250.00	646 Tx Huy II W. Pittsburg, Tx 75686
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Advertising Expense Ad in Magazine Country Clash Tournament
·	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name  Alan D. McCanaless Sheriff None
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FIER NAME D. Mc Concless  3 Filer ID (Ethics Commission Filers)
OT 13/2023	5 PayPittoburg High School
6 Amount (\$)  \$\frac{1}{200.00}\$	300 N. Texas Pittsburg, Tr 75686
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
OF EXPENDITURE	Advertising Expense Ad in Booster Club
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	candidate / Office holder name Office County Office held  Alan D. M. Candless Sheriff
Date	Payee name
07/13/2023	Pittoburg Chamber of Commerce
Amount (\$)	Payee address; City; State; Zip Code
¶ 60.°°	202 Tefferson St. Villaburg, 1x 75686
PURPOSE OF EXPENDITURE	Event Expense  Description  10' X 12' Booth @  Pignear Days
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  Office sough County  None  None
07/14/2023	Payee name Pathaburg Logetta
Amount (\$) 200.	Payee address; Zip Code  112 Quitman Dittsbug, Tx 7586
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  2" X 10" Banner AD  Top of Newspaper
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	A Candidate / Officeholder name Office held None Sheriff None
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services  The Instruction Guide explains	Salaries/Wages/Contract Labor Other (enter a category not listed above)  how to complete this form.
1 Total pages Schedule F1:	2 FIRE NAME D. McCan	3 Filer ID (Ethics Commission Filers)
4 Date 07/24/2023	Pittsburg Maz	ette
6 Amount (\$) \$\\$432.\frac{90}{2}\$	7 Payee address; 112 Quitmen' Pit	tobus, Tx 75686
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description Digital Advantising Advantagetta
	Check if travel outside of Texas. Complete Sch	
9 Complete ONLY if direct expenditure to benefit C/Oł	H Alan D. M. Can	Office sought Office held
08/07/2023	Pittsburg Hozel	te
Amount (\$)	Payee address;	City; State; Zip Code
¥ 85.0°	112 Quitman ST.	Fittsburg, 1x 75686
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	se Ad in Newspaper
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
08/25/2023	Payee name Pattaburg Rodeo	Association
Amount (\$)	Payee address;	City; State; Zip Code
\$300°	P.O. Box 935 Ptts.	burg, 1 x 75686
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch  Event Expense	3'X 6' Banner Posted © 2023 Bull Bash
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	H Alam D. McCa	officionty Office held  None  None
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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/Wares/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FAGR NAME D. McCandless  3 Filer ID (Ethics Commission Filers)
4 Date / 2023	J-Shirto & More
6 Amount (\$) 270.00	7 Payee address; City; State; Zip Code 40 CR 1310 Pillsburg, Tx 75686
8	(a) Category (See Categories listed at the top of this schedule)  (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense 33'x 6' Bandis
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Andidate / Officeholder name Office was County Office held None
Date /	Payee name
09/06/2023	T-Shuta & More
Amount (\$)	Payee address; City; State; Zip Code
\$122.00	40 CR 1310 Pittsburg, 1 x 75686
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Signs
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Alan D. Mc Candless Shuff None
Date /	Payee name
09/15/2023	T- Shirts & More
Amount (\$)	Payee address; City; State; Zip Code
\$ 228.45	40 CR 1310 PHIs burg, 1x 75686
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Light Signs
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Alan D. McCandless Sheriff None
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Candidate/Officeholder/Politica	Travel out of Bistrict	
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FAER NAME D. McCandlew 3 Filer ID (Ethics Commission Filers)	
10 28 2023	5 Payername Douglass Alumni	
6 Amount (\$)	7 Payee address: City; State; Zip Code	
\$ 50.50	408 Terry Pittsburg, Tx 75686	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Event Expense Honoree Event	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name of Canada County Office held None	
Date	Payee name	
11/06/2023	N. E. Tx. Rural Heritage Museum	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 25.00	204 W. Marshall Pittsburg, 1x 75686	
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Donation Expense Support Museum	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Alan D. McCandless Sheriff None	
Date /	Payee name	
11/09/2023	Pittoburg Dazette	
Amount (\$)	Payee address; City; State; Zip Code	
# 220	112 Guitman St. Fittsburg, Tx 75686	
PURPOSE OF EXPENDITURE	Advertising Expense Digital Advertising	
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Andidate / Officeholder name Office Bright County None	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FAER NAME D. McCandless  3 Filer ID (Ethics Commission Filers)
11/11/2023	Republican Party
6 Amount (\$)	7 Payee alidress; Zip Code 202 Lafayette St. Pittsburg, Tx 75686
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	OTHER: Filing Fee Required Filing Fee
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office holder perme Office sought Office held
Date	Payee name
11/11/2023	Thunderbird Pourt Association
Amount (\$)	Payee address; City; State; Zip Code
# 20.00	471 CR 2603 Hitsburg, 1x 75686
PURPOSE OF EXPENDITURE	Exert Expanse Search Grant Fall Aagride
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Gandidate / Officeholder name  Office held  None  Office held  None
Date 11/11/2023	NAACP Freedom Fund Banquet
Amount (\$)	Payee address; City; State; Zip Code
# 30,00	219 Clayton St. Vittsburg. 1x 75686
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Event Expense NAACI FreedomBanquet
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Andidate / Officeholder name  Alon D. M. Canaless Sherry None
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Total pages Schedule F1: 2 FAER NAME D. Mc Candless 3 Filer ID (Ethics Commission Filers)  Date 5 Payee name High School 5 Payee address; City; State; Zip Code 300 N. Tayas Puttoburg, Tx 75686  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Candless 3 Filer ID (Ethics Commission Filers)  The Instruction Guide explains how to complete this form.  3 Filer ID (Ethics Commission Filers)  City; State; Zip Code 10 Description  City: State; Zip Code 10 Description  City: State; Zip Code 10 Description  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Office holder name 10 Date 10 Da	Candidate/Officeholder/Politica	
Daty   Jayor and   Daty   Daty   Jayor and   Daty   Daty   Daty   Jayor and   Daty   Dat	Credit Card Payment	The Instruction Guide explains how to complete this form.
Amount (8)   7 Payee address:   City:   State:   Zip Code		2 FAER NAME D. Mc Candless 3 Filer ID (Ethics Commission Filers)
Solution   Pittong   Tx   75686     Purpose   Donation   Expanse   Civil Backetball   Tumbraise   Complete ONLY if direct expenditure to benefit C/OH     Payee name   Pittong   Payee name   Office sought   Office held     Purpose   Category (See Categories listed at the top of this schedule)   Office sought   Office held     Purpose   Purpose   Payee name   Pittong   Payee name   Office sought   Office held     Purpose   Category (See Categories listed at the top of this schedule)   Description     Purpose   Category (See Categories listed at the top of this schedule)   Description     Purpose   Complete ONLY if direct expenditure to benefit C/OH   Office held     Purpose   Complete ONLY if direct expenditure to benefit C/OH   Office held     Purpose   Complete ONLY if direct expenditure to benefit C/OH   Office held   Office held     Purpose   Complete ONLY if direct expenditure to benefit C/OH   Office held   Office held   Office held     Payee name   Office held	11/13/2023	Pittsburg High School
PURPOSE OF COMPLETE ONLY If direct expenditure to benefit C/OH  Concluded in the top of this schedule)  PURPOSE EXPENDITURE  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Purpose OF Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Purpose  Office held  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories l	6 Amount (\$)	7 Payee address; City; State; Zip Code
PURPOSE OF Candidate / Officeholder name    Complete ONLY if direct expenditure to benefit C/OH    Payee address:	# 50.°°	300 N. Texas Pittsburg, 1x 75686
[c] Check if revel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense  [c] Complete QNLY if direct expenditure to benefit C/OH  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Officeholder living expense  Candidate / Officeholder name  Office held  Office held  None  Purpose of Expenditure to benefit C/OH  Date  Payee address:  Office held  Office held  None  Payee name  Candidate / Officeholder name  Office held  None  Office held  None  Office held  None  Office held  Office held  None  Office held  Office held  Office held  Officeholder living expense  Office held  None  Office held  None  Office held  Officeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)  (b) Description
Office sought  Office held  Office sought  Office held  Office held  Office sought  Office held	OF	Donation Expanse Girls Basketball Fundraise
Payee name Pittloung Jasette City: State: Zip Code Payee address: Payee address: Payee address: Purpose Office Properties (Complete ONLY if direct expenditure to benefit C/OH  Purpose Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH  Payee name  Payee address: Category (See Categories listed at the top of this schedule) Category (See		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Amount (\$) Payee address: City: State: Zip Code    143.85	9 Complete ONLY if direct expenditure to benefit C/OF	
Amount (\$)    Payee address;   City: State: Zip Code     12 Quitnau5t.   Description	Date /	Payee name
Category (See Categories listed at the top of this schedule)   Description	11/20/2023	Pittburg Magette
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this sched	Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE    Check if traveloutside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	# 143.85	112 Quitnam57. Littsburg, Tx 75686
Complete ONLY if direct expenditure to benefit C/OH  Caldidate / Officeholder name  Office aught County  None  Office held None  Date  Payee name  12/24/2023  Amount (\$)  Payee address;  City:  State:  Zip Code  40 CR 1310  PURPOSE  OFF  EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Category Officeholder name  Office aught County  Office held  None  Office held  None  Office held  Office held  None	OF	1, + , , ,
Date Payee name  12/24/2023		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Amount (\$) Payee address; City; State; Zip Code  # 29.89 40 CR 1310 Fitsburg, x 75686  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenses of the complete on the		1 /1 Comp county ,
Amount (\$) Payee address; City; State; Zip Code  # 29.89  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenses  Compl	Date	Payee name
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Description  Shut/Sign Draumet  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Complete	12/24/2023	T-Shits & More
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Description  Shut/Sign/Draumet  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, TX, officeholder living expense  Office held  None	***	
PURPOSE OF EXPENDITURE    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	# 29.89	40 CR 1310 tittsburg, 1x 75686
Complete ONLY if direct expenditure to benefit C/OH  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office held the sought County Office held the sought Coun		Category (See Categories listed at the top of this schedule)  Description
Complete ONLY if direct expenditure to benefit C/OH  And D. V. Canaless  Office sought County  None	OF	Advertising Expense T-Shirt/Sign Draumet
expenditure to benefit C/OH Alan D. McCanaless Sherry None		Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Man D Mc Camp County space
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FAR NAME D. McCand	3 Filer ID (Ethics Commission File	rs)
OI 02 /2024	Pittsburg Hogethe		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
₩1,020.°°	112 Quitman St &	Hsburg, Tx 75686	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	4 ca 2" × 10" Banner Adr Digital Adventising	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Aandidate / Officeholdespape Candle	Office held  SS Sheriff None	,
Date	Payee name	VV	
01/09/2024	T-Shirts & more		
Amount (\$)	Payee address;	City; State; Zip Code	
\$2,642.06	40 CR 1310 Pitsburg, T	× 15686	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adrentising Expanse	13 Vynal Banners	
	Check if travel outside if Texas. Omplete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Pandidate / Officeholder name  Alan D. McCandless	Office held None	
Date	Payee name	V	
Amount (\$)	Payee address;	City; State; Zip Code	
			- Marine and a side of the other flat of philosophics
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			