

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: <div style="text-align: center; font-size: 1.5em;">9</div>		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>ms.</i></div> <div>FIRST <i>Cynthia</i></div> <div>MI <i>S.</i></div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Meyer</i></div> <div>SUFFIX</div> </div>		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Received <div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em;">APR 26 2023</div> </div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX:</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="margin-top: 10px;"><i>110 Briar Forest Dr Bastrop TX 78602</i></div>		Date Hand-delivered or Date Postmarked 		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-top: 10px;"><i>(512) 332-6882</i></div>		Receipt # 		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Mr.</i></div> <div>FIRST <i>David</i></div> <div>MI <i>C.</i></div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Mueller</i></div> <div>SUFFIX</div> </div>		Amount \$ 		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE):</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="margin-top: 10px;"><i>152 Briar Forest Dr. Bastrop TX 78602</i></div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-top: 10px;"><i>(512) 308-1916</i></div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.5em;"><i>4 / 4 / 23</i></div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.5em;"><i>4 / 25 / 23</i></div> </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <div style="font-size: 1.5em;"><i>5 / 6 / 23</i></div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council Place 2</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; padding: 5px;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
<input type="checkbox"/> Additional Pages					

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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)

\$ 80.00

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

\$ 2,880.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,449.58

CONTRIBUTION
BALANCE

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

\$ 2,923.95

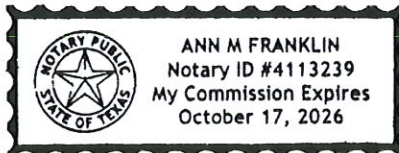
OUTSTANDING
LOAN TOTALS

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

\$ 0

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:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cynthia Sanders Meyer this the 26th day of April,

20 23, to certify which, witness my hand and seal of office.

Ann Franklin
Signature of officer administering oath

Ann Franklin
Printed name of officer administering oath

Notary
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	\$ 2,800.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,449.58
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: 4
2 FILER NAME Cynthia Sanders Meyer		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth M. Jansa	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4713 Duval St. Austin TX 78751		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 4/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Bridges	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 469 0th Rd. Rosanky TX 78953		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Bedrock Construction
Date 4/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Ed. Sanders	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4818 Berkman Dr Apt 3143 Austin, TX 78723		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke McDowell	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 3503 Wild Cherry Dr. Bldg 8 Austin, TX 78738		
Principal occupation / Job title (See Instructions) developer		Employer (See Instructions) McDowell Development, LLC.
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 <i>Cynthia Sanders Meyer</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/10/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanne Sanders</i>			7 Amount of contribution (\$) <i>150.00</i>	
	6 Contributor address; City; State; Zip Code <i>5716 homita Verde Cir. Austin, TX 78749</i>				
8 Principal occupation / Job title (See Instructions) <i>retired</i>			9 Employer (See Instructions)		

Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sherril Gilmore</i>			Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>1102 Pecan Bastrop TX 78602</i>			
Principal occupation / Job title (See Instructions) <i>retired</i>			Employer (See Instructions)	

Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Bird</i>			Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>10417 Indigo Bloom loop Austin TX 78733</i>			
Principal occupation / Job title (See Instructions) <i>attorney</i>			Employer (See Instructions) <i>SELF</i>	

Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Troy A Ennis</i>			Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1610 main st. Bastrop TX 78602</i>			
Principal occupation / Job title (See Instructions) <i>retired</i>			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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>Cynthia Sanders Meyer</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/12/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelley Goldsmith</i>			7 Amount of contribution (\$) <i>50.00</i>	
	6 Contributor address; City; State; Zip Code <i>1105 Pecan St. Bastrop TX 78602</i>				
8 Principal occupation / Job title (See Instructions) <i>retired</i>			9 Employer (See Instructions)		

Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Scott</i>			Amount of contribution (\$) <i>50.00</i>	
	Contributor address; City; State; Zip Code <i>907 Pine St. Bastrop TX 78602</i>				
Principal occupation / Job title (See Instructions) <i>retired</i>			Employer (See Instructions)		

Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clifton Seidel</i>			Amount of contribution (\$) <i>200.00</i>	
	Contributor address; City; State; Zip Code <i>132 Briar Forest Dr Bastrop TX 78602</i>				
Principal occupation / Job title (See Instructions) <i>retired</i>			Employer (See Instructions)		

Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. K. Jones</i>			Amount of contribution (\$) <i>500.00</i>	
	Contributor address; City; State; Zip Code <i>P.O. Box 1937 Lampasas TX 76550</i>				
Principal occupation / Job title (See Instructions) <i>attorney</i>			Employer (See Instructions) <i>SELF</i>		

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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

4/13/23

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank J. Rainosek

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

P.O. Box 1031 Bastrop TX 78602

8 Principal occupation / Job title (See Instructions)

realtor

9 Employer (See Instructions)

Remax

Date

4/17/23

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marilyn Glass

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

909 Pine Bastrop TX 78602

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/17/23

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Johnny Weiting

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Pecan St. Bastrop TX 78602

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <i>Cynthia Sanders Meyer</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/17/23</i>		5 Payee name <i>Cynthia Sanders Meyer</i>			
6 Amount (\$) <i>1,000.00</i>		7 Payee address; City; State; Zip Code <i>110 Briar Forest DR. Bastrop TX 78602</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>loan repayment</i>		(b) Description <i>Reimbursement of personal loan</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					
Date <i>3/31/23</i>		Payee name <i>Sign + Banner Texas</i>			
Amount (\$) <i>129.90</i>		Payee address; City; State; Zip Code <i>1103 Main Street Bastrop TX 78602</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expense</i>		Description <i>signs</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					
Date <i>4/13/23</i>		Payee name <i>Sign + Banner Texas</i>			
Amount (\$) <i>173.20</i>		Payee address; City; State; Zip Code <i>1103 main St. Bastrop TX 78602</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing expenses</i>		Description <i>postcards</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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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					

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.

1 Total pages Schedule F1:		2 FILER NAME <i>Cynthia Sanders Meyer</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/18/23</i>		5 Payee name <i>Jean Lang Catering</i>			
6 Amount (\$) <i>125.00</i>		7 Payee address; <i>P.O. Box 998</i>		City; <i>Bastrop</i>	State; <i>TX</i>
				Zip Code <i>78602</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food expense</i>		(b) Description <i>refreshments for meet+greet</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <i>4/25/23</i>	Payee name <i>Walmart</i>				
Amount (\$) <i>21.48</i>	Payee address; <i>488 Hwy 71 W</i>		City; <i>Bastrop</i>	State; <i>TX</i>	Zip Code <i>78602</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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		Office sought	Office held

Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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		Office sought	Office held

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