# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

`						
The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Cunthia		<b>5</b> .	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	APT / SUITE #;		STATE; ZIP CODE	DEGE N.4-3 10:09 0	2023 um vi
5 CANDIDATE/ OFFICEHOLDER PHONE	(51a)	33a - 688 a		EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI C	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Mueller		22.717	Date Imaged	
7 CAMPAIGN TREASURER		NO PO BOX PLEASE); AP		CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	152 Bri	ar forest	Dr.	Bastrop	TY	78602
8 CAMPAIGN	AREA CODE	PHONE NUMBER	ı	EXTENSION		
TREASURER PHONE	(512)	308-1911	0			
9 REPORT TYPE	January 15	30th day bel	ore election	Runoff		fter campaign appointment er Only)
	July 15	8th day befo	re election	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 202	3 THROU	Month JGH 4	Day Yes / 3 / 2	t 23
11 ELECTION	ELECTION DA			ELECTION TYP	E	
	Month Day	Teal	nary  Runo	Description		
	5/6/	/ 23   L Ge	neral Spec	cial		
12 OFFICE	OFFICE HELD (if any)	5	13	OFFICE SOUGHT (if know	The second second	2-
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUT EHOLDER. THESE EXPENDI AND OFFICEHOLDERS ARE F	TURES MAY HAVE BEE	N MADE WITHOUT THE CA	NDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				У.
Additional Pages	GENERAL	COMMITTEE ADDRESS		And the second s	. 4	
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAMI	Ε	,	
		COMMITTEE CAMPAIG	N TREASURER ADD	DRESS		
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	33121131
5 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (I PLEDGES, LOANS, OR GUARANTEES OF LOANS, O CONTRIBUTIONS MADE ELECTRONICALLY)	OTHER THAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES	\$ 0F LOANS) \$ 2,515.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,627.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	\$ OF THE LAST DAY \$ 1,320.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$ 1,000.00
18 SIGNATURE I re	swear, or affirm, under penalty of perjury, that the accompanying equired to be reported by me under Title 15, Election Code.	Jundle Muse
	Please complete either op	tion below:
Notary My Come Febru Sworn to and subscribe	of before me by Cynthia Sanders Mayer  Ify which, witness my hand and seal of office.  Victoria Ann Psencik	this the 3rd day of April.  Matey  Title of officer administering oath
Cignatary or other	OR	
(2) Unsworn Declara		
My name is	, and my	date of birth is
IVIY address is	(street) (C	city) (state) (zip code) (country)
Executed in	(cco)	300 C
	Sig	nature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME  20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$2,575.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u></u>
4. SCHEDULE E: LOANS	\$ 1,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2,254.67
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$373.26
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. 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 I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Cynthia Sanders Meyer	3 Filer ID (Ethics Commission Filers)
-	5 Full name of contributor	7 Amount of contribution (\$)
2/24/23	David C. Mueller  6 Contributor address; City; State; Zip Code	100.00
	152 Brian Forest Dr Bastrop TY 78602	
Gibbs 100 compression and a first control of the control of the	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Y6	etired	
Date	Full name of contributor	Amount of contribution (\$)
2/28/23	Barbara Kunkle Coy Contributor address; City; State; Zip Code P.O. Boy 311 Bastrop TX 78602	500.00
Principal occur	eation / Job title (See Instructions)  Employer (See Instru	(tions)
170	tired	
		100
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/28/23	Melinda S. Larson Contributor address; City; State; Zip Code	1,000.00
	5703 Camben Midland Ty 79707	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	actions)
Date	Full name of contributor	Amount of contribution (\$)
3/2/23	Joe Grady Tuck III Contributor address; City; State; Zip Code	250.00
	906 main St. Bastrop TX 78602	
Principal occu	pation / Job title (See Instructions) Employer (See Instr	
P	Horney Tuck han	o Group
		,

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 FILER NAME	Cynthia Sanders Meyer	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/2/23	Sharah G Johnson 6 Contributor address; City; State; Zip Code	
	1403 main St. Bastrop TY 78602	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3 3 23	Um. Terry Sanders  Contributor address; City; State; Zip Code	
-	1402 main St. Bastrop Tx 18602	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	itions)
	retired	
Date	Full name of contributor	Amount of contribution (\$)
3/7/23	Steve Bird  Contributor address; City; State; Zip Code	100.00
	10417 Indigo Broom Loop Bastrop. 14 78602	
Principal occul	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/9/23	Kathleen Anderson Contributor address; City; State; Zip Code	
	710 water St. Baskop TX 78602	100.00
1010	pation / Job title (See Instructions) Employer (See Instruc	
AHO	orney Anderson And	derson haw

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# **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

The Instruction Guide explains how to complete this form 1 Total pages Schedule A1:							
The Instruction Guide explains how to complete this form.					3		
2 FILER NAME	lynthia Sanders r	Neyer			3 Filer ID (Ethics Commission Filers)		
4 Date		Out-of-state PAC	(ID#:		7 Amount of contribution (\$)		
3/10/23	Carol b. Parob  6 Contributor address;	ek City;	State; Z	ip Code	25.00		
	1817 Garfield St.	Bastrop	TY T	18602			
A CONTRACTOR OF THE PROPERTY O	pation / Job title (See Instructions)		9 Employe	er (See Instructi			
rea	ltor		Star	nberry	Real Estate		
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)		
3/10/23	John Allbright						
5/.5/05	Contributor address;	City;	State; Z	Zip Code	200.00		
	1708 Roosevelt	Bastrop	TY -	78602			
Principal occup	oation / Job title (See Instructions)	1	Employe	er (See Instruct	ions)		
	retired						
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)		
3/11/23	Her bert Goldsi						
100	Contributor address;	City;		Zip Code	100.00		
	1105 Pecan St.	Bastrop		78602			
. ^	pation / Job title (See Instructions)			er (See Instruct			
24	C-5		DIVENO	nner Iva	ils Community Services		
Date	Full name of contributor	out-of-state PAG	C (ID#:	)	Amount of contribution (\$)		
	Contributor address;	City;	State: 2	Zin Code			
	Continued address;	Oity,	Oldio, 2	zip oddc			
	<u> </u>						
Principal occupation / Job title (See Instructions) Employer (See Instructions)					dions)		
				<del></del>			
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

ii tiie requested iii	iormation is not applicable, be not	morada ana baga ara rab		
The Ins	The Instruction Guide explains how to complete this form.			
FILER NAME	EII ED NAME			
	Sanders Meyer			
TOTAL OF UNIT	EMIZED LOANS	8 A	\$	
Date of loan 7	7 Name of lender ☐ out-of-state P	AC (ID#:)	9 Loan Amount (\$)	
2/27/2023	Self-Cynthia San	ders Meyer	1) 000 - 00 10 Interest rate	
Is lender 8	B Lender address; City;	State; Zip Code	O	
a financial Institution?	110 Brian Forest Bastro	DO TY 18602	11 Maturity date	
Y (N)	110 Brian Forest 1395141	1	0	
2 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instructions)		
SPIF PMP		SelF		
4 Description of Collate		15 Check if personal fund	ds were deposited into political	
none Nf		account (See Instruct	ions)	
I House	17 Name of guarantor	L	19 Amount Guaranteed (\$)	
		State; Zip Code		
	18 Guarantor address; City;	Om(0, 1.p 0.00)		
not applicable				
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial Institution?			Maturity date	
YN		Employer (See Instructions)		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	¥	
Description of Colla	ateral	Check if personal fu	nds were deposited into political	
none		account (See Instru		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
	ion (See Instructions)	Employer (See Instructions)		
If I	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N Instruction guide for additional	EEDED reporting requirements.	

# **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

		EXPENDITURE CATE	SORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	od/Beverage Expense pod/Beverage Expense pod/Beverage Expense polling Expense Printing 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)	
Credit Card Payment		The Instruction Guide explain	s how to co	mplete this form.		
1 Total pages Schedule F1	Cy	nthua Sangers VV	leyer		3 Filer ID (Ethics	Commission Filers)
4 Date 2 27 2023	5 Payee	name In Banner Texa	5			
6 Amount (\$)	7 Payee			City;	State;	Zip Code
963.43	1103	3 Main St. gory (See Categories listed at the top of thi	(Alubarks e	Bastrop (b) Description	TY	78602
8 PURPOSE OF		1. C	a scredulo)	Signs	i	
EXPENDITURE	Tr	inting typense			tin, TX, officeholder living	evnense
	(c)	Check if travel outside of Texas. Complete	Schedule T.		ui, ix, oliostolder living	Office held
9 Complete ONLY If direct expenditure to benefit C/		ndidate / Officeholder name		Office sought		Cinico nois
Date	Paye	e name				
3 3 2023	5	1911-Banner Te	495	Bastra	OV TY	78602. Zip Code
Amount (\$)	Paye	e address;		City;	· Otate,	
782.66	110	3 main St.		Bastro	p TY	78602
	Cate	egory (See Categories listed at the top of the	nis schedule)	Description name	+00	
PURPOSE			200	0		post cards
EXPENDITURE	tr	inting Expensi	<u>e</u>		iness cards	
	100	Check if travel outside of Texas. Comple	ete Schedule T.	[cont	ustin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit to	12	andidate / Officeholder name		Office sought		Office held
	Pay	yee name				
3 13 202		Sign + Banner	Texa	s Basty	op TY	78602
Amount (\$)		vee address;		City;	State;	Zip Code
135.32		1103 Main St		Bast	100 TY	78602
1 3- 30	Ca	tegory (See Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE		Printing Exp	ense	Postca		
		Check if travel outside of Texas. Comp	plete Schedule T.	Check if	Austin, TX, officeholder li	
Complete ONLY if direxpenditure to benefi	CUL	Candidate / Officeholder name		Office sough	ńt	Office held
		A TABLE A POLITICAL A COL	DIES OF TH	IIS SCHEDI II F AS	NEEDED	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  Revised 8/17/2020					

# **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political 0	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement office Overhead/Rental Expense colling Expense orinting Expense salaries/Mages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Cynthin Sanders M	Jeyer	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
3/6/2023	howes	City;	State; Zip Code		
6 Amount (\$)	7 Payee address;	0.01			
164.06	719 Hwy 71 West	Bastrop	Ty 78602		
8	(a) Category (See Categories listed at the top of this so	(b) Description	1		
PURPOSE OF	11.00		material For signs		
EXPENDITURE	other	mounting			
	(c) Check if travel outside of Texas. Complete Sci		otin, TX, officeholder living expense		
9 Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office field		
Date	Payee name				
21-1	March Coulk				
3/15/2023	Payee address;	City;	State; Zip Code		
Amount (\$)	Payee audiess,				
30.30	441 w. Hwy 71	Basto (	) TY 18602		
	Category (See Categories listed at the top of this s	(diedule)			
PURPOSE	1600	mounting	a material for Signs		
EXPENDITURE	OTNEY		ustin, TX, officeholder living expense		
	Check if travel outside of Texas. Complete S	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	J			
Date	Payee name	* .			
3/13/2023	Lowes		W. Ot-		
Amount (\$)	Payee address;	City;	State; Zip Code		
178.90	719 Hay 71 west	- Bastr	op TX 78602		
	Category (See Categories listed at the top of this	schedule) Description			
PURPOSE OF EXPENDITURE	other	mount	ng material Forsigns		
	Check if travel outside of Texas. Complete	Schedule T. Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name	Office sough	ht Office held		
1 To		S OF THIS SCHEDULF AS	NEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  Revised 8/17/202				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

		00DIES FOR DOV 9/->		
	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		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)	
Credit Card Payment	The Instruction Guide explai	ns how to complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Cynthia Sanders N	Peyer		
4 Date 3/6/2023	5 Payée name	<i>J</i>		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	719 Hwy 71 West	Bustrop	TY 78602	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	other	mounting m	laterial For signs	
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	Q Q		
3/15/2023	Harbor Freight			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	441 W. Hwu71	Bastop	TX 78602	
	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE OF	14/200	100 - 11 Matrice	mantercial Covisions	
EXPENDITURE	Brilev	mounting	TV afficient lives a suppose	
	Check if travel outside of Texas. Complete S		in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
3/13/2023	Lowes			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	719 Hwy 71 West	Basto	p TX 78602	
DUDDGGG	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE OF EXPENDITURE	other	mounting	material For signs	
1	Check if travel outside of Texas. Complete		tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			