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 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Cynthia M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Cyndi Wheless CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address 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 ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 548-4658 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/03/2026 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 417 Collin District Judge District 417

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Wheless, Cynthia M.	(The Honorable)		14 Filer ID 00056033	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepte These expenditures may ha officeholders are required t	ve been made without t	the candidate's or of	ficeholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIB ES OF LOANS, OR CONTR	`		\$	0.00
		CAL CONTRIBUTIONS	ADANTEEC OF LOANIE	2)	\$	0.00
EXPENDITURE	,	PLEDGES, LOANS, OR GU ZED POLITICAL EXPENDI		5)		0.00
TOTALS	0				\$	0.00
	4. TOTAL POLIT	CAL EXPENDITURES			\$	2,623.20
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAIN RIOD	ITAINED AS OF THE LA	AST DAY OF THE	\$	6,127.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		true and	or affirm, under penalty I correct and includes al itle 15, Election Code.			
			The Honora	ble Cynthia M. Wh	neless	
			Signature of	Candidate or Office	holder	<u></u>
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
		aid		, this the		_ day
		ertify which, witness my hand				
Signature of office	eer administering oath	Printed name of office	r administering oath	Title of offi	cer administeri	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 10		
18 FILER NA Wheless,	19 Filer ID 00056033	(Ethics Commission Filers)	
20 SCHEDUL NAME OF	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 CONTRIBUTION:	S	\$ 1,126.11
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	\$ 1,497.09	
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 TO FILER	RETURNED	\$

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 Revenue1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedu Sch: 1/1 Rpt: 4	le F1: 2 FILER NAME Wheless, Cynthia M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00056033
4 Date 01/23/2025	5 Payee name CCWLA
6 Amount (\$) \$1,02	7 Payee address; City; State; Zip Code 2100 Bloomdale Road McKinney, TX 75071
8 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 Awards Event
Complete ONLY if contract of the expenditure to benefit to be a second contract of the expenditure to the ex	
Date 03/30/2025	Payee name Conner Harrington Republican Women
Amount (\$) \$10	Payee address; City; State; Zip Code 2963 West 15th #2981 Plano, TX 75075
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dues for patron
Complete <u>ONLY</u> if on expenditure to bene	

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	y - Gift/Awards/Memorials Expense		kpense /ages/Contract Labor	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: 1/6 Rpt: 5/10	Wheless, Cynthia M. (The Honorable)			00056033				
4	Date	5 Payee name							
	06/18/2025	Jim's Pizza							
6	Amount (\$)	7 Payee address; City; State;	Zip Co	de					
	\$302.96	208 W University Drive							
	Reimbursement from political contributions intended	McKinney, TX 75069							
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Event Expense			Check if Austin, TX, officeholder living expense				
				HS Intern Event					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held				
	Date	Payee name							
	04/15/2025	Junior League of Collin County							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$90.00	5805 Coit Road							
	Reimbursement from	Suite 301							
	X political contributions intended	Plano, TX 75093							
	PURPOSE	Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Fees			Check if Austin, TX, officeholder living expense				
				dues					
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held				
	C/OH								
	Date	Payee name							
	06/17/2025	Uber Eats							
	Amount (\$)		Zip Co	nde					
	\$104.86		2.p 00						
	Reimbursement from								
	x political contributions intended	San Fransisco, CA 94103							
	PURPOSE OF	Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE Food/Beverage Expense				staff	Check if Additin, 17, diffice folder living expense				
				Stair					
		Candidate/Officeholder 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 Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schodule C:	2 FILER NAME	· •		
	Total pages Schedule G:		3 Filer ID (Ethics Commission Filers) 00056033		
	Sch: 2/6 Rpt: 6/10	Wheless, Cynthia M. (The Honorable)	00030033		
4	Date	5 Payee name			
	06/11/2025	Uber Eats			
6	Amount (\$)	7 Payee address; City; State; Zip C	ode		
	\$89.28	1455 Market St.			
	Reimbursement from				
	x political contributions intended	San Fransisco, CA 94103			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense		
			staff		
9		Candidate/Officeholder name	Office sought Office held		
	expenditure to benefit C/OH				
	Date	Payee name			
	05/22/2025	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip C	ode		
\$45.96 1455 Market St.					
	Reimbursement from				
	x political contributions intended	San Fransisco, CA 94103			
		San Fiansisco, CA 94103			
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense		
			staff		
	•	Candidate/Officeholder name	Office sought Office held		
	expenditure to benefit C/OH				
╘					
	Date	Payee name			
	05/20/2025	Uber Eats			
	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$126.78	1455 Market St.			
	Reimbursement from				
	X political contributions intended	San Fransisco, CA 94103			
_	PURPOSE		Description		
	OF	Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense		
	EXPENDITURE	Food/Beverage Expense	staff		
			Stati		
	0 1: 0:::::::::::::::::::::::::::::::::				
		Candidate/Officeholder name	Office sought Office held		
	expenditure to benefit C/OH				
	expenditure to benefit				
	expenditure to benefit				

SCHEDULE G

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 explains I	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 7/10		Wheless, Cynthia M. (The Honorable)				00056033
4	Date	5	Payee name				
	05/19/2025		Uber Eats				
6	Amount (\$) \$83.09	7	Payee address; City; State; 1455 Market St.	Zip Co	ode		
	Reimbursement from political contributions intended		San Fransisco, CA 94103				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	⊒ .	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		staff	_	eck if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	05/09/2025		Uber Eats				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$45.10		1455 Market St.				
	Reimbursement from political contributions intended		San Fransisco, CA 94103				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		staff	_ Cr	eck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 05/05/2025		Payee name Uber Eats				
	Amount (\$) \$84.91		Payee address; City; State; 1455 Market St.	Zip Co	ode		
	Reimbursement from political contributions intended		San Fransisco, CA 94103				
	PURPOSE OF		Category (See Categories listed at the top of this scho	edule)	Description	⊒ .	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Food/Beverage Expense		staff	」 □	note in August, 174, Uniceriolider Italing expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/B - Gift/Aw Committee Legal S	Expense everage Expense ards/Memorials Expense services nstruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Tra Tra Tra	ansportation avel in Distavel Out of	
1	Total pages Schedule G:	2 FILER NAME				3 Fil	er ID	(Ethics Commission Filers)
_	Sch: 4/6 Rpt: 8/10		a M. (The Honorable)				005603	,
4	Date	5 Payee name						
	05/01/2025	Uber Eats						
6	Amount (\$)	7 Payee address;	City; State;	Zip Co	de			
	\$90.35	1455 Market St.						
	Reimbursement from political contributions intended	San Fransisco, C	CA 94103					
8	PURPOSE	(a) Category (See Cate	gories listed at the top of this sche	dule)	(b) Description	Check	if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage E	Expense			Check	t if Austin,	TX, officeholder living expense
	LAFENDITORE				staff			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name	ı	Office sought			Office held
	Date	Payee name						
	04/29/2025	Uber Eats						
	Amount (\$)	Payee address;	Payee address; City; State; Zip Code					
\$69.75 1455 Market St.								
	Reimbursement from political contributions intended	San Fransisco, C	CA 94103					
	PURPOSE	Category (See Cate	gories listed at the top of this sche	dule)	Description	Check	if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage E	Expense			Check	if Austin,	TX, officeholder living expense
	EXI ENDITORE				staff			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name	•	Office sought			Office held
	Date	Payee name						
	04/24/2025	Uber Eats						
Н	Amount (\$)	Payee address;	City; State;	Zip Co	de			
	\$34.45	1455 Market St.	,	,				
	Reimbursement from							
	political contributions intended	San Fransisco, C	CA 94103					
	PURPOSE	Category (See Cate	gories listed at the top of this sche	dule)	Description	d		outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage E	Expense			Check	t if Austin,	TX, officeholder living expense
					staff			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name		Office sought			Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Committee Legal Services	Expense Polling E Printing	Expense Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
_	Sch: 5/6 Rpt: 9/10	Wheless, Cynthia M. (The Honorable)		00056033	,
4	Date	5 Payee name				
	04/15/2025	Uber Eats				
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode		
	\$79.30	1455 Market St.				
	Reimbursement from political contributions intended	San Fransisco, CA 94:	103			
8	PURPOSE	(a) Category (See Categories lis	ted at the top of this schedule)	(b) Description	Check if travel out	side of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expen	se		Check if Austin, T	K, officeholder living expense
	LAFENDITORE			staff		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought		Office held
	Date	Payee name				
	04/14/2025	Uber Eats				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
\$66.52 1455 Market St.						
	X Reimbursement from political contributions intended	San Fransisco, CA 94:	103			
	PURPOSE	Category (See Categories lis	ted at the top of this schedule)	Description	Check if travel out	side of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expen	se		Check if Austin, TX	K, officeholder living expense
	EXI ENDITORE			staff		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought		Office held
	Date	Payee name				
	02/11/2025	Uber Eats				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
	\$70.47	1455 Market St.	, ,			
	Reimbursement from					
	X political contributions intended	San Fransisco, CA 94:	103			
	PURPOSE	Category (See Categories lis		Description		side of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expen	se	L	Check if Austin, T	K, officeholder living expense
				staff		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS 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 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 Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 6/6 Rpt: 10/10 Wheless, Cynthia M. (The Honorable) 00056033 Date Payee name 01/31/2025 **Uber Eats** 6 Amount (\$) Payee address; City; State; Zip Code \$60.77 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/22/2025 **Uber Eats** Amount (\$) Payee address; City; State; Zip Code \$52.54 1455 Market St. Reimbursement from political contributions Х San Fransisco, CA 94103 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH