APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

OFFICE USE ONLY

Filer ID #

Date Received RECEIVED
AUG 3 1 2026
Maverick County Hospital District
By:

Date Hand-delivered or Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

2 CANDIDATE NAME

MS / MRS / MR: MS | FIRST: JUDITH | MI: A
NICKNAME: JUDY | LAST: CANALES | SUFFIX:

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX: | APT / SUITE #: | CITY: PASS | STATE: TX | ZIP CODE: 78852

4 CANDIDATE PHONE

AREA CODE: ( ) | PHONE NUMBER: - | EXTENSION:

5 OFFICE HELD (if any)

N/A

6 OFFICE SOUGHT (if known)

MAVERICK COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

7 CAMPAIGN TREASURER NAME

MS/MRS/MR: MR | FIRST: JUAN | MI: A | NICKNAME: | LAST: TOVAR | SUFFIX: JR.

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS: | APT / SUITE #: | CITY: EAGLE PASS | STATE: TX | ZIP CODE: 78852

9 CAMPAIGN TREASURER PHONE

AREA CODE: ( ) | PHONE NUMBER: - | EXTENSION:

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Judith A Canales
Signature of Candidate

8/31/2026
Date Signed

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received: RECEIVED
AUG 31 2026
Maverick County Hospital District
By: _____

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE [X] — *If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

POLITICAL COMMITTEE [ ] — *If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
DR.	JUDITH	A

NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
JUDY	CANALES	

4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)

AREA CODE	PHONE NUMBER	EXTENSION
[illegible]		

5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)

STREET / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
		EAGLE PASS	TX	78852

6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)

MAVERICK COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI

NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

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: 6

OFFICE USE ONLY

Date Received
RECEIVED
OCT 06 2026
Maverick County Hospital District
By:

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MS) | FIRST: JUDITH | MI: A | NICKNAME: JUDY | LAST: CANALES | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: | APT / SUITE #: | CITY: EAGLE PASS | STATE: TX | ZIP CODE: 78852

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (| PHONE NUMBER: - | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) | FIRST: JUAN | MI: A | NICKNAME: | LAST: TOVAR | SUFFIX: JR.

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: EAGLE PASS | STATE: TX | ZIP CODE: 78852

8 CAMPAIGN TREASURER PHONE

AREA CODE: ( ) | PHONE NUMBER: - | EXTENSION:

9 REPORT TYPE

☐ January 15 | ☒ 30th day before election | ☐ Runoff | ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 | ☐ 8th day before election | ☐ Exceeded Modified Reporting Limit | ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 8 / 31 / 2026 THROUGH 9 / 24 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 3 / 26

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): BOARD OF TRUSTEE MAV. CO. HOSPITAL DISTRICT

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.

☐ Additional Pages

COMMITTEE TYPE: ☒ GENERAL ☐ SPECIFIC

COMMITTEE NAME: BLUE HORIZON TEXAS PAC

COMMITTEE ADDRESS: P.O. BOX 780162, SAN ANTONIO, TX 78278

COMMITTEE CAMPAIGN TREASURER NAME: CLAIRE BARNETT

COMMITTEE CAMPAIGN TREASURER ADDRESS:

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	JUDY 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)	$ 100.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 100.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 600.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 600.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 100.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 600.00

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.

Judith A. Canales

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Maria Enriqueta Martinez
My Commission Expires
7/22/2030
Notary ID 133828223

Sworn to and subscribed before me by Maria E. Martinez. this the 6th day of October, 20 26, to certify which, witness my hand and seal of office.

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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
JUDY CANALES	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 100.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☑	SCHEDULE E: LOANS	$ 600.00
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 600.00
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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:
2 FILER NAME JUDITH A. CANALES	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan 9/2/2026	**7** Name of lender ☐ out-of-state PAC (ID#:_____) JUDITH A. CANALES	**9** Loan Amount ($) 300.00
6 Is lender a financial institution? Y N	**8** Lender address; City; State; Zip Code EAGLE PASS TX 78852	**10** Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)
14 Description of Collateral ☐ none	**15** ☑ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ 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 9/17/2026	Name of lender ☐ out-of-state PAC (ID#:_____) JUDITH A. CANALES	Loan Amount ($) 300.00
Is lender a financial institution? Y N	Lender address; City; State; Zip Code EAGLE PASS TX 78852	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed ($)
	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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: JUDITH A. CANALES

3 Filer ID (Ethics Commission Filers):

4 Date: 9/2/2026

5 Payee name: FALCON BANK

6 Amount ($): 300.00
☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 275 S. BIBB AVE EAGLE PASS, TX 78852

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ACCOUNTING/BANKING

(b) Description: OPEN ACCOUNT FOR CAMPAIGN

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: JUDY CANALES

Office sought: MCHD BOARD OF TRUSTEES

Office held:

Date: 9/17

Payee name: PUBLIC ALLIANCE

Amount ($): 300.00
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 909 NE LOOP 410 SAN ANTONIO TX 78209

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: SOCIAL MEDIA

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: JUDY CANALES

Office sought: MCHD BOARD OF TRUSTEES

Office held:

Date:

Payee name:

Amount ($):
☐ Reimbursement from political contributions intended

Payee address; 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 Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1
2 FILER NAME JUDY CANALES	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 100.00

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
9/24/2026	BLUE HORIZON TEXAS PAC **7** Contributor address; City; State; Zip Code P.O. BOX 780162 SAN ANTONIO TX 78278	☐ Check if travel outside of Texas. Complete Schedule T.	STRATEGY SESSION, ENDORSE SOCIAL MEDIA

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 ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
		☐ 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.

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (circled) FIRST: JUDITH MI: A

NICKNAME: JUDY LAST: CANALES SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: EAGLE PASS STATE: TX ZIP CODE: 78852

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE ( ) PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (circled) FIRST: ~~JUAN~~ JUAN MI: A

NICKNAME LAST: TOVAR SUFFIX: JR

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: EAGLE PASS STATE: TX ZIP CODE: 78852

8 CAMPAIGN TREASURER PHONE

AREA CODE ( ) PHONE NUMBER EXTENSION

OFFICE USE ONLY

Date Received: RECEIVED NOV 02 2026 Maverick County Hospital District By:

Date Hand-delivered or Date Postmarked

Receipt # Amount $

Date Processed

Date Imaged

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 9 / 25 / 2026 THROUGH Month Day Year: 10 / 24 / 2026

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 3 / 2026

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): BOARD OF TRUSTEE MAV. CO. HOSPITAL DISTRICT

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

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	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)	$ 2750.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2750.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 4386.88
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4986.88
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2750.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1823.75

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.

Judith A. Cabrera

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Maria Enriqueta Martinez
My Commission Expires
7/22/2030
Notary ID133828223

Sworn to and subscribed before me by Maria E. Martinez this the 2nd day of November, 20 26, to certify which, witness my hand and seal of office.

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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
JUDITH A. CANALES	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
			$ 2750.00
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2500.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☑	SCHEDULE E: LOANS	$ 1223.75
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 215.00
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 221.88
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME: JUDITH A. CANALES

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/9/2026	YVONNE GONZALEZ	McAllen TX 78504	$350.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/6/2026	MARIA RITA SARAMILLO	FAIRFAX VA 22030	$300.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/16/2026	TERESA CANO	EAGLE PASS TX 78852	$50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/23/2026	MARTA HERNANDEZ	EAGLE PASS, TX 78852	$200.00

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

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: 2

2 FILER NAME: JUDITH A CANALES

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/16/2026	GLORIA HERNANDEZ	EAGLE PASS TX 78852	1500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ATTORNEY	SELF EMPLOYED

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/23/2026	ALFREDO SANTOS	LEANDER TX 78641	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
JOURNALIST	SELF EMPLOYED

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/16/2026	LORIS GARZA TOVAR	1 SENDERO EAGLE PASS TX 78852	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BANKER/AST. VICE PRESIDENT	FALCON BANK, EAGLE PASS, TX

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)

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.

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:

2 FILER NAME: JUDITH A CANALES

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS — $

5 Date of loan: 10/1/2026

6 Is lender a financial institution? Y (N)

7 Name of lender: JUDITH A. CANALES ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code: EAGLE PASS TX 78852

9 Loan Amount ($): 1223.75

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#:_____)

Loan Amount ($)

Is lender a financial institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	JUDITH A. CANALES	

4 Date	5 Payee name
10/9/2026	830 SIGNS

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1515.50	437 QUARRY	EAGLE PASS	TX	78852

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING

(b) Description: SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name
10/5/2026	830 SIGNS

Amount ($)	Payee address;	City;	State;	Zip Code
649.50	437 QUARRY	EAGLE PASS	TX	78852

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: PUSH CARDS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name

Amount ($)	Payee address;	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 Austin, TX, officeholder living expense

Complete ONLY 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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: JUDITH A. CANALES

3 Filer ID (Ethics Commission Filers):

4 Date: 10/8/2026

5 Payee name: AMAZON

6 Amount ($): 42.11
☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 410 TERRY AVE. NORTH SEATTLE, WA 98109

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): ADVERTISING
(b) Description: SIGN POSTS
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Office sought: Office held:

Date: 10/12/2026

Payee name: MCCOY'S # 97

Amount ($): 28.02
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 3030 E. MAIN ST EAGLE PASS TX 78852

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): ADVERTISING
Description: SIGN POSTS
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Office sought: Office held:

Date: 10/17/2026

Payee name: JESUS FLORES

Amount ($): 600.00
☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: EAGLE PASS TX 78852

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): ADVERTISING
Description: SIGN PLACEMENT
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: JUDITH A CANALES

3 Filer ID (Ethics Commission Filers):

4 Date: 10/1/2026

5 Payee name: EAGLE PASS BUSINESS JOURNAL

6 Amount ($): 1223.75
☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: EAGLE PASS TX 78853

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): ADVERTISING
(b) Description: ADS AND ARTICLES
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

Date: 10/10/2026

Payee name: HEB

Amount ($): 50.00
☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2135 E. MAIN ST EAGLE PASS TX 78852

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): FOOD
Description: CANDIES
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

Date: 10/7/2026

Payee name: MAVERICK Co. DEMOCRATIC PARTY

Amount ($): 25.00
☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 513 N. CEYLON EAGLE PASS TX 78852

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): EVENT
Description: TABLE FOR DISPLAY
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

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