

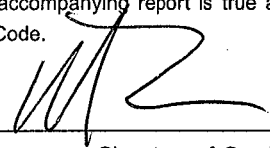


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Hector Canales		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4,750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,835.57
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,914.43
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.



Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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

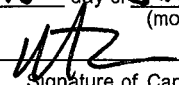
OR

**(2) Unsworn Declaration**

My name is Hector Canales, and my date of birth is 07/28/1973.

My address is 709 N. Ceylon, Engle Pass, TX, 78852, USA.  
(street) (city) (state) (zip code) (country)

Executed in Maverick County, State of Texas, on the 15 day of January, 2026.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Hector Canales</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	\$ 4,750.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,835.57
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: <b>1</b>
2 FILER NAME <b>Hector Canales</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/3/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector Canales DBA Mountain View Eng.</b>	7 Amount of contribution (\$) <b>\$ 750.00</b>
6 Contributor address; City; State; Zip Code <b>2107 Veterans Blvd #4 Del Rio TX 78840</b>		
8 Principal occupation / Job title (See Instructions) <b>Engineer / owner</b>		9 Employer (See Instructions) <b>Mountain View Eng.</b>
Date <b>12/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector Canales DBA Mountain View Eng.</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Contributor address; City; State; Zip Code <b>2107 Veterans Blvd #4 Del Rio TX 78840</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector Canales</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Contributor address; City; State; Zip Code <b>709 N. Ceylon Eagle Pass TX 78852</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/29/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector Canales</b>	Amount of contribution (\$) <b>\$ 2,000.00</b>
Contributor address; City; State; Zip Code <b>709 N. Ceylon Eagle Pass TX 78852</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>2</b>	2 FILER NAME <b>Hector Canales</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/03/2025</b>	5 Payee name <b>Democratic Candidate Registration</b>
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6 Amount (\$) <b>\$750.00</b>	7 Payee address; City; State; Zip Code <b>1299 Main St Eagle Pass TX 78852</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fee</b>	(b) Description <b>Campaign Registration</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hector Canales</b>	Office sought <b>MC PCT 4 Commissioner</b>	Office held
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Date <b>12/16/2025</b>	Payee name <b>Signs Now Del Rio</b>
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Amount (\$) <b>\$1,390.00</b>	Payee address; City; State; Zip Code <b>700 Veterans Blvd Del Rio TX 78840</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising (signs)</b>	Description <b>Political Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hector Canales</b>	Office sought <b>MC PCT 4 Commissioner</b>	Office held
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Date <b>12/22/2025</b>	Payee name <b>La Mexicana Bakery</b>
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Amount (\$) <b>\$38.54</b>	Payee address; City; State; Zip Code <b>2268 El Indio #H Eagle Pass TX 78852</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food</b>	Description <b>Meet &amp; Greet</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hector Canales</b>	Office sought <b>MC PCT 4 Commissioner</b>	Office held
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Hector Canales</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/22/2025</b>	5 Payee name <b>Four Corners Coffee</b>	
6 Amount (\$) <b>\$280.00</b>	7 Payee address; City; State; Zip Code <b>1556 E Garrison Eagle Pass TX 78852</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Beverages</b>	(b) Description <b>Meet &amp; Greet</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hector Canales</b>	Office sought / Office held <b>MC PCT &amp; Commissioner</b>
Date <b>12/29/2025</b>	Payee name <b>Home Depot</b>	
Amount (\$) <b>\$65.92</b>	Payee address; City; State; Zip Code <b>2454 Veterans Blvd Del Rio TX 78840</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>other</b>	Description <b>Hardware for Political Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hector Canales</b>	Office sought / Office held <b>MC PCT &amp; Commissioner</b>
Date <b>12/30/2025</b>	Payee name <b>Tractor Supplies</b>	
Amount (\$) <b>\$311.11</b>	Payee address; City; State; Zip Code <b>2116 Town Square Eagle Pass TX 78852</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>other</b>	Description <b>"T" Post for Pol. Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Hector Canales</b>	Office sought / Office held <b>MC PCT &amp; Commissioner</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>Hector Canales</u>	Filer ID #
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- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Campaign Finance report due on Jan. 15, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

### Please complete either option below:

#### (1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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 Hector Canales, and my date of birth is 07/28/1975.

My address is 709 N. Ceylon (street), Euyle Pass (city), TX (state), 78852 (zip code), USA (country).

Executed in Maverick County, State of Texas, on the 15 day of January, 2026.

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**