CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jorge	C	OFFICE USE ONLY
NAME	NICKNAME Chris	LAST Canales	SUFFIX	Date Received 02/03/2023 07:51 AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STATE; ZIP CODE	<u>City Clerk's Office — Diana Nunez</u> City Clerk's Office - Diana Nunez (Feb 3, 2023 14:36 MST)
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Adrianne	мі Е	
NAME	NICKNAME	LAST	L	Date Processed 02/03/2023 02:36 PM
		Moody		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
GOVERED	12/09/20	22	тнгоидн 12/31/20	22 /
11 ELECTION	ELECTION DA	Primary	ELECTION TYPE	
	Month Day		Description	
	12/17/2022			
12 OFFICE	OFFICE HELD (if any)	ty Council Distri	ict 8)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME JOI	ge Canales	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ \$2	,650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ \$3	357.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ \$	7,018.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and cor	rect and inclu	des all information
1:	acknowledge I am electronically signing here			
	Jorge Christopher "Chris" Canales (Feb 3, 202			
	Signature of Ca			1
	Please complete either option below	v:		
(1) Affidavit				
NOTARY STAMP/SEA				
Sworn to and subscribed	before me by this date	, 02/03/	/2023_ _{, to}	certify which,
witness my hand and seal <u>City Clerk's Office - Dia</u> City Clerk's Office - Diana Nuriez (Feb 3, 2023 14:36 h		No	otary Pu	blic
Signature of officer administ			Title of officer	administering oath
	OR			
(2) Unsworn Declarat	on			
My name is	, and my date of birth is	;		
My address is		,		·
	(street) (city) (city)	state) (zip code)	(country)
Executed in	County, State of , on the day of(month	h)	_, 20	
	(пони		(year)	
	Signature of Candi	date/Office	eholder (Decla	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	er NAME 20 F e Christopher "Chris" Canales	Filer ID (Ethics Comm	nissio	on Filers)
	IEDULE SUBTOTALS IE OF SCHEDULE		ŝ	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	\$	2,650.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	;	\$	\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4. SCHEDULE E: LOANS			\$	\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	UTIONS	\$	\$357.52
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	;	\$	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS	\$	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	;	\$	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	;	\$	\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH	\$	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Jorge Chi	istopher "Chris" Canales	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
12/12/2022	Emiliano Delgado	50.00
	6 Contributor address; City; State; Zip Code	50.00
	2101 Burton Drive #2047 Austin, TX 7874	11
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l structions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
12/14/2022	David Stout	100.00
	Contributor address; City; State; Zip Code	100.00
	2808 Grant Ave. El Paso, TX 7993	0
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions)	structions)
Date 12/12/2022	Full name of contributor JP & Mary Jon Bryan) Amount of contribution (\$)
		1000.00
	Contributor address; City; State; Zip Code	
	1331 Lamar, Houston, TX 7701	0
Principal occu	bation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor) Amount of contribution (\$)
12/12/2022	Jose Roberto Rodriguez Campaign	500.00
	Contributor address; City; State; Zip Code	500.00
	911 Dallas St. El Paso, TX 7990	2
Principal occu	bation / Job title (See Instructions) Employer (See In	t structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	
	If contributor is out-of-state PAC, please see Instruction guide for addition	

SCHEDULE A1

The	Instruction Guide explains how	1 Total pages Schedule A1:					
2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	istopher "Chris" C	anales					
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)			
12/16/2022	Cissy Lizarraga C	ampaign		1000.00			
				1000.00			
	6 Contributor address;	City;	State; Zip Code				
	513 Upson Dr. El Paso, TX 79902						
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	Full name of contributor		C (ID#:)				
Dale			/	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
				(+)			
	Contributor address;	City;	State; Zip Code				
		Uty,					
				<u> </u>			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	xtions)			
	1			I			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)			
	ATTACH ADDI	TIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED			
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

SCHEDULE A1

	The	Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
		istopher "Chris" C	anales		
	Date	5 Full name of contributor			7 Amount of contribution (\$)
·			out-of-state PAC	C (ID#:)	
		6 Contributor address;	City;	State; Zip Code	
			eny,		
	Dringinglage		<u></u>	• Emaileuren (Oren laretau	-
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		I			I
	Date	Full name of contributor		2 (10)	Amount of contribution (\$)
	2410		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
			0.0,		
				1	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDI If contributor is out-of-state PA		OF THIS SCHEDULE AS I	
		in communication is out-on-state PA	., piease see ilisti	action guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
		istopher "Chris" C	anales		
	Date	5 Full name of contributor		2 //D#	7 Amount of contribution (\$)
·			out-of-state PAC	C (ID#:)	
		6 Contributor address;	City;	State; Zip Code	
			eny,		
	Dringinglage		<u></u>	• Emaileuren (Oran lanatau	-
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		I			I
	Date	Full name of contributor		2 (10)	Amount of contribution (\$)
	Date		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
			0.0,		
				1	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDI If contributor is out-of-state PA		OF THIS SCHEDULE AS I	
		in communication is out-on-state PA	., piease see ilisti	action guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
		istopher "Chris" C	anales		
	Date	5 Full name of contributor		2 //D#	7 Amount of contribution (\$)
·			out-of-state PAC	C (ID#:)	
		6 Contributor address;	City;	State; Zip Code	
			eny,		
	Dringinglage		<u></u>	• Emaileuren (Oran lanatau	-
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		I			I
	Date	Full name of contributor		2 (10)	Amount of contribution (\$)
	2410		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
			0.0,		
				1	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDI If contributor is out-of-state PA		OF THIS SCHEDULE AS I	
		in communication is out-on-state PA	., piease see ilisti	action guide for additional	reporting requirements.

SCHEDULE A2

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
² FILER NAM	⊫ Christopher "Chris" Canales		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	PF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	' de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal oc	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	I er (FOR NON-JUDICI/	-
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

SCHEDULE A2

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
² FILER NAM	⊫ Christopher "Chris" Canales		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	PF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	' de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal oc	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	I er (FOR NON-JUDICI/	-
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

SCHEDULE A2

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
² FILER NAM	⊫ Christopher "Chris" Canales		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	PF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	' de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal oc	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	I er (FOR NON-JUDICI/	-
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

SCHEDULE A2

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
² FILER NAM	⊫ Christopher "Chris" Canales		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	PF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	' de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal oc	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	I er (FOR NON-JUDICI/	-
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

SCHEDULE A2

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
² FILER NAME Jorge Christopher "Chris" Canales			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	PF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	' de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal oc	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	I er (FOR NON-JUDICI/	-
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)			n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	Commission Filers)
		ristopher "Chris	" Canales			,
4	TOTAL OF		GES		\$	
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; St	ate; Zip Code	Check if travel outs	, . ide of Texas. Complete Schedule T.
40	Dringinglage	nation / Job title (Coo Instru	ationa)	AA Employer (See		
10	Principal occu	pation / Job title (See Instru	cuons)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	<pre>out-of-state PAC (ID#:)</pre>)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	bation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	bation / Job title (See Instruc	tions)	Employer (See	Instructions)	
		ΔΤΤΔΩΗ	ADDITIONAL COPIES			
	lf	contributor is out-of-state			-	ı requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	Commission Filers)
		ristopher "Chris	" Canales			,
4	TOTAL OF		GES		\$	
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; St	ate; Zip Code	Check if travel outs	, . ide of Texas. Complete Schedule T.
40	Dringinglage	nation / Job title (Coo Instru	ationa)	AA Employer (See		
10	Principal occu	pation / Job title (See Instru	cuons)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	<pre>out-of-state PAC (ID#:)</pre>)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	bation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	bation / Job title (See Instruc	tions)	Employer (See	Instructions)	
		ΔΤΤΔΩΗ	ADDITIONAL COPIES			
	lf	contributor is out-of-state			-	ı requirements.

The	1 Total pages Schedule E:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Iorge Chris	topher "Chris" Canales		
Jorge Onna	topher Chins Canales		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
n at ann lia abha			
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
l If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE struction guide for additional re	

The	1 Total pages Schedule E:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Iorge Chris	topher "Chris" Canales		
Jorge Onna	topher Chins Canales		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
n at ann lia abha			
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
l If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE struction guide for additional re	

The	1 Total pages Schedule E:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Iorge Chris	topher "Chris" Canales		
Jorge Onna	topher Chins Canales		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
n at ann lia abha			
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
l If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE struction guide for additional re	

The	1 Total pages Schedule E:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Iorge Chris	topher "Chris" Canales		
Jorge Onna	topher Chins Canales		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
n at ann lia abha			
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P	AC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
l If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE struction guide for additional re	

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME	2 FILER NAME				
Iorge Chris					
Joige Onna	topher "Chris" Canales				
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
Y N			11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political		
none					
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
n at ann lia abha					
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender 🗌 out-of-state P	AC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal fund	ds were deposited into political		
none		account (See Instruct			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1		
l If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE struction guide for additional re			

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	anking Fees Office Overhead/Rental Expense opense Food/Beverage Expense Polling Expense /Donations Made By Gift/Awards/Memorials Expense Printing Expense officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor					ing Expense ment & Related Expense xt ory not listed above)
1 Total pages Schedule F1:	2 FILER N	^{AME} hristopher "Chris" (Canales		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/16/2022	5 Payee na Target				I	
6 Amount (\$) 122.21	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top o	f this schedule)	(b) Description		
	(C)	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12/19/2022	Faceboo	ok				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
50.00						
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of 	this schedule)	Description		
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
12/19/2022	Faceboo	ok				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
50.00						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedule)	Description		
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	,	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Travel In District Travel Out Of Distric	ipment & Related Expense	
1 Total pages Schedule F1:		_{аме} hristopher "Chris" Ca	nales		3 Filer ID (Ethic	s Commission Filers	s)
4 Date	5 Payee na						
12/23/2022	REWIRI						
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code	
110.27	-						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
DUDDOOD							
PURPOSE OF							
EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense	
• Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				Onice Sought		Office field	
	-						
Date	Payee na	me					
12/27/2022	Weglot						
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
10.53							
	Category	(See Categories listed at the top of this	schedule)	Description			
DUDDOOD							
PURPOSE OF							
EXPENDITURE							
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
12/27/2022							
12/21/2022	Faceboo	ok					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
14.51							
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE							
OF							
EXPENDITURE							
		0		<u> </u>			
	0- "	Check if travel outside of Texas. Complete S	cnedule I.		, TX, officeholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	ΔΤ	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NFF	DED		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:		IAME Christopher "Chris" Ca	inales		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n	-				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	1 expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:		IAME Christopher "Chris" Ca	inales		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n	-				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	1 expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:		IAME Christopher "Chris" Ca	inales		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n	-				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	1 expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEC	GORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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)				
		ns how to complete this form.	1				
1 Total pages Schedule F2:	2 FILER NAME Jorge Christopher "Chris" C	anales	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLI	GATIONS	\$				
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
9 TYPE OF EXPENDITURE	Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description					
	(C) Check if travel outside of Texas. Complete S	chedule T. Check if Aus	tin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description					
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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)
		ns how to complete this form.	1
1 Total pages Schedule F2:	2 FILER NAME Jorge Christopher "Chris" (Canales	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IZED UNPAID INCURRED OBLI	IGATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political [Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	is schedule) Description	
	Check if travel outside of Texas. Complete	e Schedule T. Check if Au	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tł	he Instruction Guide explains how to complete this form.	1	Total pa	ages Sc	chedule F3:		
² FILER NAME Jorge Ch	nristopher "Chris" Canales	3	Filer ID	(Ethics	s Commissio	n Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; Cit	y;			State;	Zip Code	
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; City	 ⁄;			State;	Zip Code	
	Description of investment						
	Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED			

Forms provided by Texas Ethics Commission

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tł	he Instruction Guide explains how to complete this form.	1	Total pa	ages Sc	chedule F3:		
² FILER NAME Jorge Ch	nristopher "Chris" Canales	3	Filer ID	(Ethics	s Commissio	n Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; Cit	y;			State;	Zip Code	
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; City	 ⁄;			State;	Zip Code	
	Description of investment						
	Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED			

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CREDI	T CAR	D	SCHED	ULE F4
If the requested inform	nation is not applicable, DO NOT in	clude this	page in the rep	ort.	
	EXPENDITURE CATE	GORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor	Solicitation/Fundraising E Transportation Equipment Travel In District Travel Out Of District Other (enter a category no	& Related Expense
1 Total pages Schedule F4:	2 FILER NAME Jorge Christopher "Chris" Can	ales		3 Filer ID (Ethics Com	mission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		EDIT CARD	\$	
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Polit	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
	(C) Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living exp	ense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	ïce sought	Office held	
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Poli	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	s schedule)	Description		
	Check if travel outside of Texas. Complete	e Schedule T.	Check if Au	ustin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	fice sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED	

EXPENDITUR	RES MADE BY CREDI	T CAR	D	SCHED	ULE F4
If the requested inform	nation is not applicable, DO NOT in	clude this	page in the rep	ort.	
	EXPENDITURE CATE	GORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor	Solicitation/Fundraising E Transportation Equipment Travel In District Travel Out Of District Other (enter a category no	& Related Expense
1 Total pages Schedule F4:	2 FILER NAME Jorge Christopher "Chris" Can	ales		3 Filer ID (Ethics Com	mission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		EDIT CARD	\$	
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Polit	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
	(C) Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living exp	ense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	ïce sought	Office held	
Date	Payee name				
Amount (\$)	Payee address;		City;	State; 2	Zip Code
TYPE OF EXPENDITURE	Political	Non-Poli	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	s schedule)	Description		
	Check if travel outside of Texas. Complete	e Schedule T.	Check if Au	ustin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	fice sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED	

SCHEDULE ${f G}$

	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 Loan Repayment/Reimbursement Ges Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule G:	² FILER NA	[™] Christopher "Chri	3 Filer ID (Ethics Commission Filers)					
4	Date	5 Payee name							
6	Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)			(b) Description				
		(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code		
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T.			Check if Austir	n, TX, officeholder living ex	pense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought	(Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions	Payee ad	dress;		City;	State;	Zip Code		
	intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
			Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living ex	pense		
	mplete <u>ONLY</u> if direct venditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(Office held		
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED			

SCHEDULE ${f G}$

	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 Loan Repayment/Reimbursement Ges Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule G:	² FILER NA	[™] Christopher "Chri	3 Filer ID (Ethics Commission Filers)					
4	Date	5 Payee name							
6	Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)			(b) Description				
		(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code		
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T.			Check if Austir	n, TX, officeholder living ex	pense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought	(Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions	Payee ad	dress;		City;	State;	Zip Code		
	intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
			Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living ex	pense		
	mplete <u>ONLY</u> if direct venditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(Office held		
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED			

SCHEDULE ${f G}$

	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 Loan Repayment/Reimbursement Ges Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule G:	² FILER NA	[™] Christopher "Chri	3 Filer ID (Ethics Commission Filers)					
4	Date	5 Payee name							
6	Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)			(b) Description				
		(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code		
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T.			Check if Austir	n, TX, officeholder living ex	pense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought	(Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions	Payee ad	dress;		City;	State;	Zip Code		
	intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
			Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living ex	pense		
	mplete <u>ONLY</u> if direct venditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(Office held		
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED			

SCHEDULE ${f G}$

	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 Loan Repayment/Reimbursement Ges Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule G:	² FILER NA	[™] Christopher "Chri	3 Filer ID (Ethics Commission Filers)					
4	Date	5 Payee name							
6	Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)			(b) Description				
		(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code		
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T.			Check if Austir	n, TX, officeholder living ex	pense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought	(Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions	Payee ad	dress;		City;	State;	Zip Code		
	intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
			Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living ex	pense		
	mplete <u>ONLY</u> if direct venditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(Office held		
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED			

SCHEDULE ${f G}$

	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 Loan Repayment/Reimbursement Ges Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule G:	² FILER NA	[™] Christopher "Chri	3 Filer ID (Ethics Commission Filers)					
4	Date	5 Payee name							
6	Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)			(b) Description				
		(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code		
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete Schedule T.			Check if Austir	n, TX, officeholder living ex	pense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought	(Office held		
	Date	Payee nar	ne						
	Amount (\$) Reimbursement from political contributions	Payee ad	dress;		City;	State;	Zip Code		
	intended								
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this s	schedule)	Description				
			Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living ex	pense		
	mplete <u>ONLY</u> if direct venditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(Office held		
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED			

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule H:	2 FILER N	аме Christopher "Chris" Са	anales		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Business	·				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (b) Description		(b) Description				
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule H:	2 FILER N	аме Christopher "Chris" Са	anales		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Business	·				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (b) Description		(b) Description				
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule H:	2 FILER N	аме Christopher "Chris" Са	anales		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Business	·				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (b) Description		(b) Description				
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule H:	2 FILER N	аме Christopher "Chris" Са	anales		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Business	·				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (b) Description		(b) Description				
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule H:	2 FILER N	аме Christopher "Chris" Са	anales		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Business	·				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (b) Description		(b) Description				
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEI	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule I:	² FILER NAME Jorge Christopher "Chris" Canales		3 Filer ID	(Ethics Co	mmission Filers)			
4 Date	5 Payee name							
6 Amount (\$)	7 Payee address;	City		State	Zip Code			
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	ding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule I:	² FILER NAME Jorge Christopher "Chris" Canales		3 Filer ID	(Ethics Co	mmission Filers)			
4 Date	5 Payee name							
6 Amount (\$)	7 Payee address;	City		State	Zip Code			
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	ding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
	ristopher "Chris" Canales		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED	

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
	ristopher "Chris" Canales		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	The Instruction Guide explains how to complete this form.							
2 FILER NAME Jorge Christopher	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jorge Christopher "Chris" Canales 3 Filer ID (Ethics Commission Filers)							
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expend Schedule A2	Sche	l on: edule B edule F4	Schedule B(J)) Schedule C2	Schedule D	Schedule F1		
6 Dates of travel	7 Name of	person(s)) traveling					
	8 Departu	re city or n	ame of departure loc	cation				
	9 Destinat	ion city or	name of destination	location				
10 Means of transportation	ion	11 Purpo	ose of travel (includin	ig name of conference,	seminar, or other event)			
Name of Contributor	Corporation	or Labor C	Drganization / Pledgo	or / Payee				
Contribution / Expend Schedule A2	Sche	l on: edule B edule F4	Schedule B(J)) Schedule C2	Schedule D	Schedule F1		
Dates of travel	Name o	f person(s)) traveling					
	Departu	re city or n	name of departure loo	cation				
	Destinat	ion city or	name of destination	location				
Means of transportat	ion	Purpo	ose of travel (includir	ng name of conference,	, seminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	Drganization / Pledgo	or / Payee				
Contribution / Expend	liture reported	l on:						
Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedu	ile F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Name o	f person(s)) traveling					
	Departu	re city or n	name of departure loo	cation				
	Destinat	ion city or	name of destination	location				
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.							
		•• Com	plete only if "Report Type" on page 1 is ma	rked "Final Report" ••				
1	C/OH I	Jorge	Canales	2 Filer ID (Ethics Commission Filers)				
3								
	0.010							
	design	ating a report as a final	tical contributions or political expenditures in connect report terminates my campaign treasurer appointme are any campaign expenditures without a campaign to	nt. I also understand that I may not accept any				
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Candidate / Officeholder				
4		WHO IS NOT AN O	FFICEHOLDER nly if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS						
	Chec	k only one:						
		l do not have unexper	nded contributions or unexpended interest or incom	e earned from political contributions.				
		may not convert unex personal use. I also unexpended contribut filing this final report.	ontributions or unexpended interest or income earner expended political contributions or unexpended inter understand that I must file an annual report of un ions or unexpended interest or income earned on p Further, I understand that I must dispose of unexper rned on political contributions in accordance with the	est or income earned on political contributions to expended contributions and that I may not retain olitical contributions longer than six years after ended political contributions and unexpended				
	В.	ASSETS						
	Chec	k only one:						
		l do not retain assets	purchased with political contributions or interest or	other income from political contributions.				
		that I may not convert	chased with political contributions or interest or othe assets purchased with political contributions or inter understand that I must dispose of assets purchased on Code, § 254.204.	rest or other income from political contributions to				
			I acknowledge I am electronically signing here — or leaving this blank if it does not apply to me.	Signature of Candidate				
5		I am aware that I remai file. I am also aware th an officeholder, I retain	<i>If</i> you are an officeholder •• n subject to filing requirements applicable to an officeh at I will be required to file reports of unexpended com a political contributions, interest or other income from or interest or other income from political contribution	tributions if, after filing the last required report as political contributions, or assets purchased with				
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Officeholder				
For	ms provid	led by Texas Ethics Comn	nission www.ethics.state.tx.us	Revised 8/17/2020				