FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00056033 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Cynthia M. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Cyndi Wheless CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Cynthia M. NAME NICKNAME LAST **SUFFIX** Cyndi Wheless **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 548-4658 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 417 Collin District Judge District 417

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Wheless, Cynthia M.	(The Honorable)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	Si Edillo			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00
EXPENDITURE TOTALS	`	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 1,965.34
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 24,869.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Honora	able Cynthia M. Whele	ess
		Signature o	f Candidate or Officehold	ler
AFFIX NO	ΓARY STAMP / SEAL AΒ	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Cinn the second of	an administrativa e a th	Drinted some of officers during the size	T;u t - tt*	advainintavinas 45
Signature of office	er administering oath	Printed name of officer administering oath	itle of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 11
18 FILER NAM Wheless,	ME Cynthia M. (The Honorable)	19 Filer ID 00056033	(Ethics Commission Filers)
20 SCHEDULI NAME OF	SUBTOTAL AMOUNT		
1.	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,965.34
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 750.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/	Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER N				3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 4/11	Wheless	s, Cynthia M. (The Honor	able)		00056033
4	Date	5 Payee na	ame			
	07/20/2023	ADL				
6	Amount (\$)	7 Payee ad	ldress; City;	State; Zip C	ode	
	\$187.50	5720 LE	J			
	Reimbursement from political contributions intended	Dallas, ⁻	TX 75240			
8	PURPOSE OF	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		itions/Donations Made By ite/Officeholder/Political C		L Donation	Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought	Office held
	Date	Payee na	ame			
	08/20/2023	ADL				
	Amount (\$)	Payee ac	Idress; City;	State; Zip C	ode	
	\$187.50	5720 LE	J			
	Reimbursement from political contributions intended	Dallas, ⁻	ΓX 75240			
	PURPOSE OF	1	(See Categories listed at the top of		Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		utions/Donations Made By ute/Officeholder/Political C		Donation L	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought	Office held
	Date	Payee na	ame			
	11/20/2023	ADL				
	Amount (\$) \$187.50	Payee ad 5720 LE		State; Zip C	ode	
	Reimbursement from political contributions intended	Dallas, ⁻	ΓX 75240			
	PURPOSE OF		(See Categories listed at the top of		Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		itions/Donations Made By ite/Officeholder/Political C		L Donation	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought	Office held

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I al Committee Legal Services Salaries/	Expense Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Creak Gara r dymont	The Instruction Guide explains how to c	omplete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 5/11	Wheless, Cynthia M. (The Honorable)		00056033
4	Date	5 Payee name		
	12/20/2023	ADL		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$187.50	5720 LBJ		
	Reimbursement from			
	y political contributions intended	Dallas, TX 75240		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee	Donation	
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Data	Davida dama		
	Date 10/01/2023	Payee name ADL		
			odo	
	Amount (\$) \$245.00	Payee address; City; State; Zip C 5720 LBJ	oue	
		3120 LBJ		
	Reimbursement from political contributions	Dollar TV 75240		
	intended	Dallas, TX 75240		
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	1
		Salada Sa	Donation	
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit		255 Sought	555
	C/OH			
	Date	Payee name		
	10/10/2023	Legal Aid of Northwest Texas		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$208.86	600 Weatherford St.		
	Reimbursement from			
	X political contributions intended	Fort Worth, TX 76102		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee	Donation	
	0 1 0 0 0 0 0			000
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G	Expense		xpense Nages/Contract Labor		Travel Out of District OTHER (enter a ca	ct ategory not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Eth	ics Commission Filers)
	Sch: 3/7 Rpt: 6/11		Wheless, C	ynthia M. (The I	Honorable)				00056033	
4	Date	5	Payee name					•		
	07/03/2023		Uber Eats							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$48.80		1455 Marke	et St.						
	Reimbursement from political contributions intended		San Fransis	sco, CA 94103						
8	PURPOSE	(a)	Category (s	ee Categories listed at t	the top of this sch	edule)	(b) Description	_		of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			<u> </u>	Ch	neck if Austin, TX, of	ficeholder living expense
							Staff			
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Offi	ice held
	Date		Payee name							
	07/05/2023		Uber Eats							
	Amount (\$)	Г	Payee addre	ss; City;	State;	Zip Co	ode			
	\$33.85		1455 Marke	et St.						
	Reimbursement from									
	X political contributions intended		San Fransis	sco, CA 94103						
	PURPOSE		Category (S	ee Categories listed at t	the top of this sche	edule)	Description	Ch	neck if travel outside	of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			[Ch	neck if Austin, TX, of	ficeholder living expense
							Staff			
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Office	nolder name			Office sought		Offi	ice held
	C/OH									
H	Data		D							
	Date 08/03/2023		Payee name Uber Eats							
		L		O't	04-4	7:- 0:	1 -			
	Amount (\$) \$61.56		Payee addre 1455 Marke		State;	Zip Co	ode			
			1433 Maike	:t St.						
	X Reimbursement from political contributions intended		San Fransis	sco, CA 94103						
	PURPOSE		Category (S	ee Categories listed at t	he top of this sche	edule)	Description	_		of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			L	Ch	neck if Austin, TX, of	ficeholder living expense
							Staff			
	0 1. 2	_	p. p. s.				0.5			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Offi	ice held
l										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		xpense Nages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 4/7 Rpt: 7/11	2 FILER NAM Wheless, (E Cynthia M. (The Honorab	e)		3 Filer ID (Ethics Commission Filers) 00056033
4	Date	5 Payee name	9			
	08/14/2023	Uber Eats				
6	Amount (\$)	7 Payee addr	ess; City; St	ate; Zip Co	ode	
	\$51.65	1455 Mark	et St.			
	Reimbursement from political contributions intended	San Frans	isco, CA 94103			
8	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Check if Austin, TX, officeholder living expense
					Staff	
Ļ						200
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	enolder name		Office sought	Office held
	Date	Payee name	Э			
	08/22/2023	Uber Eats				
	Amount (\$)	Payee addr	ess; City; St	ate; Zip Co	ode	
	\$57.00	1455 Mark	et St.			
	Reimbursement from political contributions intended	San Frans	isco, CA 94103			
	PURPOSE OF	Category (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	rage Expense		L	Check if Austin, TX, officeholder living expense
					Staff	
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	9			
	08/24/2023	Uber Eats				
	Amount (\$)	Payee addr	ess; City; St	ate; Zip Co	ode	
	\$28.96	1455 Mark	et St.			
	X Reimbursement from political contributions intended	San Frans	isco, CA 94103			
	PURPOSE	Category (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense		L	Check if Austin, TX, officeholder living expense
					Staff	
	Complete ONLY if direct	Candidate/Office	aholder namo		Office squabt	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Canuluale/Office	SHOWEL HAITIE		Office sought	Office field

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gif nittee Le	od/Beverage Expense tt/Awards/Memorials Exp gal Services he Instruction Guide			pense /ages/Contract Labor		Travel in Distric Travel Out of D OTHER (enter a		above)
1	Total pages Schedule G:		ILER NAME	this M (The Her	arabla)			3	•	Ethics Commiss	ion Filers)
	Sch: 5/7 Rpt: 8/11	_		thia M. (The Hor	iorable)				00056033		
4	Date	1	ayee name								
	08/28/2023	μυ	lber Eats								
6	Amount (\$)	1	ayee address;	•	State;	Zip Co	de				
	\$81.53	1	455 Market S	St.							
	Reimbursement from political contributions intended	s	an Fransisco	o, CA 94103							
8	PURPOSE	(a) C	ategory (See C	Categories listed at the to	p of this sche	dule)	(b) Description	Ch	neck if travel outs	side of Texas. Comp	lete Schedule T.
	OF EXPENDITURE	F	ood/Beverag	je Expense			[Ch	neck if Austin, TX	(, officeholder living e	xpense
							Staff				
9	Complete ONLY if direct expenditure to benefit C/OH	Candi	idate/Officehol	der name			Office sought		(Office held	
	Date	Р	ayee name								
	09/15/2023	u	lber Eats								
	Amount (\$)	Р	ayee address;	City;	State;	Zip Co	de				
	\$61.89	1	455 Market S	St.							
	Reimbursement from										
	X political contributions intended	s	an Fransisco	o, CA 94103							
	PURPOSE	С	ategory (See C	Categories listed at the to	p of this sche	dule)	Description	Cr	neck if travel outs	side of Texas. Comp	lete Schedule T.
	OF EXPENDITURE	F	ood/Beverag	je Expense			[Ch	neck if Austin, TX	, officeholder living e	xpense
							staff				
	Complete ONLY if direct expenditure to benefit	Candi	idate/Officehol	der name			Office sought		(Office held	
	C/OH										
	Date	Г	ayoo namo								
	09/21/2023	1	ayee name Iber Eats								
	Amount (\$)	—	ayee address;	City;	State:	Zip Co	de				
	\$38.58	1	455 Market S	•	Otato,	Z.p 00					
	Reimbursement from										
	x political contributions intended	s	an Fransisco	o, CA 94103							
	PURPOSE OF	1		Categories listed at the to	p of this sche	dule)	Description	_		side of Texas. Comp	
	EXPENDITURE	F	ood/Beverag	je Expense			Cto#		ieck ii Austiii, 12	X, officeholder living e	xperise
							Staff				
	Complete ONLY if direct	Candi	idata/Officabal	dar nama			Office cought			Office hold	
	expenditure to benefit	Cariul	idate/Officehol	uei IIdille			Office sought		(Office held	
	C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in Dis Travel Out o		
	Credit Card Payment		The Instruction Guide explains	how to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAME	<u> </u>			3	Filer ID	(Ethics Commission Filers)	_
	Sch: 6/7 Rpt: 9/11	Wheless, C	ynthia M. (The Honorable)				0005603	33	
4	Date	5 Payee name				<u> </u>			
ľ	10/30/2023	Uber Eats							
Ļ	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ndo.				
ľ	\$59.21	1455 Marke		Zip Ct	oue				
		1455 Marke	51 St.						
	Reimbursement from political contributions								
	intended	San Fransi	sco, CA 94103						
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	=		outside of Texas. Complete Schedule	Γ.
	EXPENDITURE	Food/Beve	rage Expense		L	c	heck if Austin,	, TX, officeholder living expense	
					Staff				
L									
9		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
F		<u> </u>							_
	Date	Payee name							
L	12/12/2023	Uber Eats							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$75.03	1455 Marke	et St.						
	Reimbursement from								
	X political contributions intended	San Fransi	sco, CA 94103						
Г	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	С	heck if travel	outside of Texas. Complete Schedule	Г.
	OF EXPENDITURE	Food/Beve	rage Expense			gc	heck if Austin	, TX, officeholder living expense	
	EXI ENDITORE				Staff				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
⊨		<u> </u>							_
	Date	Payee name							
L	12/13/2023	Uber Eats							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$67.24	1455 Marke	et St.						
	Reimbursement from								
	X political contributions intended	San Fransi	sco, CA 94103						
Г	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	C	heck if travel	outside of Texas. Complete Schedule	Γ.
	OF EXPENDITURE	Food/Beve	rage Expense			gc	heck if Austin	, TX, officeholder living expense	
	EXPENDITORE				Staff				
Г		Candidate/Office	holder name		Office sought			Office held	_
1	expenditure to benefit C/OH								
\vdash	J, J11								_
1									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 7/7 Rpt: 10/11 Wheless, Cynthia M. (The Honorable) 00056033 Date Payee name 12/14/2023 **Uber Eats** 6 Amount (\$) Payee address; City; State; Zip Code \$96.18 1455 Market St. Reimbursement from political contributions intended Х San Fransisco, CA 94103 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Staff Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to	complete thi	s form.			
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Wheless, Cynthia M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00056033			
Date 12/20/2023	5 Payee name Bounds, Kathy (Ms.)					
250.00	7 Payee Address; City; State; Zip 2100 Bloomdale Road Suite 30290 McKinney, TX 75071					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description Gift	(See instructions regarding type of information required.)			
Date	Payee name					
12/19/2023	Marksberry, Angel (Mrs.)					
Amount (\$)	Payee Address; City; State; Zip					
250.00	2100 Bloomdale Road Suite 30290					
	McKinney, TX 75071					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description Gift	(See instructions regarding type of information required.)			
Date	Payee name					
12/19/2023	Willey, Rick (Officer)					
Amount (\$)	Payee Address; City; State; Zip					
250.00	2100 Bloomdale Rd. Suite 30290					
	McKinney, TX 75071					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description Gift	(See instructions regarding type of information required.)			