

# 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:

10

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Cynthia S. Meyer

OFFICE USE ONLY

Date Received

RECEIVED  
4-3-2023  
10:09 am UP

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

110 Briar Forest Dr. Bastrop TX 78602

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 332-6882

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. David C. Mueller

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

152 Briar Forest Dr. Bastrop TX 78602

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 308-1916

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

2 / 27 / 2023

THROUGH

Month

Day

Year

4 / 3 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☒ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Place 2

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,575.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,627.93

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 1,320.33

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

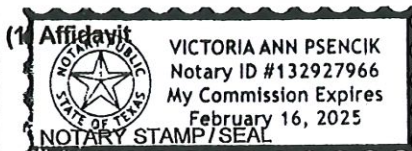
18 SIGNATURE

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.

*Cynthia Sanders Meyer*

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Cynthia Sanders Meyer this the 3rd day of April,  
20 23, 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 \_\_\_\_\_, 20\_\_\_\_.  
(month) (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)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,575.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,254.67
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 373.26
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: <b>3</b>
2 FILER NAME <b>Cynthia Sanders Meyer</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/24/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David C. Mueller</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>152 Briar Forest Dr Bastrop Tx 78602</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions)
Date <b>2/28/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Barbara Runkle Coy</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 311 Bastrop Tx 78602</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>2/28/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Melinda S. Larson</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>5703 Camben Midland Tx 79707</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>3/2/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Joe Grady Tuck III</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>906 main St. Bastrop Tx 78602</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Tuck Law Group</b>
<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>		



## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

12

Cynthia SANDERS Meyer

3/2/23

Sharah G Johnson

**6** Contributor address;                      City;                      State;                      Zip Code

1403 main st. Bastrop TX 78602

100.00

**9 Employer (See Instructions)**

Amount of contribution (\$)

3/3/23

Wm. Terry Sanders

Contributor address; City; State; Zip Code

1402 main St. Bastrop TX 78602

100.00

Employer (See Instructions)

retired

Amount of contribution (\$)

3/7/23

Steve Bird

Contributor address; City; State; Zip Code

10417 Indigo Broom Loop Bastrop, TX 78602

100.00

Employer (See Instructions)

Amount of contribution (\$)

$$3/9/23$$

Kathleen Anderson

Contributor address;	City;	State;	Zip Code
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710 Water St. Bastrop TX 78602

100.00

Employer (See Instructions)

Attorney

## Anderson v Anderson law

**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: <b>3</b>
2 FILER NAME <b>Cynthia Sanders Meyer</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carol W. Parobek</b> <hr/> 6 Contributor address; City; State; Zip Code <b>1817 Garfield St. Bastrop TX 78602</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions) <b>realtor</b>		9 Employer (See Instructions) <b>Stanberry Real Estate</b>
Date <b>3/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Albright</b> <hr/> Contributor address; City; State; Zip Code <b>1708 Roosevelt Bastrop TX 78602</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>3/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Herbert Goldsmith</b> <hr/> Contributor address; City; State; Zip Code <b>1105 Pecan St. Bastrop TX 78602</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>LPC-S</b>		Employer (See Instructions) <b>Bluebonnet Trails Community Services</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> 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: <div style="text-align: center;">1</div>
2 FILER NAME <div style="font-size: 1.2em; color: blue;">Cynthia Sanders Meyer</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <div style="color: blue;">2/27/2023</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="color: blue;">SELF-Cynthia Sanders Meyer</div>	9 Loan Amount (\$) <div style="color: blue;">1,000.00</div>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <div style="color: blue;">110 Briar Forest Drive Bastrop TX 78602</div>	10 Interest rate <div style="color: blue;">0</div>
		11 Maturity date <div style="color: blue;">0</div>
12 Principal occupation / Job title (See Instructions) <div style="color: blue;">self employed Gym owner</div>		13 Employer (See Instructions) <div style="color: blue;">SELF</div>
14 Description of Collateral <input checked="" type="checkbox"/> none <div style="color: blue;">NA</div>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <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 _____ Guarantor address; City; State; Zip Code _____	Amount Guaranteed (\$)
	Principal Occupation (See Instructions)	
Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>2</b>		2 FILER NAME <b>Cynthia Sanders Meyer</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/27/2023</b>		5 Payee name <b>Sign + Banner Texas</b>			
6 Amount (\$) <b>963.43</b>		7 Payee address; <b>1103 main St.</b>		City; <b>Bastrop</b>	State; <b>TX</b>
				Zip Code <b>78602</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <b>Signs</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>3/3/2023</b>		Payee name <b>Sign + Banner Texas</b>		City; <b>Bastrop</b>	State; <b>TX</b>
Amount (\$) <b>782.66</b>		Payee address; <b>1103 main St.</b>		Zip Code <b>78602</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>name tag signs, business cards, post cards</b>		
	<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 <b>3/13/2023</b>		Payee name <b>Sign + Banner Texas</b>		City; <b>Bastrop</b>	State; <b>TX</b>
Amount (\$) <b>135.32</b>		Payee address; <b>1103 main St.</b>		Zip Code <b>78602</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Postcards</b>		
	<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  
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.

<b>1</b> Total pages Schedule F1: <u>2</u>		<b>2</b> FILER NAME <u>Cynthia Sanders Meyer</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>3/6/2023</u>		<b>5</b> Payee name <u>Lowes</u>			
<b>6</b> Amount (\$) <u>164.06</u>		<b>7</b> Payee address; City; State; Zip Code <u>719 Hwy 71 west Bastrop TX 78602</u>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>other</u>		<b>(b)</b> Description <u>mounting material for signs</u>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <u>3/15/2023</u>		Payee name <u>Harbor Freight</u>			
Amount (\$) <u>30.30</u>		Payee address; City; State; Zip Code <u>441 W. Hwy 71 Bastrop TX 78602</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>other</u>		Description <u>mounting material for signs</u>		
	<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 <u>3/13/2023</u>		Payee name <u>Lowes</u>			
Amount (\$) <u>178.90</u>		Payee address; City; State; Zip Code <u>719 Hwy 71 west Bastrop TX 78602</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>other</u>		Description <u>mounting material for signs</u>		
	<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 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.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>Cynthia Sanders Meyer</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>3/6/2023</u>	<b>5</b> Payee name <u>lowes</u>	
<b>6</b> Amount (\$) <u>164.06</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>719 Hwy 71 west Bastrop TX 78602</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>other</u>	<b>(b)</b> Description <u>mounting material for signs</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>3/15/2023</u>	Payee name <u>Harbor Freight</u>	
Amount (\$) <u>30.30</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>441 W. Hwy 71 Bastrop TX 78602</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>other</u>	Description <u>mounting material for signs</u>
	<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 <u>3/13/2023</u>	Payee name <u>Lowes</u>	
Amount (\$) <u>178.90</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>719 Hwy 71 west Bastrop TX 78602</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>other</u>	Description <u>mounting material for signs</u>
	<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