#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00056033 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Cynthia M. NAME Date Received **ELECTRONICALLY FILED** 01/16/2025 NICKNAME LAST **SUFFIX** Cyndi Wheless CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 6831 MAILING Amount Receipt # **ADDRESS** Change of Address McKinney, TX 75071-9996 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Cynthia M. NAME NICKNAME LAST **SUFFIX** Cyndi Wheless **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** PO Box 6831 **ADDRESS** (Residence or Business) McKinney, TX 75071 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 548-4658 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 417 Collin District Judge District 417

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GO TO PAGE 2
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Version V4.1.0.5dd2ace2

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Wheless, Cynthia M.	(The Honorable)	<b>14</b> Filer ID 00056033	(Ethics Comr	mission 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 information	the candidate's or offic	ceholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$	0.00
		ICAL CONTRIBUTIONS		\$	0.00
EXPENDITURE	·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	NS)	<del> </del>	
TOTALS	o. For the ordinal way			\$	0.00
		ICAL EXPENDITURES		\$	5,318.92
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	7,500.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.			
		The Honor	able Cynthia M. Who	eless	
			of Candidate or Officeh		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administerir	ng oath

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

			3 of 12
<b>18</b> FILER NA Wheless,	ME Cynthia M. (The Honorable)	<b>19</b> Filer ID 00056033	(Ethics Commission Filers)
l	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 1,968.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 3,350.92
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/12	Wheless, Cynthia M. (The Honorable) 00056033
4	Date	5 Payee name
	12/11/2024	Bounds, Kathy (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	2100 Bloomdale Road Suite 30290
		McKinney, TX 75071
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Dallas Holocaust & Human Rights Museum
		<u> </u>
	Amount (\$) \$618.00	Payee address; City; State; Zip Code 300 N Houston
	\$010.00	300 N Houston
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Dayso name
	12/11/2024	Payee name Marksberry, Angel (Mrs.)
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2100 Bloomdale Road Suite 30290
	\$250.00	2100 Bloomdale Road Suite 30290
		McKinney, TX 75071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  staff
		- Stail
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Candidate/Officenoider/P Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 5/12	Wheless, Cynthia M. (The Honorable) 00056033
4 Date	5 Payee name
10/15/2024	Marksberry, Angel (Mrs.)
6 Amount (\$) \$100.	7 Payee address; City; State; Zip Code 2100 Bloomdale Road Suite 30290
	McKinney, TX 75071
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  colleague event
Complete ONLY if dire expenditure to benefit	
Date	Payee name
11/15/2024	McKinney Young Life
Amount (\$) \$500.	Payee address; City; State; Zip Code  McKinney Boyd High School 600 N Lake Forest Drive Mckinney, TX 75071
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense charity for young mothers
Complete ONLY if dire expenditure to benefit	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
12/11/2024	Willey, Rick (Officer)
Amount (\$) \$250.	Payee address; City; State; Zip Code 2100 Bloomdale Rd. Suite 30290
	McKinney, TX 75071
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff
Complete ONLY if dire expenditure to benefit	

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		T	ravel in Dist ravel Out of		
	Credit Card Payment		The Instruction Guide explains	how to co	mplete this form.				
1	Total pages Schedule G: Sch: 1/7 Rpt: 6/12	2 FILER NAME Wheless, C	this M. (The Honorable)			1	Filer ID 1005603	(Ethics Commission 3	n Filers)
4	Date	5 Payee name	,			<u> </u>			
•	10/05/2024	Amazon							
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State;	Zip Co	de				
	\$1,841.32	Amazon							
	Reimbursement from political contributions	410 Terry A	ve						
	X political contributions intended	Seattle, WA	98109						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel o	utside of Texas. Complete	Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense		L			TX, officeholder living expe	ense
					laptop for update	ed an	ticipated	I campaign needs	
9		Candidate/Office	nolder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee name							
	12/11/2024	Rise							
	Amount (\$)	Payee addre	,	Zip Co	de				
	\$180.00	2444 Presto	on Road						
	Reimbursement from political contributions intended	Plano, TX 7	5093						
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description			utside of Texas. Complete	
	OF EXPENDITURE	Event Expe	nse			Che	ck if Austin,	TX, officeholder living expe	ense
					staff event				
		Candidate/Office	nolder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Dayoo nama							
	10/09/2024	Payee name Uber Eats							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	de				
	\$58.01	1455 Marke		·					
	Reimbursement from								
	X political contributions intended	San Fransis	sco, CA 94103						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	=		utside of Texas. Complete	
	OF EXPENDITURE	Food/Bever	age Expense		L	Che	ck if Austin,	TX, officeholder living expe	ense
					office/staff				
		Candidate/Office	nolder name		Office sought			Office held	
	expenditure to benefit C/OH								

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/  The Instruction Guide explains how to co	Wages/Contract Labor		OTHER (enter a category not listed above)
			<u> </u>	ompiete tins form.	_	
1		2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 7/12		Wheless, Cynthia M. (The Honorable)			00056033
4	Date	5	Payee name			
	10/10/2024		Uber Eats			
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode		
	\$107.49	1	1455 Market St.			
	Reimbursement from					
	x political contributions intended		San Fransisco, CA 94103			
8	PURPOSE	(2)		(b) Description	7.0	heck if travel outside of Texas. Complete Schedule T.
0	OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	=	heck if Austin, TX, officeholder living expense
	EXPENDITURE		Food/Beverage Expense	staff		
				Juni		
9	Complete ONLY if direct	Cal	ndidate/Officeholder name	Office sought		Office held
•	expenditure to benefit	Oui	ididate/emechoider name	Office Sought		Office Held
	C/OH					
	Date		Payee name			
	08/13/2024		Uber Eats			
	Amount (\$)	T	Payee address; City; State; Zip Co	ode		
	\$76.03		1455 Market St.			
	Reimbursement from					
	X political contributions intended		San Fransisco, CA 94103			
	PURPOSE	╁	Category (See Categories listed at the top of this schedule)	Description	٦c	heck if travel outside of Texas. Complete Schedule T.
	OF		Food/Beverage Expense		_	heck if Austin, TX, officeholder living expense
	EXPENDITURE		. 000,2010.ago <u>2</u> ,poco	staff		
	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
	C/O/1	_				
	Date		Payee name			
	08/12/2024		Uber Eats			
	Amount (\$)		Payee address; City; State; Zip Co	ode		
	\$86.02		1455 Market St.			
	Reimbursement from political contributions					
	intended		San Fransisco, CA 94103			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense	[	С	heck if Austin, TX, officeholder living expense
				staff		
		Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					

#### SCHEDULE G

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Exper Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Creak Gara r dymont		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI	E			3	Filer ID (Ethics Commission F	ilers)
	Sch: 3/7 Rpt: 8/12	Wheless, C	Cynthia M. (The Honorable)			(	00056033	
4	Date	<b>5</b> Payee name	!			1		
	07/18/2024	Uber Eats						
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode			
	\$54.25	1455 Marke	et St.					
	Reimbursement from							
	political contributions intended	San Fransi	sco, CA 94103					
8	PURPOSE OF	(a) Category (s	see Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Complete Sci	
	EXPENDITURE	Food/Beve	rage Expense		<u>.</u> _	Che	eck if Austin, TX, officeholder living expense	9
					staff			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	
L								
	Date	Payee name						
	07/16/2024	Uber Eats						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$58.76	1455 Marke	et St.					
	Reimbursement from							
	x political contributions intended	San Fransi	sco, CA 94103					
-	PURPOSE	_	see Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Complete Sci	hedule T.
	OF		rage Expense		- 300500	_	eck if Austin, TX, officeholder living expense	
	EXPENDITURE	. 554,2546			staff	_		
$\vdash$	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit							
	C/OH							
	Date	Payee name						
	07/15/2024	Uber Eats						
$\vdash$	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$70.10	1455 Marke						
	Reimbursement from							
	x political contributions intended	San Fransi	sco, CA 94103					
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Complete Sci	hedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Che	eck if Austin, TX, officeholder living expense	e
	<del>-</del>				staff			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	

#### SCHEDULE **G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Suicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 9/12		Wheless, C	ynthia M. (The Honorable	<del>!</del> )		00056033
4	Date	5	Payee name				
	07/29/2024		Uber Eats				
6	Amount (\$)	7	Payee addres	ss; City; Sta	te; Zip C	ode	
	\$65.58		1455 Marke	et St.			
	Reimbursement from political contributions intended		San Fransis	sco, CA 94103			
8	PURPOSE	(a	Category (Se	ee Categories listed at the top of this s	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	``		age Expense	,		Check if Austin, TX, officeholder living expense
	EXPENDITURE			age Expense		staff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officel	nolder name		Office sought	Office held
	Date		Payee name				
	08/12/2024		Uber Eats				
	Amount (\$)		Payee addres	ss; City; Sta	te; Zip C	ode	
	\$86.02		1455 Marke	et St.			
	Reimbursement from political contributions intended		San Fransis	sco, CA 94103			
	PURPOSE		Category (Se	ee Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense		staff	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officel	nolder name		Office sought	Office held
	Date	Г	Payee name				
	08/27/2024		Uber Eats				
	Amount (\$) \$87.96		Payee addres	-	te; Zip C	ode	
	Reimbursement from political contributions intended		San Fransis	sco, CA 94103			
	PURPOSE OF			ee Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Bever	age Expense		staff	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officel	nolder name		Office sought	Office held

### SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		xpense Nages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 5/7 Rpt: 10/12	2 FILER NAM	E Cynthia M. (The Honorable	)		3 Filer ID (Ethics Commission Filers) 00056033
4	Date			,		0000000
4	08/29/2024	5 Payee name Uber Eats	=			
6	Amount (\$)	7 Payee addr	ess; City; Stat	e; Zip Co	ode	
	\$51.73	1455 Mark	et St.			
	Reimbursement from political contributions intended	San Frans	isco, CA 94103			
8	PURPOSE	(a) Category (	See Categories listed at the top of this s	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Check if Austin, TX, officeholder living expense
					staff	
9	Complete ONLY if direct expenditure to benefit C/OH	   Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	e			
	09/03/2024	Uber Eats				
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip Co	ode	
	\$85.14	1455 Mark	et St.			
	Reimbursement from political contributions intended	San Frans	isco, CA 94103			
	PURPOSE OF	Category (	See Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	erage Expense		staff	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	9			
	09/18/2024	Uber Eats				
	Amount (\$) \$118.66	Payee addro 1455 Mark	•	e; Zip Co	ode	
	Reimbursement from political contributions intended	San Frans	isco, CA 94103			
	PURPOSE	Category (	See Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Check if Austin, TX, officeholder living expense
					staff	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held

#### SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Sch	PURPOSE OF KPENDITURE  Table 19 ONLY if direct tenditure to benefit	The Instruction Guide explains how  2 FILER NAME Wheless, Cynthia M. (The Honorable)  5 Payee name Uber Eats  7 Payee address; City; State; Z 1455 Market St.  San Fransisco, CA 94103  (a) Category (See Categories listed at the top of this schedul Food/Beverage Expense	3 Filer ID (Ethics Commission Filers 00056033  Zip Code  (b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense staff
Sch	h: 6/7 Rpt: 11/12  de // (23/2024  ount (\$) \$60.49  Reimbursement from political contributions intended  PURPOSE OF (PENDITURE)  mplete ONLY if direct penditure to benefit	Wheless, Cynthia M. (The Honorable)  5 Payee name Uber Eats  7 Payee address; City; State; Z 1455 Market St.  San Fransisco, CA 94103  (a) Category (See Categories listed at the top of this schedul Food/Beverage Expense	00056033  Zip Code  (b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense staff
9 Correct 10/	PURPOSE OF KPENDITURE  Table 19 ONLY if direct tenditure to benefit	Uber Eats  7 Payee address; City; State; Z 1455 Market St.  San Fransisco, CA 94103  (a) Category (See Categories listed at the top of this schedul Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense
9 Correct 10/	PURPOSE OF KPENDITURE  Table 19 ONLY if direct tenditure to benefit	Uber Eats  7 Payee address; City; State; Z 1455 Market St.  San Fransisco, CA 94103  (a) Category (See Categories listed at the top of this schedul Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense
9 Correction Date 10/	Reimbursement from political contributions intended  PURPOSE OF KPENDITURE  mplete ONLY if direct tenditure to benefit	1455 Market St.  San Fransisco, CA 94103  (a) Category (See Categories listed at the top of this schedul Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense
9 Correxp C/O	Reimbursement from political contributions intended  PURPOSE OF KPENDITURE  mplete ONLY if direct penditure to benefit	San Fransisco, CA 94103  (a) Category (See Categories listed at the top of this schedul Food/Beverage Expense	Check if Austin, TX, officeholder living expense
9 Correxp C/O	PURPOSE OF KPENDITURE  mplete ONLY if direct penditure to benefit	(a) Category (See Categories listed at the top of this schedul Food/Beverage Expense	Check if Austin, TX, officeholder living expense
9 Correxp C/O	OF KPENDITURE  mplete ONLY if direct penditure to benefit	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
9 Correxp C/C	mplete ONLY if direct penditure to benefit		staff
9 Correxp C/C	mplete <u>ONLY</u> if direct penditure to benefit	Candidate/Officeholder name	
EXP	enditure to benefit	Candidate/Officeholder name	
EXP	enditure to benefit	Candidate/Officeholder name	
10/ Ame			Office sought Office held
EX	e	Payee name	
EX Correxp	18/2024	Uber Eats	
EX Cor exp	ount (\$)	Payee address; City; State; Z	Zip Code
EX Cor exp	\$54.47	1455 Market St.	
Cor exp	Reimbursement from political contributions intended	San Fransisco, CA 94103	
Cor exp	PURPOSE	Category (See Categories listed at the top of this schedul	le) Description Check if travel outside of Texas. Complete Schedul
Cor exp	OF KPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
exp	RPENDITORE		staff
exp			
,,,	enditure to benefit	Candidate/Officeholder name	Office sought Office held
Dat	ie	Payee name	
10/	28/2024	Uber Eats	
Amo	ount (\$)		Zip Code
	\$113.54	1455 Market St.	
X	Reimbursement from political contributions intended	San Fransisco, CA 94103	
		Category (See Categories listed at the top of this schedul	le) Description Check if travel outside of Texas. Complete Schedul
EA	PURPOSE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	OF		staff
			Office sought Office held
	OF KPENDITURE  mplete ONLY if direct penditure to benefit	Candidate/Officeholder name	
	OF KPENDITURE  mplete ONLY if direct penditure to benefit	Candidate/Officeholder name	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 7/7 Rpt: 12/12 Wheless, Cynthia M. (The Honorable) 00056033 Date Payee name 11/12/2024 **Uber Eats** 6 Amount (\$) Payee address; City; State; Zip Code \$95.35 1455 Market St. Reimbursement from political contributions intended Х San Fransisco, CA 94103 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** staff Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH