

Rec'd 4/6/23 9:52 AM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>MR.</i> FIRST: <i>DENNIS</i> MI: <i>J</i> NICKNAME: _____ LAST: <i>McCANLESS</i> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 2492</i> <i>Fredericksburg, TX 78624</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 887-1435</i>		Date Received
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>MRS.</i> FIRST: <i>EDITH</i> MI: <i>L</i> NICKNAME: _____ LAST: <i>McCANLESS</i> SUFFIX: _____	Date Hand-delivered or Date Postmarked	Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>176 South Majestic View</i> <i>Fredericksburg, TX 78624</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(830) 377-4578</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>02 / 16 / 2023</i> <i>03 / 27 / 2023</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 06 / 2023</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Fredericksburg ISD School Board Trustee</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

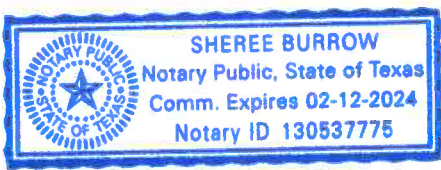
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>DENNIS JOSEPH McCANLESS</i>		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,043.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,240.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,524.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,610.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dennis McCannless this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

[Signature] Sheree Burrow Admin. Asst.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,930.24
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 113.13
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,610.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,240.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 3
2 FILER NAME DENNIS JOSEPH MCGANLESS		3 Filer ID (Ethics Commission Filers)
4 Date 02-16-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBRA HABECKER	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1302 N. Elm St; Fredericksburg, TX 78624		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 02-24-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA FRANKLIN	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 522 W. Peach St; Fredericksburg, TX 78624		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 02-27-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA McDONALD	Amount of contribution (\$) 3,000.00
Contributor address; City; State; Zip Code 149 Sedgfield Trl; Fredericksburg, TX 78624		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 02-28-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE CAMPBELL	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 14 Mustang Pkwy; Fredericksburg, TX 78624		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

--

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 Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME DENNIS JOSEPH McCANLESS		3 Filer ID (Ethics Commission Filers)
4 Date 03-03-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROLYN LUX	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 31 ADJ Lane; Fredericksburg, TX 78624		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03-07-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES McDONALD	Amount of contribution (\$) 288.12
Contributor address; City; State; Zip Code 112 Bobwhite Trail; Fredericksburg, TX 78624		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03-07-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALE DITTMAR	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 14878 N US Hwy 87; Fredericksburg, TX 78624		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03-09-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONYA BENSON	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code P.O. Box 1066; Higley, AZ 85236		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME DENNIS JOSEPH McCANLESS		3 Filer ID (Ethics Commission Filers)
4 Date 03-09-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES McDONALD	7 Amount of contribution (\$) 144.09
6 Contributor address; City; State; Zip Code 112 Bobwhite Trail; Fredericksburg, TX 78624		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 03-10-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS PETSCH	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 63 Dooley Rd; Fredericksburg, TX 78624		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03-19-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN BENNETT	Amount of contribution (\$) 48.03
Contributor address; City; State; Zip Code 211 Tanglewood; Fredericksburg, TX 78624		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS DANZE	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code P.O. Box 3427; Fredericksburg, TX 78624		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>03-17-23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KYLE BIEDERMANN</i>	8 Amount of Contribution \$ <i>113.13</i>	9 In-kind contribution description <i>Sign Materials</i>
7 Contributor address; City; State; Zip Code <i>1391 Arbor Ridge Rd; Fredericburg, TX 77862</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E: <i>1</i>
2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>02-16-23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DENNIS McCANLESS</i>	9 Loan Amount (\$) <i>6,100.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>176 South Majestic View; Fredericksburg, TX 78624</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>02-24-23</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DENNIS McCANLESS</i>	Loan Amount (\$) <i>5,000.00</i>
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>176 South Majestic View; Fredericksburg TX 78624</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3</i>	2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02-16-23</i>	5 Payee name <i>USPS</i>	
6 Amount (\$) <i>105.00</i>	7 Payee address; City; State; Zip Code <i>1150 US-87 N; Fredericksburg, TX 78624</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <i>Campaign Address</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>02-28-23</i>	Payee name <i>DIRECT TEXAS MARKETING GROUP</i>	
Amount (\$) <i>685.44</i>	Payee address; City; State; Zip Code <i>1260 S Business IH35; New Braunfels, TX 78130-5717</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Campaign Printed Materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>03-01-23</i>	Payee name <i>HARLAND CLARKE</i>	
Amount (\$) <i>31.13</i>	Payee address; City; State; Zip Code <i>Customer Service # 1-800-275-1053</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <i>Campaign Checks</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3</i>	2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>03-02-23</i>	5 Payee name <i>VICI MEDIA GROUP</i>	
6 Amount (\$) <i>106.75</i>	7 Payee address; City; State; Zip Code <i>5101 Bonneville Bend; Austin, TX 78744</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Campaign Web Development</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>03-03-23</i>	Payee name <i>OFFICE DEPOT</i>		
Amount (\$) <i>59.60</i>	Payee address; City; State; Zip Code <i>1205 N Loop 1604 W, Unit 200; San Antonio, TX 78258</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <i>Campaign Supplies</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>03-06-23</i>	Payee name <i>VICI MEDIA GROUP</i>		
Amount (\$) <i>181.48</i>	Payee address; City; State; Zip Code <i>5101 Bonneville Bend; Austin, TX 78744</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign Web Development</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3</i>	2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>	3 Filer ID (Ethics Commission Filers)
---	---	--

4 Date <i>03-09-23</i>	5 Payee name <i>LESLIE MORGAN</i>
----------------------------------	---

6 Amount (\$) <i>75.00</i>	7 Payee address; <i>156 Mesa Rd; Fredericksburg, Tx 78624</i>	City;	State;	Zip Code
--------------------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Campaign Communications</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>03-20-23</i>	Payee name <i>LESLIE MORGAN</i>
-------------------------	------------------------------------

Amount (\$) <i>150.00</i>	Payee address; <i>156 Mesa Rd; Fredericksburg, Tx 78624</i>	City;	State;	Zip Code
------------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign Communications</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>03-23-23</i>	Payee name <i>DIRECT TEXAS MARKETING GROUP</i>
-------------------------	---

Amount (\$) <i>2,846.20</i>	Payee address; <i>1260 S Business IH35; New Braunfels, Tx 78130-5417</i>	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Campaign Printed Materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED