CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

,								
The C/OH Instruction G	uide explains how to	complete t	his form.	1 File	r ID (Ethics C	Commission Filers)	2 Total pages 1	iled:
3 CANDIDATE/ OFFICEHOLDER	M8/MR8/MR MG.	Cunt	et hin			S .	OFFIC	E USE ONLY
NAME		{	aisteirideessa. M		• • • • • • • • • • •	SUFFIX	Date Received	
	NICKNAME		yer_				4) E CI	STW BY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT :	/ SUITE #; (CITY;	STATE;	ZIP CODE	A JUL	1 3 2023
Change of Address	110 Bria	er Foi	rest Du	r Bus	Tooth	V 78602		
5 CANDIDATE/	AREA CODE	PHONE NU		1,2-4-5	EXTENS		SAUCE CONTRACTOR OF THE SAUCE	ed or Date Postmarked
OFFICEHOLDER PHONE	(512) 3	32-1	6882				Receipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR		RST			M1	itosoipi s	
TREASURER NAME	NICKNAME		()()			SUFFIX	Date Processed	
	MOINTANE	100		~		- •	Date Imaged	
	STREET ADDRESS (N	O BO BOY BI	UCLLEY	SUITE #;	CIT	Υ:	STATE;	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS			·	weren 61	D. I	••		_
(Residence or Business)	152 Bri	ur ta	WEST-	<u>Dv.</u>	Bust	rap		78602
8 CAMPAIGN TREASURER	AREA CODE	PHONE N	UMBER		EXTEN	RION)	•	
PHONE	(512)	308	-1916	0				
9 REPORT TYPE	January 15		30th day before	election	R	lunoff	treasure	y after campaign or appointment older Only)
	July 15		8th day before e	election		xceeded Modified teporting Limit	Final Re	sport (Attach C/OH - FR)
10 PERIOD	Month	Day	Year			Month	Day	Year
COVERED	4/	1261	1202	3	HROUGH	7		2023
11 ELECTION	ELECTION DAT	re l	 1 .			ELECTION TY	PE	
,	Month Day	Year	Primar	y <u>L</u>	Runoff	Other Description	1	
	5/6/	/23	Gener	al V	Special			
12 OFFICE	OFFICE HELD (if any)				13 OFFIC	CE SOUGHT (if kno	_	_
					Cita	Counci		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S ON OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
COMMITTEE(S)	COMMITTEE TYPE							
Additional Pages	GENERAL	COMMITTE	E ADDRESS	, <u>, , , , , , , , , , , , , , , , , , </u>				
	SPECIFIC	COMMITTE	E CAMPAIGN 1	FREASURE	R NAME			
1		соммітт	EE CAMPAIGN	TREASUR	ER ADDRES	S		
·								
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 THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	ns) \$ 1,090.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O
	4. TOTAL POLITICAL EXPENDITURES	\$1,446.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	* LAST DAY \$3,103.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is equired to be reported by me under Title 15, Election Code.	s true and correct and includes all information
	Signature o	of Candidate or Officeholder
•		
	Please complete either option be	elow:
	Liegze combiere cirioi observino	
(1) Affidavit		
NOTARY STAMP/S	EAL.	
Swom to and subscrib	ed before me by this	is the day of
	tify which, witness my hand and seal of office.	
Signature of officer admir	listering oath Printed name of officer administering oath	Title of officer administering oath
Oligination of childer definition	OR	
(2) Unsworn Decla	ration	
		birth is
	, and my date of t	
My address is	(street) (city)	(state) (zip code) (country)
Everated in	County, State of, on the day of	(month) (year)
Examina in		
	Signature of	of Candidate/Officeholder (Declarant)
1		Davings 047/202

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.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,090.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	. SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$1,446.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10	O. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH \$
11.	. SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	48 \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUITED TO FILER	RNED \$

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 FILED NAME	hin Sander Meyer	3 Filer ID (Ethics Commission Filers)				
	5 Full name of contributor	7 Amount of contribution (\$)				
5/31/23	NOR REYES 6 Contributor address; City; State; Zip Code	500.00				
	2402 OAK Crest Austin TX 78704					
	pation / Job title (See Instructions) 8 Employer (See Instructions)					
AHO	rney mccreary yes	elka, Bragge Allen P.C.				
Date	Full name of contributor	Amount of contribution (\$)				
6 8 23	Maytha Hayvis Contributor address; City; State; Zip Code	40.00				
·	1304 water Bustrop TX 78602					
Principal occup	ation / Job title (See Instructions) Employer (See Instruc					
<u>` </u>	etived I					
Date	Full name of contributor	Amount of contribution (\$)				
6/8/23	Sherri Gilmore contributor address; City; State; Zip Code 1102 Pecan St. Baskop TX 78602	50,00				
Principal occup	pation / Job title (See Instructions) Employer (See Instru					
Υ.	etired					
Date	Full name of contributor	Amount of contribution (\$)				
6/8/23	Tohny Sanders Contributor address; City; State; Zip Code	5.00.00				
	1156 Spring Branch Bastrop, 14 7860;	N The state of the				
Principal occu	pation / Job title (See Instructions) Employer (See Instru	(1)				
+UP	olic Relations Kosco	Bank				
-						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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 CATEGOR	IES FOR BOX 8(a)		
dvertising Expense occunting/Banking consulting Expense contributions/Donations Made By Candidate/Officeholder/Political (Fees Offi Food/Beverage Expense Poli Gift/Awards/Memorials Expense Prir Committee Legal Services Sal	ling Expense hting Expense arles/Mages/Contract Labor	Solicitation/Fundralaing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
redit Card Payment	The Instruction Guide explains ho		Complete Complete Ellers)	
Total pages Schedule F1:	Cynthia Sanders 11	Teyer	3 Filer ID (Ethics Commission Filers)	
Date 5/10/23	Tractor Supply		State: Zip Code	
Amount (\$)	7 Payee address;	City;	State: Zip Code	
82.63	437 Hwy 71 W	Bastrop	74 78602	
3	(a) Category (See Categories Histed at the top of this sche	(b) Description		
PURPOSE OF EXPENDITURE	other		-puller	
	(c) Check if travel outside of Texas, Complete Sched	tule T. Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/1/23	H.E.B	City;	State; Zip Code	
Amount (\$)	Payee address;	0 (
163.19	104 Hasler Blue	**************************************	14 18602	
	Category (See Categories listed at the top of this sch	(HIDDE	•	
PURPOSE	C 1 16 10000	voluntee	a a novanichiam nantu	
EXPENDITURE	FOOD EXPENSE		11 1 1	
	Check if travel outside of Texas, Complete 8d	nedule T. Check If Au	stin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/	ОН			
Date	Payee name	* .		
6923	Kana Winer Mou	City;	State; Zip Code	
Amount (\$)	Payee address;	City,	Called, .	
479.69	707 Chestnut C	the Bastra	p TX 78602	
	Category (See Categories listed at the top of this s	Cuedrine) Describuoti	•	
PURPOSE OF EXPENDITURE	Beverage expense	volunteer	3 1	
	Check if travel outside of Texas. Complete S		Austin, TX, officeholder living expense Office held	
Complete ONLY if direct expenditure to benefit (ct Candidate / Officeholder name C/OH	Office sough	g Office freig	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS I	NEEDED	
•	ATTACH ADDITIONAL COPIES	OF HIS COMESCENIA	Paylend 8/17/2	

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)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Traval in District Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Salarles/Weges/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages_Schedule F1: 4 Date Zip Code City; State: 78602 Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Zip Code State; City; PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense es. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: City; 583. QO Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Office sought

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held