

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR ms.	FIRST Cynthia	MI S.
	NICKNAME	LAST Meyer	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	110 Briar Forest Dr Bastrop TX 78602		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 332-6882	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST David	MI C.
	NICKNAME	LAST Mueller	SUFFIX
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 (512)	PHONE NUMBER 308-1916	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
4 / 4 / 23 THROUGH 4 / 25 / 23			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
5 / 6 / 23		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Council Place 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
RECEIVED
APR 26 2023

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed **4/26/2023**

Date Imaged

GO TO PAGE 2

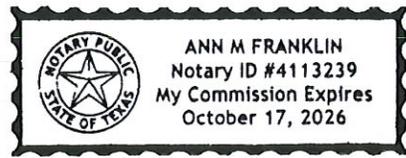
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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)	\$ 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.

[Handwritten Signature]
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, 2023, to certify which, witness my hand and seal of office.

[Signature] 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 OH 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.

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 <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)

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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 <i>Cynthia Sanders Meyer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank J. Rainosek</i>	7 Amount of contribution (\$) <i>200.00</i>
	6 Contributor address; City; State; Zip Code <i>P.O. Box 1031 Bastrop TX 78602</i>	
8 Principal occupation / Job title (See Instructions) <i>realtor</i>		9 Employer (See Instructions) <i>Premay</i>
Date <i>4/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marilyn Glass</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>909 Pine Bastrop TX 78602</i>	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>4/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny Weiting</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>Pecan St. Bastrop TX 78602</i>	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | 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:	2 FILER NAME Cynthia Sanders Meyer	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/23	5 Payee name Cynthia Sanders Meyer	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 110 Briar Forest DR. Bastrop TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) loan repayment	(b) Description Reimbursement of personal loan
	(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 3/31/23	Payee name Sign + Banner Texas	
Amount (\$) 129.90	Payee address; City; State; Zip Code 1103 Main Street Bastrop TX 78602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description signs
	<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 4/13/23	Payee name Sign + Banner Texas	
Amount (\$) 173.20	Payee address; City; State; Zip Code 1103 main st. Bastrop TX 78602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expenses	Description postcards
	<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 | 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:	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; City; State; Zip Code <i>P.O. Box 998 Bastrop TX 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>	City; State; Zip Code
Amount (\$) <i>21.48</i>	Payee address; <i>488 Hwy 71 W Bastrop TX 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	City; State; Zip Code
Amount (\$)	Payee address;	
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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