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 | this form. | 1 Filer ID (Ethics Co 000851 | mmission Filers) L35 | 2 Total pages file36 | |
| 3 CANDIDATE | MS / MRS / MR | FIRST | | MI | OFFICE U | SE ONLY |
| NAME | Ms. | Cynthia | | | Date Received | |
| | | | | | ELECTRONICA | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | 02/25/2024 | |
| | | Siegel | | | | |
| | | | | | Date Hand-delivered or D | Date Postmarked |
| 4 CANDIDATE ADDRESS | ADDRESS / PO BOX; AP1 | 7 / SUITE #; C | CITY; STATI | E; ZIP CODE | | |
| 7.221.200 | 4615 Huisache St. | | | | Receipt # | Amount |
| | | | | | Data Discoursed | |
| Change of Address | Bellaire, TX 77401 | | | | Date Processed | |
| | | | | | Date Imaged | |
| | | | | | Date inaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | | MI | |
| TREASURER | Ms. | Patricia | | | | |
| NAME | | | | | | |
| | NICKNAME | LAST | ••••• | | SUFFIX | |
| | | Lunn | | | | |
| | | | | | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO |) BOX PLEASE) | ; APT / SU | ITE #; CITY; | STATE; | ZIP CODE |
| ADDRESS | 5214 Pine St. | | | | | |
| (Residence or Business) | | | | | | |
| (, | Bellaire, TX 77401 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE | PHONE I | NUMBER | | EXTENSION | |
| TREASURER | (713) 962-5943 | | | | | |
| PHONE | | | | | | |
| | | | | | | |
| 8 REPORT TYPE | January 15 | 30th da | y before conv | ention / election | Runoff | |
| | | | | | | |
| | July 15 | X 8th day | before conver | ntion / election | Final report (At | ach SC C/OH-FR) |
| | | | | | | |
| 9 PERIOD COVERED | - | ear | | | Month Da | ay Year |
| COVERED | 01/26/2024 | | TH | ROUGH | 02/24 | /2024 |
| | | | | | 1 | |
| 10 CONVENTION / ELECTION DATE | | ear | | 11 OFFICE SOUGHT | STATE CHAIR | |
| | 03/05/2024 | | | 0000111 | X COUNTY CHA | IR |
| | | | | | | |
| 12 POLITICAL PARTY | Republican | | | COUNTY (If Appl | icable) | |
| | | | | Harris | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO | TO PAGE | 2 | | |
| Forms provided by Tex | as Ethics Commission | | ethics.state.t | X.US | Versio | n V3.5.1.9000c471 |

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 36

I

| 13 CANDIDATE NAME | Siegel, Cynthia (Ms. |) [14 | Filer ID (E 00085135 | thics Commission Filers) |
|--|----------------------------------|---|-------------------------|--------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | | political expenditures by political committees to suppor candidate's knowledge or consent. Candidates are requ kpenditures. | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS (OTHER THAN F ES OF LOANS, OR CONTRIBUTIONS MADE ELECT | | \$ 0.00 |
| | | CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 79,374.31 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | IZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 73,959.34 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD | T DAY OF THE | \$ 38,592.92 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOF | PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF | THE LAST DAY | \$ 0.00 |
| 17 AFFADAVIT | | | | |
| | | I swear, or affirm, under penalty of true and correct and includes all ir under Title 15, Election Code. | | |
| | | Ms. C | ynthia Siegel | |
| | | Signatu | re of Candidate | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | |
| Sworn to and subs | cribed before me, by the s | aid | _, this the | day |
| | | ertify which, witness my hand and seal of office. | | |
| | | | | |
| Signature of offic | cer administering oath | Printed name of officer administering oath | Title of officer a | administering oath |
| Forms provided by Te | xas Ethics Commissior | www.ethics.state.tx.us | \ | /ersion V3.5.1.9000c471 |

FORM SC C/OH SUBTOTALS - SC C/OH **COVER SHEET PG 3** 3 of 36 **18** CANDIDATE NAME 19 Filer ID (Ethics Commission Filers) 00085135 Siegel, Cynthia (Ms.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 76,874.31 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2,500.00 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 69,271.88 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 2,233.84 \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 2,453.62 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/18 Rpt: 4/36 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Siegel, Cynthia (Ms.) 00085135 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/20/2024 "C" Club \$5,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/19/2024 \$104.10 Adams, John Contributor address; City; State; Zip Code Kingwood, TX 77339 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired LTC US Army Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/22/2024 Alford, Joan C \$150.00 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/22/2024 \$50.00 Amley, Roberta Contributor address; City; State; Zip Code Houston, TX 77055 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/31/2024 \$50.00 Aronoff, Phillip Contributor address; City; State; Zip Code Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

| | The Instrue | ction Guide explains how to co | mplete this fo | rm. | 1 | Total pages Schedule A1: Sch: 2/18 Rpt: 5/36 | |
|---|--------------------|--|--------------------|--|---------------|---|--------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Siegel, Cyntl | nia (Ms.) | | | | 00085135 | , |
| 4 | Date | | of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 02/17/2024 | Barrett, Patricia | | | | | \$260.25 |
| | | 6 Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | Drineirelessu | Houston, TX 77082 | | | | | |
| 8 | Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions Retired | 5) | | |
| ╘ | | — ——————————————————————————————————— | | | | | |
| | Date | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | ***** |
| | 02/12/2024 | Barros, Jose | | | | | \$26.03 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | Katy, TX 77493 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Retired | | | Retired | <i>•</i>) | | |
| ⊨ | Data | Full name of contributor | | | | Amount of Contribution (\$) | |
| | Date 02/12/2024 | Belt, Robert | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | 02/12/2024 | Contributor address; City; State; Zip | Codo | | | | Ψ200.00 |
| | | Contributor address, City, State, Zip | Coue | | | | |
| | | | | | | | |
| | | Houston, TX 77055 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | CPA | | | BELT HARRIS PECHAO | CEI | K | |
| | Date | Full name of contributor | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/21/2024 | Binh, To | | | | | \$104.10 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77027 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Banker | | | na | | | |
| | Date | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/06/2024 | Bookout III, John | | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | Houston, TX 77019 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ປ | | |
| | President | | | JA Capital LLC | " | | |
| ⊢ | | | | | | | |
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| SCHEDULE | A1 |
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| | The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: Sch: 3/18 Rpt: 6/36 | |
|----------|---|--|-------------------------------|---------------------------------------|---|------------------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Siegel, Cyntl | hia (Ms.) | 1 | | 00085135 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | |
| | 02/21/2024 | Boucharf, Michelle | | | - | \$520.51 |
| | - | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | 1 | | | |
| | | | 1 | | | |
| | | Houston, TX 77019 | 1 | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions) | ـــــــــــــــــــــــــــــــــــــ | | |
| | Consulting | | Self Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 01/29/2024 | Broussard, Paul L | / | | | \$100.00 |
| | 02,20,202 | Contributor address; City; State; Zip Code | J | | | +-------------- |
| | | Contributor address, City, State, Zip Code | 1 | | | |
| | | | 1 | | | |
| | | Kingwood, TX 77079 | 1 | | | |
| ┝ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | ـــــــــــــــــــــــــــــــــــــ | | |
| | Owner | | Freight Cowboy | , | | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#: |) | — | Amount of Contribution (\$) | |
| | 01/27/2024 | Cadena, Betty | / | | | \$260.25 |
| | 01/21/2027 | | | | | Ψ200.20 |
| | | Contributor address; City; State; Zip Code | 1 | | | |
| | | | 1 | | | |
| | | Houston, TX 77064 | 1 | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ن) | | |
| | Retired | | Retired | , | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: | · | — | Amount of Contribution (\$) | |
| | 02/21/2024 | Cadena, Betty | ·/ | | | \$156.15 |
| | 0212112024 | - | | | | Φ100.10 |
| | | Contributor address; City; State; Zip Code | 1 | | | |
| | | | 1 | | | |
| | | Houston, TX 77064 | 1 | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ເ) | | |
| | Retired | | Retired | 9 | | |
| ⊨ | | | l | — | Amount of Contribution (\$) | |
| | Date 02/12/2024 | Full name of contributor out-of-state PAC (ID#: Canterbury, Patrick E | , I | | Amount of Contribution (\$) | \$1,000.00 |
| | 0211212024 | | | | | Φ1,000.00 |
| | | Contributor address; City; State; Zip Code | 1 | | | |
| | | | 1 | | | |
| | | Houston, TX 77056-2728 | 1 | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | <u>ר</u> | | |
| | CEO | | Hibernia Resources | 9 | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this fo | 1 | Total pages Schedule A1: Sch: 4/18 Rpt: 7/36 | | |
|---|----------------|---|------------------------------|---|-----------------------------|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Siegel, Cynt | hia (Ms.) | | | 00085135 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 02/22/2024 | Cantrell , Alicia | | | | \$156.15 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77019 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | COO | | Coalition Por For Texas | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/20/2024 | Chapman, Ronald | | | | \$156.15 |
| | | Contributor address: City; State: Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77070 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Insurance | | Self Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/20/2024 | Clinkscales, Ruthanne | / | | (1) | \$104.10 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | . | | |
| | Retired | | Retired | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/26/2024 | Collins, Don | / | | (1) | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Bellaire, TX 77401 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Retired | | Retired | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 02/20/2024 | Davis, Stephen | / | | (1) | \$100.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I | | Houston, TX 77096 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| I | Agent | | GBS Insurance Agency, | | С. | |
| ⊢ | | | | | | |
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| SCHEDULE | A1 |
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| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/18 Rpt: 8/36 | |
|----------|---------------------------|---|---------------------------------------|--|---|-----------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Siegel, Cyntl | nia (Ms.) | | | 00085135 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 02/09/2024 | Desforges, Cheryl | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Jersey Village, TX 77040 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 3) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/29/2024 | Egbert, Carolyn | | | | \$260.25 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77056 | · · · · · · · · · | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Retired | | Retired | _ | | |
| | Date | |) | | Amount of Contribution (\$) | |
| | 01/31/2024 | Elder, Ramsay | | | | \$104.10 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Lewston TV 7700E | | | | |
| \vdash | Drive sized a servi | Houston, TX 77005 | | ŕ | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions Retired | 5) | | |
| | | | | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷ - = 0 0 0 |
| | 02/20/2024 | Eppes, Nelda | | | | \$150.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77292-4008 | | | | |
| \vdash | Drincinal occu | pation / Job title (See Instructions) | Employer (See Instructions | \sum_{n} | | |
| | Retired | | Retired | 5) | | |
| ╞ | | | | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | <u> ተ104 10</u> |
| | 02/01/2024 | Ezelle, Kayla | | | | \$104.10 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Bellaire, TX 77401 | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>لــــــــــــــــــــــــــــــــــــ</u> | | |
| | Attorney | | self employed | '' | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/18 Rpt: 9/36 | |
|---|----------------|---|------------------------------|----------|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Siegel, Cynt | hia (Ms.) | | | 00085135 | / |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 01/30/2024 | Fagan, Nikki | / | | (1) | \$100.00 |
| | 01/00/101 | 6 Contributor address; City; State; Zip Code | | | | +=00100 |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77018 | | | | |
| 8 | Principal occu | I pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | Retired | | Retired | , | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Т | Amount of Contribution (\$) | |
| | 01/27/2024 | Falco, Laureen |) | | | \$52.05 |
| | 01/21/2024 | | | | | Ψ02.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77059 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | CPA | | LAUREEN FALCO CPA | | .C | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u> | Т | Amount of Contribution (\$) | |
| | 02/12/2024 | Farrell, Peter C. (Dr.) |) | | | \$5,000.00 |
| | 02/12/2024 | | | | | 40,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77019-3122 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Chairman | | Res/Med | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/31/2024 | Faubel , Julie | | | | \$26.03 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Montgomery, TX 77356 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Retired | | Retired | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 01/31/2024 | Frazier, Winfred | | | | \$260.25 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Bellaire, TX 77401 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Retired | | Retired | | | |
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| | The Instru | ction Guide explains how to complete t | this form. | 1 | Total pages Schedule A1: Sch: 7/18 Rpt: 10/36 | |
|---|----------------|---|--|----------|--|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Siegel, Cyntl | | | | 00085135 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC | C (ID#:) | 7 | Amount of Contribution (\$) | |
| | 02/23/2024 | Furse, Austen | | | | \$520.51 |
| | | 6 Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | Houston, TX 77005 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruction | (2) | | |
| | Partner | | Hawkins Ranch, LP | 137 | | |
| ╞ | Date | Full name of contributor Out-of-state PAC | C (ID#:) | Т | Amount of Contribution (\$) | |
| | 02/19/2024 | Garten, David | , (ID#) | | | \$1,000.00 |
| | 021101202. | | | | | Ψ1,000.00 |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77019 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | is) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC |) | | Amount of Contribution (\$) | |
| | 02/19/2024 | Ginsburg, Jay S | | | | \$52.05 |
| | | Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | | | | | |
| | Drivelass | Bellaire, TX 77401 | | | | |
| | Attorney | <pre>ipation / Job title (See Instructions)</pre> | Employer (See Instruction Jay S Ginsburg PC | IS) | | |
| | | | | T | | |
| | Date | Full name of contributor out-of-state PAC |) (ID#:) | | Amount of Contribution (\$) | ቀጋር በጋ |
| | 02/19/2024 | Gonzales, Greg | | | | \$26.03 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Spring , TX 77379 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | IS) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC | L C (ID#:) | Τ | Amount of Contribution (\$) | |
| | 02/18/2024 | Graff, Rhonda | | | | \$312.30 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77024 | i | | | |
| | | pation / Job title (See Instructions) | Employer (See Instruction | is) | | |
| L | Retired | | Retired | | | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 8/18 Rpt: 11/36 | |
|---|----------------|---|---|----------|--|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Siegel, Cynt | hia (Ms.) | | | 00085135 | , |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID# | :) | 7 | Amount of Contribution (\$) | |
| | 02/12/2024 | Grenader, David | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| 0 | Dringing ago | Houston, TX 77004 | 0 Employer (Cool Instructions | | | |
| | Real Estate | pation / Job title (See Instructions) | 9 Employer (See Instructions Self Employed | 5) | | |
| | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | ¢100.00 |
| | 02/19/2024 | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77059 | | | | |
| | Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | Retired | | Retired | , | | |
| | Date | Full name of contributor out-of-state PAC (ID# | | Г | Amount of Contribution (\$) | |
| | 02/15/2024 | Full name of contributor out-of-state PAC (ID# Hauser, Barbara |) | | Amount of Contribution (\$) | \$52.05 |
| | 02/13/2024 | | | | | Ψ32.03 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Houston, TX 77056 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID# |) | Г | Amount of Contribution (\$) | |
| | 01/31/2024 | Haworth, Robert | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77004 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 01/31/2024 | Hink, Frederick | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77019 | 1 | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | Retired | | | |
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|---|--------------------|---|------------------------------|----------------|--|-----------------|
| | The Instru | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 9/18 Rpt: 12/36 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Siegel, Cynth | hia (Ms.) | | | 00085135 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID; | #:) | 7 | Amount of Contribution (\$) | |
| | 01/31/2024 | Hodges, Carolyn | | | | \$260.25 |
| | 1 | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Houston, TX 77056 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID; | #:) | Τ | Amount of Contribution (\$) | |
| | 02/09/2024 | Holland, Carlyle | |] | | \$26.03 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | ļ | | | | | |
| | ļ | Houston TV 77025 | | | | |
| ┝ | Dringing occu | Houston, TX 77025 | Employer (See Instructions | <u> </u> | | |
| | Retired | ipation / Job title (See Instructions) | Retired | 5) | | |
| ╞ | | | | T | Array of Cantribution (f) | |
| | Date 02/01/2024 | Full name of contributor Out-of-state PAC (ID) Howard, Timothy | #:) | | Amount of Contribution (\$) | \$52.05 |
| | 02/01/2024 | | | - | | Φ <u></u> Ω2.05 |
| | ļ | Contributor address; City; State; Zip Code | | | | |
| | 1 | | | | | |
| | 1 | Houston, TX 77042 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Attorney | | self employed | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID; | #:) | Γ | Amount of Contribution (\$) | |
| | 02/15/2024 | Howell, Ginger | | | | \$156.15 |
| | 1 | Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Houston, TX 77024 | | Ļ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Realtor | | Self Employed | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID) | #:) | | Amount of Contribution (\$) | |
| | 02/19/2024 | Johnson, Glenn | | | | \$100.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | |
| | ļ | | | | | |
| | | Houston, TX 77024 | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> د) | | |
| | Attorney | | Johnson Wurzer PC | 3) | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 10/18 Rpt: 13/36 |
|-----------------------------|--|---|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Siegel, Cynt | | | 00085135 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 01/26/2024 | Kasper, Beth | | \$104.10 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| 2 Drizzinal again | Tomball, TX 77370 | | |
| 8 Principal occu Retired | ipation / Job title (See Instructions) | 9 Employer (See Instructions Retired | ;) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 02/23/2024 | | | \$50.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77065 | | |
| Princinal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u></u> |
| Retired | | Retired | <i>י</i> ן |
| | | | Amount of Contribution (\$) |
| Date 02/02/2024 | Full name of contributor out-of-state PAC (ID#: Kelsey, Ann |) | Amount of Contribution (\$) \$520.51 |
| 0210212024 | | | ψυζυ.υτ |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77056 | | |
| Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ۵) |
| Retired | | Retired | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/22/2024 | Khan Jr., Charles | | \$150.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Spring, TX 77379 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| Marketing | | Ernest | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/19/2024 | Klein, Roman | | \$50.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Houston, TX 77079 | 1 | |
| - | ipation / Job title (See Instructions) | Employer (See Instructions | ;) |
| Retired | | Retired | |
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| SCHEDULE | A1 |
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| - | The Instru | ction Guide explains how to complete this t | form. | 1 | Total pages Schedule A1: Sch: 11/18 Rpt: 14/36 | |
|----------|----------------|---|------------------------------|----|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Siegel, Cyntl | | | | 00085135 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 01/28/2024 | Levy, Steven | | | | \$100.00 |
| | I | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Seebrook, TX 77586 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Sales | | S Levy Surplus | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Γ | Amount of Contribution (\$) | |
| | 02/13/2024 | Levy, Steven | | | | \$100.00 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Seebrook, TX 77586 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Sales | | S Levy Surplus | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 02/21/2024 | Longer, Wayne | | | | \$25.00 |
| | 1 | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Cypress, TX 77429 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 02/23/2024 | Lunn, Patricia | | | | \$520.51 |
| | I | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Bellaire, TX 77401 | + | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 01/29/2024 | Mafrige, David Z | | | | \$5,165.29 |
| | 1 | Contributor address; City; State; Zip Code | | 1 | | |
| | I | | | | | |
| | I | | | | | |
| | | Houston, TX 77079 | | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | 3) | | |
| | Commercial | Real Estate | Self Employed | | | |
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| Tł | he Instru | ction Guide explains how to | o complete this fe | orm. | 1 Total pages Schedule A1: Sch: 12/18 Rpt: 15/36 |
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| 2 FIL | LER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | egel, Cyntl | nia (Ms.) | | | 00085135 |
| 4 Da | ate | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 01 | L/26/2024 | McAdams, Donald | | | \$250.00 |
| | | 6 Contributor address; City; State | e; Zip Code | | 1 |
| | | | | | |
| | | Bellaire, TX 77401 | | | |
| 8 Pri | incipal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions | s) |
| | etired | julion, con allo (ore meaning -, | | Retired | -, |
| Da | ate | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | L/31/2024 | McMillan, Allison | | / | \$52.05 |
| - | | Contributor address; City; State | | | |
| | | | , Lip 0000 | | |
| | | | | | |
| | | Houston, TX 77096 | | | |
| Pri | incipal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) |
| Ins | surance Br | oker | | Myers Younger Associa | |
| Da | ate | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02 | 2/19/2024 | Moger, Sandie | | | \$30.00 |
| | | Contributor address; City; State | | | 1 |
| | | | | | |
| | | Houston TV 77077 | | | |
| | | Houston, TX 77077 | | Employer (Cool Instructions | - |
| | dvertising N | pation / Job title (See Instructions) Marketing | | Employer (See Instructions Moger Media | 5) |
| | | - | 7 | | |
| Da 02 | | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02 | 2/19/2024 | Moger, Sandie | a. Zin Cada | | \$52.05 |
| | | Contributor address; City; State | ;; Zip Code | | |
| | | | | | |
| | | Houston, TX 77077 | | | |
| Pri | incipal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) |
| Ad | dvertising N | Marketing | | Moger Media | |
| Da | ate | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02 | 2/21/2024 | Monacelli, Frank | - | | \$156.15 |
| | | Contributor address; City; State | e; Zip Code | | 1 |
| | | | | | |
| | | | | | |
| | | Houston, TX 77005 | | , | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) |
| Re | ealtor | | | Nino Properties | |
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|---|----------------|--|------------------------|---------------------------------------|---------|---|-----------------|
| | The Instru | ction Guide explains how to | complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 13/18 Rpt: 16/36 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Siegel, Cynt | nia (Ms.) | | | | 00085135 | / |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 01/26/2024 | Nielsen, Paul | | | | | \$50.00 |
| | | 6 Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77041 | | | | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions | 5) | | |
| | Petroleum La | andman | | Self Employed | | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/22/2024 | Ottmann, Judi | | | | | \$156.15 |
| | | Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | Houston TV 770E6 | | | | | |
| ┝ | Dringing ago | Houston, TX 77056 | | Employer (Cap Instructions | | | |
| | Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired |) | | |
| ╘ | | | | Retired | | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | # 500.00 |
| | 02/22/2024 | Prentice, Michael | | | | | \$500.00 |
| | | Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | Houston, TX 77027 | | | | | |
| ⊢ | Principal occu | L pation / Job title (See Instructions) | | Employer (See Instructions |) ;) | | |
| | Retired | | | Retired | | | |
| ⊨ | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/12/2024 | Remick, Penny | | | | | \$26.03 |
| | | Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77027 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Retired | | | Retired | | | |
| | Date | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/08/2024 | Richard, Susanne | | | | | \$50.00 |
| | | Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| ⊢ | <u> </u> | Houston, TX 77098 | | | Ĺ | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Managemen | ι | | Self Employed | | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 14/18 Rpt: 17/36 |
|---|----------------|--|------------------------------|----------|---|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| | Siegel, Cyntl | nia (Ms.) | | | 00085135 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) |
| | 02/12/2024 | Roberts, Nancy | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| Ļ | Dringinglagou | Jersey Village, TX 77040 | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | |
| | Retired | | Retired | _ | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 02/12/2024 | Shamrock, John P | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Houston, TX 77077 | | Ĺ | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| | Retired | | Retired | _ | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) |
| | 01/26/2024 | Siegel, Robert S | | | \$20,000.00 |
| | | Contributor address; City; State; Zip Code | | 1 | |
| | | | | | |
| | | Bellaire, TX 77401 | | | |
| _ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| | Retired | | Retired | , | |
| ⊢ | | | | _ | Amount of Contribution (A) |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) \$104.10 |
| | 02/12/2024 | Skinner, Lynne (Ms.) | | | \$104.10 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Como, TX 75431 | | | |
| | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| | Real Estate | · · · · · · · | Self | , | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Г | Amount of Contribution (\$) |
| | 02/20/2024 | Skinner, Lynne (Ms.) | | | \$52.05 |
| | | Contributor address; City; State; Zip Code | | • | |
| | | | | | |
| | | | | | |
| 1 | | Como, TX 75431 | | | |
| F | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| I | Real Estate | | Self | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 15/18 Rpt: 18/36 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Siegel, Cyntl | hia (Ms.) | | | 00085135 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 02/22/2024 | Strickland, Lamar Jeb | | | | \$150.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77077 | | | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 02/21/2024 | Sullivan, Michael | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Kingwood , TX 77345 | | | | |
| | • | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Director of G | ov. Affairs | Group 1 Automotive | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 02/22/2024 | Swanson, Sarah Jane | | | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77035 | - | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Attorney | | Swanson Lawfirm PLLC | : | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/26/2024 | Sword, James | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| L | | Spring, TX 77373 | 1 | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| L | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 02/14/2024 | Sword, James | | | | \$52.05 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| L | | Spring, TX 77373 | 1 | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| L | Retired | | Retired | | | |
| | | | | | | |
| | | | | | | |

| SCHEDULE | A1 |
|----------|----|
|----------|----|

| The Instruc | ction Guide explains how to complete this f | iorm. | 1 Total pages Schedule A1: Sch: 16/18 Rpt: 19/36 |
|---------------------------|---|---------------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Siegel, Cyntl | | | 00085135 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 01/26/2024 | Tacquard, Phyllis | | \$26.03 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77058 | | |
| - | pation / Job title (See Instructions) | 9 Employer (See Instructions | |
| Retired | | Retired | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/31/2024 | Taylor, LauralHill | | \$52.05 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77096 | - | |
| | ipation / Job title (See Instructions) | Employer (See Instructions | ;) |
| Accountant | | HCRP | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 02/16/2024 | Thorp, Richard | | \$25.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Bellaire, TX 77401 | | <u> </u> |
| Principal occu Retired | ipation / Job title (See Instructions) | Employer (See Instructions Retired | i) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/12/2024 | Trahan, Rebecca | | \$52.05 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Katy, TX 77586 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| Vice Preside | | Sertant Capital | <i>y</i> |
| Date | Full name of contributor out-of-state PAC (ID#: | · · · · · · · · · · · · · · · · · · · | Amount of Contribution (\$) |
| 01/31/2024 | Tyner, Kay | | \$52.05 |
| 01/01/202 . | Contributor address; City; State; Zip Code | | |
| | Continuation address, City, State, Zip Code | | |
| | | | |
| | Cypress, TX 77433 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) |
| Retired | | Retired | , |
| | | | |
| | | | |

| | The Instru | ction Guide explains how to complete | this fo | orm. | 1 | Total pages Schedule A1: Sch: 17/18 Rpt: 20/36 | |
|---|----------------|--|------------|-------------------------------|----------|---|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissi | on Filers) |
| | Siegel, Cyntl | nia (Ms.) | | | | 00085135 | |
| 4 | Date | 5 Full name of contributor out-of-state PA | AC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 02/20/2024 | Vander-Lyn, Gerry | ` <u>-</u> | | | | \$599.75 |
| | I | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77025 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions) |) | | |
| | Retired | | | Retired | | | |
| | Date | Full name of contributor out-of-state PA | AC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/16/2024 | Vickers, Gordana | | | | | \$300.00 |
| | 1 | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Houston, TX 77005 | | | | | |
| | - | pation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | Realtor | | | Compass RE | | | |
| | Date | Full name of contributor 🔲 out-of-state PA | AC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/20/2024 | Vickery, Virgil | | | | | \$104.10 |
| | 1 | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Spring, TX 77379 | | | | | |
| | - | pation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | Attorney | | | Self Employed | _ | | |
| | Date | Full name of contributor out-of-state PA | 4C (ID#: |) | | Amount of Contribution (\$) | |
| | 02/16/2024 | Waldie Jr., Charles | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Katy, TX 77450 | | | | | |
| | Drincinal occu | pation / Job title (See Instructions) | | Employer (See Instructions) | <u> </u> | | |
| | Retired | | | Retired |) | | |
| | | | | Retired | — | | |
| | Date | Full name of contributor out-of-state PA | 4C (ID#: |) | | Amount of Contribution (\$) | ±10,000,00 |
| | 01/26/2024 | Wall, Kathaleen | | | | \$12,000.00 | |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | College Station, TX 77845 | | | | | |
| - | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) | <u></u> | | |
| | Retired | | | Retired |) | | |
| | | | [| | | | |
| | | | | | | | |
| | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/18 Rpt: 21/36 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Siegel, Cynthia (Ms.) 00085135 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 01/29/2024 Wall, Kathaleen \$13,000.00 6 Contributor address; City; State; Zip Code College Station, TX 77845 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/12/2024 \$260.25 White, Walter Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Economy Polymers and Chemicals Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:) 02/06/2024 Wood, Reed \$100.00 Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| | The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 22/36 | | | | |
|----|--------------------|--|---|---|--|--|--|--|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Siegel, Cyn | thia (Ms.) | | | 00085135 | | | |
| 4 | TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | | | |
| 5 | Date 02/22/2024 | 6 Full name of contributor out-of-state PAC (ID#: Lopez, Art 7 Contributor address; City; State; Zip Code Houston, TX 77017 |) | 8 | Amount of contribution (\$) \$2,500.00 B Net Radio Advertising | | | |
| 10 | Principal occ | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | -JU | IDICIAL) (See instructions) | | | |
| | Consultant | | Self | | | | | |
| 12 | Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | | | | | |
| 14 | Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | or's | spouse (if any) (FOR JUDICIAL) | | | |
| 16 | If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| 1 | Sch: 1/10 Rpt: 23/36 | Siegel, Cynthia (Ms.) | 00085135 |
| 4 | Date 01/26/2024 | 5 Payee name Amegy Bank of Texas | |
| _ | | | |
| 6 | Amount (\$) \$15.00 | 7 Payee address; City; State; Zip Code PO Box 26547 Salt Lake City, UT 84126-0547 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Fees Check if travel of Check if Austin, Check if Austin, Check if Austin, | outside of Texas. Complete Schedule T. TX, officeholder living expense Service Fee for Wire Transfer Received |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 01/29/2024 | Amegy Bank of Texas | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$15.00 | PO Box 26547 | |
| | | Salt Lake City, UT 84126-0547 | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | outside of Texas. Complete Schedule T. TX, officeholder living expense Service Fee for Wire Transfer Received |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| - | Date | Payee name | |
| | 01/31/2024 | Amegy Bank of Texas | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$2.00 | PO Box 26547 | |
| | | Salt Lake City, UT 84126-0547 | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | outside of Texas. Complete Schedule T. TX, officeholder living expense d paper Statement Fee Amegy Bank |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|-------------------------------------|---|--------------|--|-------------------|---|-----------------------------|-------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex e Legal Services The Instruction Guid | pense | Office Over Polling Exp Printing Exp Salaries/Wa | ense Iges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 FILI | ER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 2/10 Rpt: 24/36 | Sie | gel, Cynthia (Ms.) | | | | | 00085135 | |
| 4 | Date | 5 Pav | ee name | | | | 1 | | |
| | 02/14/2024 | - | Z Consulting, LLC | | | | | | |
| 6 | Amount (\$) | 7 Pav | ee address; City; | State: | Zip Coo | e | | | |
| - | \$1,000.00 | - | 0 Laura Lake Ln. | , | 1 | | | | |
| | | | | | | | | | |
| | | For | t Worth, TX 76126 | | | | | | |
| 8 | PURPOSE | | | | | b) Description | | | |
| - | OF | | egory (See Categories listed at the final states at the final stat | top of this sched | dule) | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | | | officeholder living | |
| | | | | | | Email Campa | aigr | ns for Februa | ary 2024 |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | idate/Officeholder name | Of | ffice soug | ht | | Office he | ld |
| | Date | Pay | ee name | | | | | | |
| | 02/05/2024 | CA | Z Consulting, LLC | | | | | | |
| | Amount (\$) | Pay | ee address; City; | State; | Zip Coo | е | | | |
| | \$17,620.00 | 772 | 0 Laura Lake Ln. | | | | | | |
| | | For | t Worth, TX 76126 | | | | | | |
| | PURPOSE OF EXPENDITURE | | egory (See Categories listed at the i isulting Expense | top of this sched | dule) | | | de of Texas. Com , officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | idate/Officeholder name | Of | ffice soug | ht | | Office he | łd |
| | Date | Pav | ee name | | | | | | |
| | 02/08/2024 | - | Z Consulting, LLC | | | | | | |
| | Amount (\$) | | ee address; City; | State: | Zip Coo | e | | | |
| | \$7,837.32 | | 0 Laura Lake Ln. | o tato, | p 000 | | | | |
| | . , | | | | | | | | |
| | | | t Worth, TX 76126 | | | | | | |
| | PURPOSE OF | | GORY (See Categories listed at the | | dule) | b) Description | oute: | de of Texas. Com | aloto Schodulo T |
| | EXPENDITURE | Sol | citation/Fundraising Expe | nse | | | | officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | idate/Officeholder name | Of | ffice soug | ht | | Office he | ld |
| | | | | | | | | | |
| | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|-------------------------------------|---|----------|---------------------------|--|---------------------------|--|------------------------------|-------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instruction | | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | Ξ | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 3/10 Rpt: 25/36 | | Siegel, Cyr | ithia (Ms.) | | | | | 00085135 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 02/21/2024 | | CAZ Consu | Ilting, LLC | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | Zip Co | le | | | |
| | \$10,188.36 | | 7720 Laura | Lake Ln. | | | | | | |
| | | | | | | | | | | |
| | | | Fort Worth, | TX 76126 | | | | | | |
| 8 | PURPOSE | (a) | Category (s | | ed at the top of this sch | odulo) | (b) Description | | | |
| - | OF | | Consulting | | | edule) | | outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | 0 | • | | | | | , officeholder living | expense |
| | | | | | | | TEXTING - M | 1MS | S | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nam | ie C | Office sou | Jht | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 02/21/2024 | | CAZ Consu | ılting, LLC | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | le | | | |
| | \$10,831.20 | | 7720 Laura | Lake Ln. | | | | | | |
| | | | Fort Worth, | TX 76126 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (S Consulting | | ed at the top of this sch | edule) | | , TX, | ide of Texas. Com , officeholder living - 01 | |
| | Complete ONLY if direct | | `andidate/∩ff | iceholder nam | | Office sou | uht | | Office he | ald |
| | expenditure to benefit C/Oł | | | | | | jin | | Onice he | |
| | Date | <u> </u> | Payee name | | | | | | | |
| | 02/12/2024 | | Cultura Me | | | | | | | |
| | Amount (\$) | | Payee addre | • | State | Zip Co | 10 | | | |
| | \$540.00 | | 501 Fellow | | State, | | | | | |
| | φ0+0.00 | | | 5110 | | | | | | |
| | | | Houston, T | X 77047 | | | | | | |
| | PURPOSE OF | | | | ed at the top of this sch | edule) | (b) Description | | ide of Tours | nlata Cabadula T |
| | EXPENDITURE | | Solicitation | /Fundraising | Expense | | | , тх, | ide of Texas. Com , officeholder living | |
| - | Complete ONLY if direct | L | Candidate/Off | iceholder nam | ie C | Office sou | Iht | | Office he | eld |
| | expenditure to benefit C/OF | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-----|--|-------------------------------------|--|--------------------------|-------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp | Office Pollir Printi Salar | e Overhe g Exper ng Expe ies/Wag | nse es/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 4/10 Rpt: 26/36 | | Siegel, Cynthia (Ms.) | | | | | 00085135 | |
| 4 | Date | 5 | Payee name | | | | I | | |
| | 02/07/2024 | | Cultura Media Group | | | | | | |
| 6 | Amount (\$) | 7 | • | State; Zip | Code | N | | | |
| ľ | \$1,469.00 | ľ | 501 Fellows Rd | otate, zip | Couc | | | | |
| | ¢1,400.00 | | | | | | | | |
| | | | Houston, TX 77047 | | | | | | |
| _ | | | | | - 1.0 | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of | this schedule) | (b | Description | outoi | ide of Texas. Comp | alata Sabadula T |
| | EXPENDITURE | | Solicitation/Fundraising Expense | | | | | , officeholder living | |
| | | | | | | Sign Placem | ent | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name | Office | sough | t | | Office he | ld |
| | expenditure to benefit C/OI | 4 | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 02/16/2024 | | Cultura Media Group | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip | Code | | | | |
| | \$1,606.00 | | 501 Fellows Rd | | | | | | |
| | | | | | | | | | |
| | | | Houston, TX 77047 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schodula) | (b |) Description | | | |
| | OF | | Solicitation/Fundraising Expense | tills schedule) | Ì | | outsi | ide of Texas. Comp | blete Schedule T. |
| | EXPENDITURE | | | | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | Sign Placem | ent | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office | sough | t | | Office he | ld |
| | | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 02/19/2024 | | Edgerton Strategies | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip | Code | 2 | | | |
| | \$5,000.00 | | 1540 Keller Parkway | | | | | | |
| | | | #108-402 | | | | | | |
| | | | Keller, TX 76248 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schedule) | (b |) Description | | | |
| | OF EXPENDITURE | | Advertising Expense | | | | | ide of Texas. Comp | |
| | EXPENDITORE | | | | | | | , officeholder living | |
| | | | | | | Digital Media | tor | week of Fe | ет а |
| | 0 1.1 0.111 | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office | sough | t | | Office he | ld |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract La The Instruction Guide explains how to complete this fo | bense Transportation Equipment & Related Expense Travel in District Travel Out of District Abor OTHER (enter a category not listed above) | | | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| | Sch: 5/10 Rpt: 27/36 | Siegel, Cynthia (Ms.) | 00085135 | | | | | | | | |
| 4 | Date 02/22/2024 | Payee name Lopez, Art | | | | | | | | | |
| _ | | | | | | | | | | | |
| 6 | Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 8205 N Bayou Dr | | | | | | | | | |
| | | Houston, TX 77017 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 01/31/2024 | The What's Up Radio Program | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$10,000.00 | 10924 Grant Road | | | | | | | | | |
| | | #133 | | | | | | | | | |
| | | Houston, TX 77070 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ign Mailer | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 01/26/2024 | WinRed | | | | | | | | | |
| | Amount (\$) \$20.89 | Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | Check | ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense sing Fee for Credit Card Donations | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | | | | |
| | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | | | | EXPENDITURE | CATEGO | RIES FOR | BO | X 8(a) | | | | |
|--|--|-----|-----------------|---|-------------------|---|----------------------------------|---------------------|-------|--|--------------------------|-----------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | nmittee | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid | xpense | Office Over Polling Exp Printing Ex Salaries/W | rhead pense pense ages/ | e Contract Labor | | Solicitation/Fundi Transportation Ei Travel in District Travel Out of Dis OTHER (enter a | quipment & Rela trict | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Com | mission Filers) |
| | Sch: 6/10 Rpt: 28/36 | | Siegel, Cynt | hia (Ms.) | | | | | | 00085135 | , | , |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 01/29/2024 | | WinRed | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | | State; | ; Zip Coo | de | | | | | |
| | \$193.75 | | 1776 Wilson | BIVU | | | | | | | | |
| | | | Suite 530 | | | | | | | | | |
| | | | Arlington, VA | A 22209 | | | | | | | | |
| 8 | PURPOSE OF | (a) | | e Categories listed at the | e top of this sch | nedule) | (b) | Description | outoi | de of Texas. Com | alata Sahadula T | |
| | EXPENDITURE | | Fees | | | | | | | officeholder living | | |
| | | | | | | | | Processing F | | | | butions |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | _ | | | |
| | 01/31/2024 | | WinRed | | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | ; Zip Co | de | | | | | |
| | \$45.49 | | 1776 Wilson | Blvd | | | | | | | | |
| | | | Suite 530 | | | | | | | | | |
| | | | Arlington, VA | 22209 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at the | e top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Fees | | | , | ļ | | | de of Texas. Com | | |
| | | | | | | | | | | officeholder living | | autiona |
| | | | | | | | | Processing F | ees | | | JULIONS |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | C | Dffice sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 01/31/2024 | | WinRed | | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | ; Zip Co | de | | | | | |
| | \$2.05 | | 1776 Wilson | Blvd | | | | | | | | |
| | | | Suite 530 | | | | | | | | | |
| | | | Arlington, VA | A 22209 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at the | e top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Fees | | | | | | | de of Texas. Com | | |
| | | | | | | | | Processing F | | officeholder living | | butions |
| | | | | | | | | r rocessing P | 665 | | | 500015 |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | (| Office sou | ght | | | Office he | eld | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | | | | EXPENDITUR | E CATEGO | RIES FOR | BO |)X 8(a) | | | | | |
|---|--|----------|---------------------------|--|--------------------|------------------|------|---|----------|--|-----------|----------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | nmittee | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | | | | Travel in District Travel Out of Dis | quipment | xpense t & Related Expense not listed above) | | | |
| | | | | | lide explains | how to cor | nple | te this form. | | | | | |
| 1 | Total pages Schedule F1: Sch: 7/10 Rpt: 29/36 | | FILER NAME Siegel, Cyn | | | | | | 3 | Filer ID 00085135 | (Ethic: | s Commission Filers) | |
| 4 | Date | 5 | Payee name | | | | | | | | | | - |
| | 02/02/2024 | | WinRed | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State | ; Zip Coo | de | | | | | | |
| | \$26.66 | | 1776 Wilsor | ו Blvd | | | | | | | | | |
| | | | Suite 530 | | | | | | | | | | |
| | | | Arlington, V | A 22209 | | | | | | | | | |
| 8 | PURPOSE | <u> </u> | | | | | (h) | Description | | | | | - |
| 0 | OF | ((, | Fees | ee Categories listed at t | ne top of this sch | nedule) | (0) | Description | outsi | le of Texas. Com | nlete Sch | edule T | |
| | EXPENDITURE | | FEES | | | | | | | officeholder living | | | |
| | | | | | | | | Processing F | ees | for Credit C | Card C | Contributions | |
| | | | | | | | | - | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder name | (| Dffice soug | ght | | | Office he | eld | | |
| | Date | Γ | Payee name | | | | | | | | | | |
| | 02/06/2024 | I | WinRed | | | | | | | | | | |
| - | Amount (\$) | - | Payee addres | ss; City; | State | ; Zip Co | he | | | | | | - |
| | \$80.00 | I | 1776 Wilsor | | Ciuco | , <u>r</u> h cc. | uc | | | | | | |
| | φ00.00 | | | I DIVU | | | | | | | | | |
| | | | Suite 530 | | | | | | | | | | |
| | | | Arlington, V | A 22209 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at t | ne top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Fees | | | | | | | de of Texas. Com | | | |
| | | | | | | | | | | officeholder living | | | |
| | | | | | | | | Processing F | ee | for Credit C | ard Co | ontributions | |
| | | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder name | C | Office sou | ght | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | | _ |
| | 02/08/2024 | | WinRed | | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | ; Zip Co | de | | | | | | _ |
| | \$1.97 | | 1776 Wilsor | - | State, | , zip coo | ac | | | | | | |
| | Φ1.97 | I | | T DIVU | | | | | | | | | |
| | | I | Suite 530 | | | | | | | | | | |
| | | | Arlington, V | A 22209 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at t | ne top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Fees | | | | | | | de of Texas. Com | | | |
| | | | | | | | | | | officeholder living | | | |
| | | | | | | | | Processing F | ees | for Credit C | Card C | Contributions | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | C | Office sou | ght | | | Office he | eld | | |
| | expenditure to benefit C/OF | н | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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) | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 8/10 Rpt: 30/36 | Siegel, Cynthia (Ms.) | 00085135 | | | | | |
| 4 | Date 02/09/2024 | Payee name WinRed | | | | | | |
| 6 | Amount (\$) \$2.02 | Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Processing Fee for Credit Card Contributions | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 02/12/2024 | WinRed | | | | | | |
| | Amount (\$) \$34.22 | Payee address;City;State;Zip Code1776 Wilson BlvdSuite 530Arlington, VA 22209 | | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | utside of Texas. Complete Schedule T. TX, officeholder living expense See for Credit Card Contributions | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 02/14/2024 | WinRed | | | | | | |
| | Amount (\$) \$5.99 | Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | utside of Texas. Complete Schedule T. TX, officeholder living expense See for Credit Card Contributions | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | | | | EXPENDITUR | RE CATEGO | RIES FOR | BO |)X 8(a) | | | | | |
|---|--|-----|---------------|--|---------------------|------------|------|---|--------------------|--|-----------|----------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | nmittee | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | | | | Travel in District Travel Out of Dis | quipment strict | xpense & Related Expense not listed above) | | | |
| | | | | The Instruction G | uide explains | how to cor | nple | te this form. | | | | | |
| 1 | Total pages Schedule F1: | | | | | | | | 3 | Filer ID | (Ethics | s Commission Filers) |) |
| | Sch: 9/10 Rpt: 31/36 | | Siegel, Cyn | thia (Ms.) | | | | | | 00085135 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 02/16/2024 | | WinRed | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | ; Zip Co | de | | | | | | |
| | \$24.95 | | 1776 Wilso | n Blvd | | | | | | | | | |
| | | | Suite 530 | | | | | | | | | | |
| | | | Arlington, V | 'A 22209 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categories listed at | the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Fees | | | | | | outsi | de of Texas. Com | plete Sch | edule T. | |
| | EXPENDITORE | | | | | | | | | officeholder living | | | |
| | | | | | | | | Processing fe | es | for credit ca | ird cor | ntributions | |
| | | | | | | | | | | 011 | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | ceholder name | (| Office sou | ght | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | | |
| | 02/20/2024 | | WinRed | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | | | |
| | \$80.80 | | 1776 Wilso | n Blvd | | | | | | | | | |
| | | | Suite 530 | | | | | | | | | | |
| | | | Arlington, V | 'A 22209 | | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories listed at | the top of this sch | edule) | (b) | Description | | | | | |
| | OF | | Fees | ee categories listed at | | iculic) | . , | | outsi | de of Texas. Com | plete Sch | edule T. | |
| | EXPENDITURE | | | | | | | | | officeholder living | | | |
| | | | | | | | | Processing fe | es | for Credit C | ard Co | ontributions | |
| | | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | (| Office sou | ght | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | | _ |
| | 02/21/2024 | | WinRed | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | | | |
| | \$47.16 | | 1776 Wilso | n Blvd | | | | | | | | | |
| | | | Suite 530 | | | | | | | | | | |
| | | | Arlington, V | 'A 22209 | | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories listed at | the ton of this sch | redule) | (b) | Description | | | | | |
| | OF | l`´ | Fees | | | icuaic) | . , | | outsi | de of Texas. Com | plete Sch | edule T. | |
| | EXPENDITURE | | | | | | | | | officeholder living | | | |
| | | | | | | | | Processing fe | es | for credit ca | rd cor | ntributions | |
| | | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | C | Office sou | ght | | | Office he | eld | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | r - C I Committee L | EXPENDITURE CATEGO Event Expense Ges Cod/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Loan Repayme Office Overhea Polling Expens Printing Expens Salaries/Wage | nt/Reimbursement d/Rental Expense e se s/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
|---|---|--|---|--|---|-----|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 10/10 Rpt: 32/36 | Siegel, Cynth | nia (Ms.) | | | | 00085135 | |
| 4 | Date | 5 Payee name | | | | | | |
| - | 02/23/2024 | WinRed | | | | | | |
| 6 | Amount (\$) \$82.05 | Payee address 1776 Wilson Suite 530 Arlington, VA | Blvd | ; Zip Code | | | | |
| 8 | PURPOSE | (a) Category (See | Categories listed at the top of this sch | nedule) (b) | Description | | | |
| | OF EXPENDITURE | Fees | | | | | | plete Schedule T. |
| | | | | | | | officeholder living | |
| | | | | | Processing F | ees | | Card Contributions |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Offic | eholder name 0 | Office sought | | | Office he | eld |
| | | | | | | | | |
| | | | | | | | | |

| EXPENDITURES | MADE BY | CREDIT | CARD |
|---------------------|---------|--------|------|
|---------------------|---------|--------|------|

| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | | | |
|--|--|-----------------------------|--|---|-------------|--------------|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense By - Gift/Awards/Memorials Expense Legal Services | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Transportation Equipm Travel in District Travel Out of District | | | | | | |
| | The Inst | ruction Guide explains h | w to complete this form. | | | | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Eth | ics Commiss | sion Filers) | | | | |
| Sch: 1/3 Rpt: 33/36 | Siegel, Cynthia (Ms | 5.) | | 00085135 | | | | | | |
| 4 CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEMI | | | | | | | |
| ISSUER | СН | ASE | EXPENDITURES CHARGED TO A CR CARD | | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card I | Issuer Paid | | | | | | |
| | \$287.82 | 02/02/2024 | | | | | | | | |
| 7 PAYEE | (a) Payee name | 1 | (b) Payee address; | City, | State, | Zip Code | | | | |
| Mail Chimp675 Ponce De LeorSuite 5000Atlanta, GA 30308 | | | | Ave NE | | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | | | |
| EXPENDITURE | (See Categories listed at the top Solicitation/Fundraisir | | Email Marketing | | | | | | | |
| X Political | Solicitation/Furiuraisii | ig Expense | | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Aust | Check if Austin, TX, officeholder living expense | | | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Of | ffice sought | Office held | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card I | Issuer Paid | | | | | | |
| | \$451.40 | 01/30/2024 | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; City, State, Zip Code | | | | | | | |
| | Lloueten Cinn Com | | 5801 Chimney Rock Road | | | | | | | |
| | Houston Sign Com | pany | | | | | | | | |
| | | | Houston, TX 77081 | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | | | | |
| | Printing Expense | , | Campaign posters | | | | | | | |
| X Political | | | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | tin, TX, officeholder living ex | pense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Oi | ffice sought | Office held | | | | | | |
| | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card I | lesuer Daid | | | | | | |
| | | | | | | | | | | |
| | \$100.00 | 01/27/2024 | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | |
| | | | 2261 Northpark Dr. | Oity, | Olule, | | | | | |
| | Kingwood Tea Part | у | #109 | | | | | | | |
| | | | Kingwood Area, TX 7 | 7339 | | | | | | |
| PURPOSE OF (a) Category (b) Description | | | | | | | | | | |
| EXPENDITURE | (See Categories listed at the top | | Support of the Kingw | ood Tea Party | | | | | | |
| X Political | Contributions/Donatio | | e | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | tin, TX, officeholder living ex | pense | | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | | ffice sought | Office held | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |

| EXPENDITURES | MADE BY | CREDIT | CARD |
|---------------------|---------|--------|------|
|---------------------|---------|--------|------|

| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | | | |
|----------|--|---|-------------------------------------|---|------------------------|--|---------------|--------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Award | rage Expense s/Memorials Expense | Loan Repayment/Reimburse Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lal | ense Tra Tra Tra | blicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above) | | | | |
| | Candidate/Onicenoiden/Politica | 5 | ruction Guide explains h | | | | not iisteu ai | JUVE) | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | | |
| | Sch: 2/3 Rpt: 34/36 | Siegel, Cynthia (Ms | 5.) | | | 00085135 | | | | |
| 4 | CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UN | | | | | | |
| | ISSUER | see p | revious | EXPENDITUR CHARGED TO CARD | | \$ | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit | t Card Issuer | r Paid | | | | |
| | | \$41.13 | 02/01/2024 | | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee addres | s; | City, | State, | Zip Code | | |
| | | | | 500 Ferry A Fra | ancois Blvd | ł | | | | |
| | | WIX | | FI6 | | | | | | |
| | | | | San Francisco, | CA 94158 | -2230 | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this cohodulo) | (b) Description | | | | | | |
| | | Web Support | Website support | | | | | | | |
| | X Political | | | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule | | ck if Austin, TX, | officeholder living expe | ense | | | |
| | Complete <u>ONLY</u> if direct penditure to benefit C/OH | Candidate/Officeholder | name Of | fice sought | | Office held | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit | Card Issue | r Paid | | | | |
| | | \$1,017.55 | 02/14/2024 | | | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee addres | s; | City, | State, | Zip Code | | |
| | | Houston Sign Com | 5801 Chimney | 5801 Chimney Rock Road | | | | | | |
| | | Houston Sign Com | pany | | | | | | | |
| | | | | Houston, TX 77 | 7081 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description YARD SIGNS AND WIRE STAKERS | | | | | | |
| | _ | Solicitation/Fundraisir | YARD SIGNS AND WIRE STAKERS | | | | | | | |
| | X Political | | | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule | | ck if Austin, TX, | officeholder living expe | ense | | | |
| | Complete <u>ONLY</u> if direct spenditure to benefit C/OH | Candidate/Officeholder | name Oi | fice sought | | Office held | | | | |
| | | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit | Card Issue | r Paid | | | | |
| | | \$300.94 | 02/06/2024 | (0) 2 410(0) 0.041 | | | | | | |
| | | Ф 300.94 | 02/00/2024 | | | | | | | |
| - | PAYEE | (a) Payee name | | (b) Payee addres | S: | City, | State, | Zip Code | | |
| | | | | 5801 Chimney | | | , | | | |
| | | Houston Sign Com | pany | | | | | | | |
| | | | | Houston, TX 77 | 7081 | | | | | |
| | PURPOSE OF | (a) Category | | (b) Description | | | | | | |
| | EXPENDITURE | (See Categories listed at the top Printing Expense | of this schedule) | 4X4 COROPLA | AST 4/0 SC | ORE BACKS | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Che | ck if Austin. TX. | officeholder living expe | ense | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder | | fice sought | | Office held | | | | |
| e | xpenditure to benefit C/OH | | | - | | | | | | |
| ⊢ | | I | | | | | | | | |

| | | EXPI | ENDITURE CATEGORI | IES FOR BOX 10(a) | | | |
|---|----------------------------|-----------------------------------|--------------------------------------|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political | | - Gift/Award | erage Expense s/Memorials Expense | Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr | Solicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above) | | |
| | | The Inst | ruction Guide explains he | ow to complete this form. | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 3/3 Rpt: 35/36 | Siegel, Cynthia (Ms | 5.) | | 00085135 | | |
| 4 | CREDIT CARD | Name of fina | ncial institution | 5 TOTAL OF UNITEMIZED | | | |
| | ISSUER | see p | revious | EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| | | \$35.00 | 02/08/2024 | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | | | | 3355 W. Alabama | | | |
| | | BizPacUs | | Suite 980 | | | |
| | | | | Houston, TX 77098 | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Description | | | |
| | EXPENDITURE | (See Categories listed at the top | | Contribution | | | |
| | X Political | Solicitation/Fundraisir | ig Expense | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule 1 | T. Check if Austin, TX, | officeholder living expense | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | r name Of | fice sought | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | |
| | | | | | | | |
| l l | | | | | | | |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | |
|---|--|---|
| | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office OV Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E | bayment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District xpense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 36/36 | 2 FILER NAME Siegel, Cynthia (Ms.) | 3 Filer ID (Ethics Commission Filers) 00085135 |
| 4 Date 01/26/2024 | 5 Payee name CHASE SLATE CARD SERVICES | |
| 6 Amount (\$) \$219.78 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 201 N. WALNUT STREET DE1-0153 WILMINGTON, DE 19801 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Paid Credit Card for campaign expenses |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date | Payee name | |
| 02/15/2024 | CHASE SLATE CARD SERVICES | |
| Amount (\$) \$2,233.84 | Payee address; City; State; Zip Co 201 N. WALNUT STREET DE1-0153 WILMINGTON, DE 19801 | ode |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for Credit Card charges for the period 1/26/24 through 2/24/2024 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| | | |