JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00054955	,	2 Total pages	filed:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Cindy			Date Received	USE ONLY
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX		
		Stormer		SUFFIX	- 0, 00, 2024	
						
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; AF			ZIP CODE	Date Hand-delivered	l or Date Postmarked
ADDRESS	REDACTED PER 2	54.0313, GOV'T (CODE			, and and
Change of Address					Date Processed	I
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Josh				
	NICKNAME	LAST			SUFFIX	
		Lucas				
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	AP	T / SUITE #; CITY;	ST	TATE; ZIP CODE
TREASURER ADDRESS						
(Residence or Business)	REDACTED PER 2	54.0313, GOV'T (CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PH0 (817) 999-6456	ONE NUMBER	EXTENSION			
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		campaign treasurer fficeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit		ttach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	01/01/2024		HROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r ∏⊧	Primary	Runoff	Other	
	11/05/2024				_	
			General	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	` (if known)	
	Criminal District Court J	udge District 213	th Tarrant			ace Tarrant District
		GO ⁻	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	thics.state.tx.u	S	Vers	sion V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 21

I

13 C / OH NAME	Stormer, Cindy (The	Honorable)	14 Filer ID 00054955	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatic	the candidate's or offic	eholder's knowledge or		
Additional Pages		COMMITTEE NAME	OMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	19)	\$ 4,963.77		
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	IZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 17,611.92		
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 8,000.00		
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.	ty of perjury, that the ac all information required	ccompanying report is to be reported by me		
		The Hor	norable Cindy Storm	er		
		Signature o	f Candidate or Officeho	blder		
AFFIX NC	TARY STAMP / SEAL AB	OVE				
	•	aid	, this the	day		
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath		
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0		

FORM JC/OH COVER SHEET PG 3

3 of 21

I

18 FILER NAM Stormer, 0	ME Cindy (The Honorable)	19 Filer ID 00054955	(Ethics Commission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 4,963.77
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 8,100.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 17,611.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

The Instru	ction Guide explains how to complete t	his form.	1 Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/21
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Stormer, Cir	ndy (The Honorable)		00054955
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)
03/23/2024	Carol, Woodfin		\$50.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
Unemployed	t	Unemployed	
10 Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
N.A.		N.A.	
	is a child, law firm of parent(s) (if any)		
N.A.		N.A.	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
05/01/2024	Collins, Margaret		\$50.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
Contributor's	Principal Occupation	Contributor's Job Title	
Retired		N.A.	
	employer/law firm	Law firm of contributor's s	pouse (if any)
N.A.		N.A.	
	is a child, law firm of parent(s) (if any)		
N.A.		N.A.	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
06/02/2024	Cooley, Sandra		\$20.00
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76244		
	Principal Occupation	Contributor's Job Title	
Unemployed		N.A.	
	employer/law firm	Law firm of contributor's s	pouse (if any)
N.A.		N.A.	
	is a child, law firm of parent(s) (if any)		
N.A.		N.A.	

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/21
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Stormer, Cir	ndy (The Honorable)		00054955
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/04/2024	Dodds, Jean		\$50.00
	6 Contributor address; City; Stat		
	Colleyville, TX 76034		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
Unemployed	1	N.A.	
10 Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
N.A.		N.A.	
12 If contributor i	s a child, law firm of parent(s) (if any	/)	
N.A.		N.A.	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/19/2024	Domingo, Garcia		\$1,000.00
	Contributor address; City; Stat	e; Zip Code	
	Dallas, TX 75247		
Contributor's	Principal Occupation	Contributor's Job Title	
Lawyer		Attorney	
Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
Self		N/A/	
If contributor i	s a child, law firm of parent(s) (if any	/)	
N/A		N/A	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/02/2024	Dooley, Michelle		\$25.00
00/02/2024		o: Zin Codo	
		e, zip code	
	Fort Worth TV 76107		
	Fort Worth, TX 76107		
	Principal Occupation	Contributor's Job Title	
Retired		n.a.	
	employer/law firm	Law firm of contributor's	spouse (if any)
n.a.		n.a.	
	s a child, law firm of parent(s) (if any		
n.a.		n.a.	

The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/21
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Stormer, Cin	dy (The Honorable)		00054955
4 Date	5 Full name of contributor 🔲 out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)
02/05/2024	Gamber , Russell		\$100.00
	6 Contributor address; City; State; Zip Code		
	Arlington, TX 76012		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Retired		N/A	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
N/A		N/A	
12 If contributor is	s a child, law firm of parent(s) (if any)		
N/A		N/A	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
06/04/2024	Hanratty, Linda	·	\$100.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Unemployed		N.A.	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
N.A.		N.A.	
If contributor is	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
04/30/2024	Hector, Carillo		\$300.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76111		
Contributor's F	Principal Occupation	Contributor's Job Title	
Unemployed		N.A.	
	employer/law firm	Law firm of contributor's s	pouse (if any)
N.A. N.A.			
	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	

The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/21
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Stormer, Cir	ndy (The Honorable)			00054955
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/17/2024				\$250.00
	6 Contributor address; City; St	ate; Zip Code		
	Hurst, TX 76054			
8 Contributor's	Principal Occupation		9 Contributor's Job Title	
Istudio400			N.A.	
10 Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)
N.A.			N.A.	
12 If contributor i	is a child, law firm of parent(s) (if a	iny)		
N.A.			N.A.	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2024	Kathleen, Walker			\$400.00
	Contributor address; City; St	ate; Zip Code		
	Fort Worth, TX 76107			
Contributor's	Principal Occupation		Contributor's Job Title	
retired			N.A.	
Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
N.A.			N.A.	
If contributor i	is a child, law firm of parent(s) (if a	any)		
N.A.			N.A.	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/23/2024	Lavonne, Cockrell			\$100.00
	Contributor address; City; St	ate; Zip Code		
	Fort Worth, TX 76116			
Contributor's	Principal Occupation		Contributor's Job Title	
Unemployed	t		N.A.	
Contributor's	employer/law firm		Law firm of contributor's sp	bouse (if any)
N.A.			N.A.	
If contributor i	is a child, law firm of parent(s) (if a	iny)		
N.A.			N.A.	

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/21
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ndy (The Honorable)		00054955
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/21/2024	Madelyn, Ivey		\$250.00
	6 Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
Retired		N.A.	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
N.A.		N.A.	
12 If contributor is	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/07/2024	Michael, Bell		\$25.00
	Contributor address; City; State; Zip Code		•
	Fort Worth, TX 76105		
Contributor's I	Principal Occupation	Contributor's Job Title	•
Baptist Chur	ch	Pastor	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
N.A.		N.A.	
If contributor is	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/16/2024	NE Tarrant County Democrats		\$500.00
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
Contributor's I	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/9 Rpt: 9/21
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Stormer, Cin	ndy (The Honorable)		00054955
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)
05/20/2024	Partridge, Karen		\$100.00
	6 Contributor address; City; State; Zip Code		
	Dandridge, TN 37725		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
Retired		N.A.	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
N.A.		N.A.	
12 If contributor is	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	
Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	Amount of Contribution (\$)
02/07/2024	Price, Ryon (Rev.)		\$50.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76110		
Contributor's I	Principal Occupation	Contributor's Job Title	
Pastor		Senior Pastor	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
Baptist Chur	ch	NA	
If contributor is	s a child, law firm of parent(s) (if any)		
NA			
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
05/02/2024	Sandra, Cooley		\$18.77
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76244		
Contributor's I	Principal Occupation	Contributor's Job Title	
Unemployed	1	N.A.	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
N.A. N.A.			
If contributor is	s a child, law firm of parent(s) (if any)	1	
N.A.		N.A.	

The Instru	ction Guide explains how to com	plete this form.	1 Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/21
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Stormer, Cir	ndy (The Honorable)		00054955
4 Date	5 Full name of contributor out-of-	state PAC (ID#:	7 Amount of Contribution (\$)
05/10/2024	Sandra, Lee		\$100.00
	6 Contributor address; City; State; Zip C	ode	
	Kennedale, TX 76060		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	•
Constable		Constable	
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
N.A.		N.A.	
12 If contributor i	s a child, law firm of parent(s) (if any)	•	
N.A.		N.A.	
Date	Full name of contributor out-of-	state PAC (ID#:	Amount of Contribution (\$)
02/12/2024	Schilling, August		\$150.00
	Contributor address; City; State; Zip C	ode	
	Euless, TX 76039		
Contributor's I	Principal Occupation	Contributor's Job Title	
Ret.		Ret.	
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
N.A.		N.A.	
If contributor i	s a child, law firm of parent(s) (if any)	·	
N.A.		N.A.	
Date	Full name of contributor out-of-	state PAC (ID#:	Amount of Contribution (\$)
05/24/2024	Schilling, August		\$150.00
	Contributor address; City; State; Zip C	ode	
	Euless, TX 76039		
Contributor's I	Principal Occupation	Contributor's Job Title	
Retired		N.A.	
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
N.A.		N.A.	
If contributor i	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	

The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/21
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Stormer, Cin	ndy (The Honorable)		00054955
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of Contribution (\$)
06/30/2024	Stokdyk, Lisa		\$100.00
	6 Contributor address; City; State; Zip Code		
	Southlake, TX 76092		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
American Ai	rlines	N.A.	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
N.A.		N.A.	
	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
06/30/2024	Thompson, Glenda		\$50.00
	Contributor address; City; State; Zip Code		
	Arlington, TX 76013		
Contributor's I	Principal Occupation	Contributor's Job Title	
Unemployed	1	N.A.	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
N.A.		N.A.	
	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
05/31/2024	Thornburg, Boyd		\$25.00
	Contributor address; City; State; Zip Code		
	Keller, TX 76248		
Contributor's I	Principal Occupation	Contributor's Job Title	
Retired		N.A.	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
N.A.		N.A.	
If contributor is	s a child, law firm of parent(s) (if any)		
N.A.		N.A.	

	The Instru	ction Guide explains how to	1	Total pages Schedule A(J)1 Sch: 9/9 Rpt: 12/21	:					
2	FILER NAME		3	Filer ID (Ethics Commission	on Filers)					
	Stormer, Cin	idy (The Honorable)			00054955					
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)				
	06/28/2024	Torres, Ralph					\$1,000.00			
		6 Contributor address; City; State;	Zip Code							
		-								
		Fort Worth, TX 76137								
8	Contributor's I	Principal Occupation		9 Contributor's Job Title						
	Unemployed	l		N.A.						
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if any)					
	N.A.			N.A.						
12	If contributor i	s a child, law firm of parent(s) (if any)								
	N.A.		N.A.							

LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): 1 The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 13/21 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Stormer, Cindy (The Honorable) 00054955 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) 01/03/2024 Stormer, Cindy \$3,000.00 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest Rate financial institution? 11 Maturity Date No Fort Worth, TX 76107 12 Lender's Principal Occupation 13 Lender's Job Title unemployed unemployed 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) self 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) X None Х 19 GUARANTOR 22 Amount Guaranteed (\$) 20 Name of guarantor INFORMATION X not applicable 21 Guarantor address; City; State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)

	LOANS (J	UDICIAL)			SCHEDULE E(J)				
		on Guide explains how to complete this	1 Total pages Schedule E(J): Sch: 2/2 Rpt: 14/21						
	FILER NAME Stormer, Cindy (The Honorable)		3 Filer ID 000549	(Ethics Commission Filers) 1955				
4	TOTAL OF UN	ITEMIZED LOANS			\$				
	Date of loan 02/07/2024	7 Name of lender Out-of-state P Stormer, Cindy	AC (ID#:)	9 Loan Amount (\$) \$5,100.00				
	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate				
	No	Fort Worth, TX 76107			11 Maturity Date				
12	Lender's Principal	Occupation	13 Lender's Job Title	L3 Lender's Job Title					
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)					
16 If lender is child, law firm of parent(s) (if any)									
	Description of Coll	ateral	18 Check if personal funds we	ere deposited	l into political account (See Instructions)				
	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)				
	X not applicable								
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title						
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's spouse (if any)						
27	If guarantor is child	d, law firm of parent(s) (if any)							

EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	vent Expense Loan Repayment/Reimbursement ees Office Overhead/Rental Expense ood/Beverage Expense Polling Expense ift/Awards/Memorials Expense Printing Expense					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:	2		E					2	Filer ID (Ethics Commission Filers)		
	Sch: 1/7 Rpt: 15/21	 		⊢ indy (The Hond	orable)					00054955		
4	Date											
4	03/02/2024	5	Payee name American l	Jnion Graphics								
6	Amount (\$)	7	Payee addre			; Zip Co	do					
0		ľ			Siale	, zip cu	ue					
	\$316.04		3245 Main	Sineei								
			Suite 235									
			Frisco, TX	75034								
8	PURPOSE	(a)	Category (See Categories listed a	t the ten of this ash	adula)	(b)	Description				
-	OF	[⁽¹⁾	Advertising		a the top of this sch	iedule)	(-)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		/ avertising	Expense				Check if Austin	, тх,	officeholder livin	g expense	
								business care	ds			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ïceholder name	(Office sou	ight			Office h	eld	
	Date		Payee name									
	04/01/2024		American l	Jnion Graphics								
	Amount (\$)	-	Payee addre	ess; City;	State	; Zip Co	nde					
	\$347.48		3245 Main		Oluio	, בוף כס						
	φ347.40			Silleel								
			Suite 235									
			Frisco, TX	75034								
	PURPOSE	(a)	Category (s	See Categories listed a	t the ton of this sch	edule)	(b)	Description				
	OF		Advertising			,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			•				Check if Austin	, TX	officeholder livin	g expense	
								push cards				
	Complete ONLY if direct	. (Candidate/Off	iceholder name	(Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	Н					-					
_	Dete	<u> </u>										
	Date		Payee name									
	03/02/2024		American (Jnion Graphics								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$316.04		3245 Main	Strreet								
			Suite 235									
			Frisco, TX	75034								
			-									
	PURPOSE OF	(a)		See Categories listed a	t the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense							nplete Schedule T.	
								business car		officeholder livin	g expense	
								DUSITIESS Call	us			
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	1										

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					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:	2		=					2	Filer ID (Ethics Commission Filers)		
1	Sch: 2/7 Rpt: 16/21	 		– indy (The Hond	vrable)				ľ	00054955		013)
_	-									00034933		
4	Date	5	Payee name									
	04/01/2024		American L	Jnion Graphics								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	ode					
	\$347.48		3245 Main	Strreet								
			Suite 235									
			Frisco, TX	75034								
_	DUDDOCE						(1-)					
8	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	edule)	(u)	Description	nutsi	ide of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense						, officeholder livin	•	
								push cards				
0	Complete ONLV if direct		Candidata/Off	iceholder name			abt			Office h	old	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/OII			Office sou	igni			Once n	eiu	
	Date		Payee name	•								
	03/02/2024		American L	Jnion Graphics								
	Amount (\$)	┢	Payee addre	ess; City;	State	; Zip Co	ode					
	\$316.04		3245 Main	Strreet								
			Suite 235									
				75004								
			Frisco, TX									
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	iedule)	(b)	Description				
	EXPENDITURE		Advertising	Expense						ide of Texas. Cor , officeholder livin	nplete Schedule T.	
								business card			g expense	
								business car	uJ			
	Operation ONUNC for the st									0.000	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Off	iceholder name	C	Office sou	ignt			Office h	eia	
	•	_										
	Date		Payee name									
	04/01/2024		American L	Jnion Graphics								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ode					
	\$347.48		3245 Main	Strreet								
			Suite 235									
			Frisco, TX	75034								
	DUDDOCE						(h)	Description				
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	edule)	(0)	Description	Untei	ide of Texas Cor	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense						, officeholder livin		
								push cards	,,		3	
-	Complete ONLV if direct	Ļ	Candidata/Off	iceholder name		Office sou				Office h	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OII	icenoider name	C	Juice Sou	ignt			Unice h	Elu	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Transmit Food/Beverage Expense Polling Expense Transmit Gift/Awards/Memorials Expense Printing Expense Transmit					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:	2	FILER NAME	:					3	Filer ID	(Ethics Commission F	ilers)
-	Sch: 3/7 Rpt: 17/21	2		ndy (The Honor	able)				ľ	00054955		liers)
4	Date	5	Payee name									
	03/02/2024			nion Graphics								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	ode					
	\$316.04		3245 Main \$	Strreet								
			Suite 235									
				75024								
			Frisco, TX 7	5034								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense							nplete Schedule T.	
										, officeholder livin	g expense	
								business car	ds			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ight			Office h	eld	
	Date		Payee name									
	04/01/2024		American U	nion Graphics								
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	\$347.48		3245 Main \$	Sineel								
			Suite 235									
			Frisco, TX 7	'5034								
	PURPOSE	(a)	Category (se	e Categories listed at	the top of this sch	(aluba	(b)	Description				
	OF		Advertising			icuaic)			outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX	, officeholder livin	g expense	
								push cards				
	Complete ONLY if direct	(Candidate/Offi	ceholder name	(Office sou	ight			Office h	eld	
	expenditure to benefit C/O	Η					-					
_	Dete	<u> </u>										
	Date		Payee name									
	06/10/2024		Comark									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$3,700.94		614 Hemph	il St.								
			Fort Worth,	TX 76104								
	DUDDOCE	(-)					(1-)					
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	edule)	(a)	Description	outo	ido of Toyoo Con	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense						, officeholder livin		
								yard signs	, 17,		g expense	
								yara siyris				
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ight			Office h	eld	
	expenditure to benefit C/OI											

		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 Gift/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: 4/7 Rpt: 18/21	Stormer, Cindy (The Honorable)	00054955
4	Date 06/10/2024	Payee name Comark	
6	Amount (\$) \$3,700.94	Payee address; City; State; Zip Code 614 Hemphil St. Fort Worth, TX 76104	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/10/2024	Comark	
	Amount (\$) \$3,700.94	Payee address; City; State; Zip Code 614 Hemphil St. Fort Worth, TX 76104	
	PURPOSE OF EXPENDITURE	 A) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel of Check if trav	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/10/2024	Comark	
	Amount (\$) \$3,700.94	Payee address;City;State; Zip Code614 Hemphil St.	
		Fort Worth, TX 76104	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

				EXPENDITUR	E CATEGO)X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	vent Expense Loan Repayment/Reimbursement bes Office Overhead/Rental Expense pod/Beverage Expense Polling Expense tt/Awards/Memorials Expense Printing Expense					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:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/7 Rpt: 19/21		Stormer, Cindy (The Honorable) 00054955								
4	Date	5	Payee name	9							
	01/04/2024		Plains Cap	Plains Capital Bank							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode				
	\$28.52		3707 Cam	o Bowie Blvd							
			STE 100								
			Fort Worth	TX 76107							
8	PURPOSE OF	(a)		See Categories listed at th	e top of this sch	edule)	(b)	Description		da - 6 T aura - O arra	alata Oshadula T
	EXPENDITURE		Accounting	/Banking						de of Texas. Com officeholder living	
								checks	, 17,	unicendider hving	expense
								oncons			
•			Davadialata/Of	Seele el de rue me						Office he	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Jandidate/OII	ficeholder name	Ĺ	Office sou	ignt			Office he	210
	Date		Payee name	9							
	02/06/2024		Plains Cap	ital Bank							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode				
	\$10.00		3707 Cam	o Bowie Blvd							
			STE 100								
				TV 70107							
			Fort Worth								
	PURPOSE OF	(a)		See Categories listed at th	e top of this sch	edule)	(b)	Description		. (7 0	
	EXPENDITURE		Fees							de of Texas. Com officeholder living	
								Bank fee	, 17,	onicentilider inving	expense
								Bankiec			
	Complete ONLY if direct		Candidate/Of	ficeholder name		Office sou	Indht			Office he	٥ld
	expenditure to benefit C/OF						igin			Office In	
	D :	1									
	Date		Payee name								
	01/04/2024		Plains Cap	ital Bank							
	Amount (\$)		Payee addre		State;	Zip Co	ode				
	\$28.52		3707 Cam	o Bowie Blvd							
			STE 100								
			Fort Worth	, TX 76107							
	PURPOSE	(a)	Category /	See Categories listed at th	e ton of this sch	edule)	(b)	Description			
	OF	` <i>"</i>	Accounting			caule)	Ľ		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE			,g				Check if Austin,	, тх,	officeholder living	expense
								checks			
	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sou	ight			Office he	eld
	expenditure to benefit C/OF	Η									

			FXPF	NDITURE CATEGOR		ROX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expe Fees Food/Bever Gift/Awards nmittee Legal Servi	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					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:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 6/7 Rpt: 20/21		Stormer, Cindy (The Honorable) 00054955								
4	Date	5	Payee name								
	02/06/2024		Plains Capital Bank								
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Co	de					
	\$10.00		3707 Camp Bowie B	Blvd							
			STE 100								
			Fort Worth, TX 7610)7							
8	PURPOSE	(a)	<u> </u>			(b) Description					
ľ	OF	(")	Category (See Categorie Fees	s listed at the top of this sch	edule)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		1003			Check if Austin	, тх,	officeholder living	expense		
						Bank fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder	name C	Office sou	ght		Office he	ld		
	Date		Payee name								
	01/04/2024		Plains Capital Bank								
	Amount (\$)		Payee address; C	ity; State;	Zip Co	de					
	\$28.52		3707 Camp Bowie B	Blvd							
			STE 100								
			Fort Worth, TX 7610)7							
	PURPOSE	(a)				(b) Description					
	OF	(,	Category (See Categorie Accounting/Banking		edule)		outsi	de of Texas. Comp	blete Schedule T.		
	EXPENDITURE		Accounting/Banking			Check if Austin	, тх,	officeholder living	expense		
						checks					
	Complete ONLY if direct		Candidate/Officeholder	name C	Office sou	ght		Office he	ld		
	expenditure to benefit C/OI	H									
	Date		Payee name								
	02/06/2024		Plains Capital Bank								
	Amount (\$)		Payee address; C	ity; State;	Zip Co	de					
	\$10.00		3707 Camp Bowie B	Blvd							
			STE 100								
			Fort Worth, TX 7610	17							
						(b) Deseriation					
	PURPOSE OF	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description	outsi	de of Texas. Comp	nlete Schedule T		
	EXPENDITURE		Fees					officeholder living			
						Bank fee		-			
	Complete ONLY if direct	L(Candidate/Officeholder	name C	Office sou	ght		Office he	ld		
	expenditure to benefit C/OI	Н									

Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
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: 7/7 Rpt: 21/21	Stormer, Cindy (The Honorable) 00054955
4 Date	5 Payee name
01/04/2024	Plains Capital Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$28.52	3707 Camp Bowie Blvd
	STE 100
	Fort Worth, TX 76107
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	checks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2024	Plains Capital Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	3707 Camp Bowie Blvd
	STE 100
	Fort Worth, TX 76107
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	