STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction G	Guide explains how to complete t	his form.	1 Filer ID (Ethics Commission Fi	lers)	2 Total pages file	
	I		00080475		13	
3 CANDIDATE NAME	MS / MRS / MR	FIRST Cynthia M.		MI	OFFICE U	SE ONLY
	Ms.	Cyriulia ivi.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2024	
		Ginyard				
4 CANDIDATE	ADDRESS / PO BOX; APT	/ SUITE #: C	CITY: STATE: ZIP	CODE	Date Hand-delivered or	Date Postmarked
ADDRESS	11418 Oak Lake Ridge Ct		, - ,		Receipt #	Amount
	J					
Change of Address	Sugar Land, TX 77498				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Ms.	Cynthia M.				
	NICKNAME	LAST			SUFFIX	
	MICKNAME	Ginyard			SUFFIX	
		Omyara				
				2177		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO 11418 Oak Lake Ridge Ci); APT/SUITE#;	CITY;	STATE;	ZIP CODE
ADDRESS	11410 Oak Lake Nidge Ci	•				
(Residence or Business)	Sugar Land, TX 77498					
	Jagar Larra, 1701 100					
7 CAMPAIGN	AREA CODE	PHONE I	NUMBER		EXTENSION	
TREASURER PHONE	(281) 530-9623					
I THORE						
8 REPORT TYPE	—					
	X January 15	30th da	y before convention / e	lection	Runoff	
	July 15	8th day	before convention / ele	ection	Final report (At	tach SC C/OH-FR)
9 PERIOD COVERED	1	ear	THROUGH			ay Year
	07/01/2023		THROUGH		12/31	/2023
10 CONVENTION /	Month Day Ye	ear	11 OFFI		STATE CHAIR	<u> </u>
ELECTION DATE			SOUG	SHT	X COUNTY CHA	
12 POLITICAL PARTY	Democrat			OUNTY (If Application	able)	
			F	ort Bend		
		GO	TO PAGE 2			
			- · · · •			

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 13

13 CANDIDATE NAME	Ginyard, Cynthia M.	(Ms.)		14 Filer ID 00080475	(Ethics Comn	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		olitical expenditures by political andidate's knowledge or conspenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
radiaona ragos	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRI			, \$	0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUA	RANTEES OF LOANS	i)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	529.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			AST DAY OF THE	\$	90.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTS' TING PERIOD	TANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT		true and	or affirm, under penalty correct and includes all le 15, Election Code.			
			Ms. C	ynthia M. Ginyard		
			Signa	ature of Candidate		
AFFIX NOT	TARY STAMP / SEAL ABO	OVE				
Sworn to and subsc	cribed before me, by the sa	aid		, this the		_ day
of	, 20, to ce	rtify which, witness my hand	and seal of office.			
Signature of office	er administering oath	Printed name of officer	administering oath	Title of office	er administerin	g oath

SUBTOTALS - SC C/OH

FORM SC C/OH **COVER SHEET PG 3**

				3 of 13			
18 CANDIDATE NAME Ginyard, Cynthia M. (Ms	18 CANDIDATE NAME19 Filer IDGinyard, Cynthia M. (Ms.)00080475						
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X SCHEDULE A	A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2. X SCHEDULE A	A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X SCHEDULE B	3: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X SCHEDULE E	E: LOANS		\$	0.00			
5. X SCHEDULE F	\$	529.93					
6. X SCHEDULE F	\$	0.00					
7. X SCHEDULE F	3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR	RIBUTIONS	\$	0.00			
8. X SCHEDULE F	F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X SCHEDULE G	G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00			
10. SCHEDULE H	H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH	\$				
11. SCHEDULE I:	: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR	RIBUTIONS	\$				
12. SCHEDULE K	C: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$				
			•				

PLEC	OGED CONTRIBU	TIONS			SCHEDULE B
TI	he Instruction Guide exp	lains how to comple	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/13
2 FILER NA Ginyard,	AME Cynthia M. (Ms.)			3	Filer ID (Ethics Commission Filers) 00080475
<u></u>	OF UNITEMIZED PLEDG	GES			\$ 0.
5 Date	6 Full name of pledgor 7 Pledgor Address;	out-of-state PAC (ID#		_) 8	Amount of pledge (\$) 9 In-kind description (If applicable)
40 Dala da al	And the Contraction of the Contraction	eti e ne)	Taa =		Check if travel outside of Texas. Complete Schedu
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	structi	ions)

	LOANS						SCH	IEDULE E	
	The Instructio	on Guide explains how to c	omplete this f	is form. 1 Total pages Schedule E: Sch: 1/1 Rpt: 5/13				<u>:</u>	
2	FILER NAME Ginyard, Cynthia	a M. (Ms.)			3	Filer ID 000804	(Ethics Comn	nission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.0	0
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amo	unt (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra		
							11 Maturity Da	ate	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)				
14	Description of Coll	ateral		15 Check if personal	funds were o	deposited	into political ad (See Instru		_
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gu	uaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See In	structions)				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis	strict category not listed above)
ᆫ			<u>. </u>		
1	Total pages Schedule F1: Sch: 1/8 Rpt: 6/13	2 FILER NAME Ginyard, Cynthia M. (Ms.)	3	Filer ID 00080475	(Ethics Commission Filers)
┝	Data	E D			
4		5 Payee name			
l	12/28/2023	AMAZON			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$16.08	410 TERRY AVENUE NORTH			
l	Ψ10.00	410 TERRY AVENUE NORTH			
l					
l		SEATTLE, WA 98144			
8	PURPOSE	(a) Cotogony (b) Deceription			
ľ	OF	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio		ide of Toyon Com	mlete Cebedule T
l	EXPENDITURE	Onloc Overhead/Nertial Expense		, officeholder living	plete Schedule T.
l					g expense
l		SUBSCF	RIPTION	V	
l					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
l	expenditure to benefit C/O	-			
⊨					
l	Date	Payee name			
l	10/23/2023	AMAZON			
	Amount (\$)	Payee address; City; State; Zip Code			
l	\$16.08	410 TERRY AVENUE NORTH			
l	Ψ10.00	410 TERRY AVENUE NORTH			
l					
		SEATTLE, WA 98144			
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio			
l	OF			ido of Toyas Com	plete Schedule T.
l	EXPENDITURE	Onice Overnead/Nental Expense		, officeholder living	
l					g oxponed
l		305361	(11 1101	•	
ᆫ					
l	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
l	expenditure to benefit C/O	1			
F	Date	Davida nama			
l		Payee name			
	09/25/2023	AMAZON			
l	Amount (\$)	Payee address; City; State; Zip Code			
l	\$16.08	410 TERRY AVENUE NORTH			
l					
1		05.151.5.144.004.4			
		SEATTLE, WA 98144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n		
l	OF		travel outsi	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE		Austin, TX,	, officeholder living	g expense
		SUBSCR	RIPTION	٧	
\vdash	Complete ONU V if allows	Condidate/Officeholder neme		Office 1	-1 d
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eiu
L		·			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		Gift/Awards/Memorials Expense Printing I mmittee Legal Services Salaries		se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains how to c	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 7/13		Ginyard, Cynthia M. (Ms.)		00080475
4	Date	5	Payee name		
	08/23/2023		AMAZON		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$16.08		410 TERRY AVENUE NORTH		
			SEATTLE, WA 98144		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					SUBSCRIPTION
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	H			
	Date		Payee name		
	11/27/2023		AMAZON		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$16.08		410 TERRY AVENUE NORTH		
			SEATTLE, WA 98144		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					SUBSCRIPTION
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	07/24/2023		AMAZON		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$16.08		410 TERRY AVENUE NORTH		
			SEATTLE, WA 98144		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					SUBSCRIPTION
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	Н			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 8/13	Ginyard, Cynthia M. (Ms.)	00080475
4 Date	5 Payee name	<u>'</u>
12/29/2023	AMEGY BANK	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$2.00	P.O. BOX 27459	
	HOUSTON, TX 77227-7459	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		FEES
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	л 	
Date	Payee name	
10/31/2023	AMEGY BANK	
Amount (\$)	Payee address; City; State; Zip C	Code
\$8.00	P.O. BOX 27459	
	HOUSTON, TX 77227-7459	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ought Office held
	T	
Date	Payee name	
09/29/2023	AMEGY BANK	
Amount (\$)	Payee address; City; State; Zip (Code
\$8.00	P.O. BOX 27459	
	HOUSTON, TX 77227-7459	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEES
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/Ol		Sag. Cilido Hold
<u> </u>		V - 10 - 10 10

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 9/13	Ginyard, Cynthia M. (Ms.) 00080475
4	Date	5 Payee name
	08/31/2023	AMEGY BANK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	P.O. BOX 27459
		HOUSTON, TX 77227-7459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEES
		TEE5
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	11/30/2023	AMEGY BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	P.O. BOX 27459
		HOUSTON, TX 77227-7459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEES
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/31/2023	AMEGY BANK
	Amount (\$) \$8.00	Payee address; City; State; Zip Code P.O. BOX 27459
	φο.υυ	F.O. BOX 27439
		HOUSTON TV 77007 7450
		HOUSTON, TX 77227-7459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEES
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 10/13	Ginyard, Cynthia M. (Ms.) 00080475
4	Date	5 Payee name
	07/13/2023	BWPAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	PO BOX 122072
		ARLINGTON, TX 76612
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION
		DONATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	07/11/2023	FED EX
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.82	14056 SW FRWY
		SUGAR LAND, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PRINTING
		FINITING
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	07/13/2023	FED EX
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.69	14056 SW FRWY
		SUGAR LAND, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PRINTING/COPYING
		FRIIVIING/COFTING
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 6/8 Rpt: 11/13	Ginyard, Cynthia M. (Ms.) 00080475
4	Date	5 Payee name
	08/08/2023	FORT BEND CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	445 COMMERCE GREEN BLVD
		SUGAR LAND, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense STATE OF THE COUNTY REGISTRATION
		STATE OF THE COUNTY REGISTRATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Data	Para and
	Date 12/12/2023	Payee name MICROSOFT CORP
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.50	ONE MICROSOFT WAY
		REDMOND, WA 98052
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		SUBSCRIPTION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/13/2023	MICROSOFT CORP
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.50	ONE MICROSOFT WAY
	Ψ1.50	ONE MICROSOFT WATE
		REDMOND, WA 98052
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		SUBSCRIPTION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 7/8 Rpt: 12/13	2 FILER NAME Ginyard, Cynthia M. (Ms.) 3 Filer ID (Ethics Commission Filers) 00080475	
4	Date 09/13/2023	5 Payee name MICROSOFT CORP	_
6	Amount (\$) \$7.50	7 Payee address; City; State; Zip Code ONE MICROSOFT WAY	
Ļ		REDMOND, WA 98052	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SUBSCRIPTION	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 08/14/2023	Payee name MICROSOFT CORP	
	Amount (\$) \$7.50	Payee address; City; State; Zip Code ONE MICROSOFT WAY	
		REDMOND, WA 98052	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SUBSCRIPTION	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 11/14/2023	Payee name MICROSOFT CORP	
	Amount (\$) \$7.50	Payee address; City; State; Zip Code ONE MICROSOFT WAY	
		REDMOND, WA 98052	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SUBSCRIPTION	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/8 Rpt: 13/13	Ginyard, Cynthia M. (Ms.) 00080475
4	Date	5 Payee name
	07/13/2023	MICROSOFT CORP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.50	ONE MICROSOFT WAY
		REDMOND, WA 98052
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SUBSCRIPTION
		SOBSCIAL HOW
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
	07/14/2023	OFFICE DEPOT/MAX
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.96	15375 SOUTHWEST FREEWAY
		SUGAR LAND, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense INK CARTRIDGES AND PRINTING
		INC CARTRIDGES AND PRINTING
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	10/04/2023	SAM'S CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.98	351 HIGHWAY 6
		SUGAR LAND, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SUPPLIES
		SUPPLIES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		