

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |  |   |
|---|--|--|--|---|
| The C/OH Instruction Guide explains how to complete this form.  |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00080311 | 2 Total pages filed:<br>5  |   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>The Honorable   | FIRST<br>Cynthia A.                                  | MI<br>MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>07/14/2025 |
|   | NICKNAME   | LAST<br>Flores                                       | SUFFIX   |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>1013 Parrot Trail<br><br>Round Rock, TX 78681   |  |  | Date Hand-delivered or Date Postmarked  |
|   |  |  |  | Receipt # Amount  |
|   |  |  |  | Date Processed  |
|   |  |  |  | Date Imaged   |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mr.   | FIRST<br>Mark J.                                     | MI<br>MI   |   |
|   | NICKNAME   | LAST<br>Schroeder                                    | SUFFIX   |   |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1523 W. Lake Drive<br><br>Taylor, TX 76574  |  |  |   |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(512) 365-4272   |  |  |   |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |  |  |   |
| 9 PERIOD<br>COVERED   | Month Day Year    THROUGH    Month Day Year<br>01/01/2025    06/30/2025  |  |  |   |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year  |  | ELECTION TYPE  |   |
|   |  |  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |
| 11 OFFICE   | OFFICE HELD (if any)   |  | 12 OFFICE SOUGHT (if known)  |   |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|                |                                    |             |                            |
|----------------|------------------------------------|-------------|----------------------------|
| 13 C / OH NAME | Flores, Cynthia A. (The Honorable) | 14 Filer ID | (Ethics Commission Filers) |
|                |                                    | 00080311    |                            |

|  |  |                                      |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|  | COMMITTEE TYPE   | COMMITTEE NAME                       |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                    |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |    |          |
|-------------------------|---|----|----------|
| 16 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | 0.00     |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ | 2,330.00 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 318.16   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00     |

## 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Cynthia A. Flores

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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|  |                                     |  |                 |
|--|-------------------------------------|--|-----------------|
| <b>18 FILER NAME</b><br>Flores, Cynthia A. (The Honorable) |                                     | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00080311                          |                 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE           |                                     |  | SUBTOTAL AMOUNT |
| 1.   | <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$              |
| 2.   | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$              |
| 3.   | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$              |
| 4.   | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$              |
| 5.   | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 2,150.00     |
| 6.   | <input checked="" type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 180.00       |
| 7.   | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$              |
| 8.   | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$              |
| 9.   | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$              |
| 10.  | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11.  | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12.  | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 4/5              | <b>2</b> FILER NAME<br>Flores, Cynthia A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080311  |
| <b>4</b> Date<br>05/07/2025   | <b>5</b> Payee name<br>Annunciation Maternity Home   |   |
| <b>6</b> Amount (\$)<br>\$850.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>3610 Shell Road<br><br>Georgetown, TX 78628   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Charitable donation |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/04/2025  | Payee name<br>Professional Women of Williamson County  |   |
| Amount (\$)<br>\$1,000.00   | Payee address; City; State; Zip Code<br>P.O. Box 784<br><br>Round Rock, TX 78680   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Charitable donation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>02/12/2025  | Payee name<br>Williamson County Republican Party   |   |
| Amount (\$)<br>\$300.00   | Payee address; City; State; Zip Code<br>716 S Rock Street<br><br>Georgetown, TX 78626  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political donation  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F2:<br>Sch: 1/1 Rpt: 5/5               | <b>2</b> FILER NAME<br>Flores, Cynthia A. (The Honorable)                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080311  |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |   | <b>\$</b>   |
| <b>5</b> Date<br>01/09/2025  | <b>6</b> Payee name<br>Campaign Reporting Solutions, LLC                                      |   |
| <b>7</b> Amount (\$)<br>\$180.00                                     | <b>8</b> Payee address; City; State; Zip Code<br>110 Carriage Drive<br><br>Lufkin, TX 75904   |   |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political          |   |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign bookkeeping services |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought      Office held  |