### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

#### 3 CANDIDATE / OFFICEHOLDER NAME

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI.</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS</td>
<td>Cynthisia</td>
<td>S.</td>
<td>Meyer</td>
<td></td>
</tr>
</tbody>
</table>

#### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

- **Address / PO Box:** 110 Briar Forest Dr. Bastrop TX 78602
- **City:** Bastrop
- **State:** TX
- **Zip Code:** 78602

#### 5 CANDIDATE / OFFICEHOLDER PHONE

<table>
<thead>
<tr>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(512)</td>
<td>332-6882</td>
<td></td>
</tr>
</tbody>
</table>

#### 6 CAMPAIGN TREASURER NAME

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI.</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR</td>
<td>David</td>
<td>C.</td>
<td>Mueller</td>
<td></td>
</tr>
</tbody>
</table>

#### 7 CAMPAIGN TREASURER ADDRESS

- **Street Address:** 152 Briar Forest Dr. Bastrop TX 78602
- **City:** Bastrop
- **State:** TX
- **Zip Code:** 78602

#### 8 CAMPAIGN TREASURER PHONE

<table>
<thead>
<tr>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(512)</td>
<td>308-1916</td>
<td></td>
</tr>
</tbody>
</table>

#### 9 REPORT TYPE

- **January 15**
- **July 16**
- **30th day before election**
- **Runoff**
- **16th day after campaign treasurer appointment**
- **0th day before election**
- **Expected Modified Reporting Limit**
- **Final Report (Attach C/OH - FR)**

#### 10 PERIOD COVERED

- **7 / 14 / 2023** THROUGH **1 / 5 / 2024**

#### 11 ELECTION

- **Election Date:** 5 / 4 / 2024
- **Election Type:** General

#### 12 OFFICE

- **Office Held (#s):** City Council Place 2
- **Office Sought (# 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 or 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**

- [ ] General
- [ ] Specific

**Committee Address**

**Committee Campaign Treasurer Name**

**Committee Campaign Treasurer Address**

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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020
<table>
<thead>
<tr>
<th>C/OH NAME</th>
<th>15</th>
<th>16 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 CONTRIBUTION TOTALS</td>
<td>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
<td>$0</td>
</tr>
<tr>
<td>EXPENDITURE TOTALS</td>
<td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
<td>$0</td>
</tr>
<tr>
<td>CONTRIBUTION BALANCE</td>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$2,103.96</td>
</tr>
<tr>
<td>OUTSTANDING LOAN TOTALS</td>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

ANN M FRANKLIN
Notary ID #4113239
My Commission Expires
October 17, 2026

Sworn to and subscribed before me by Cynthia Meyer this the 9th day of January 2024 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

(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__.

Signature of Candidate/Officeholder (Declarant)