#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

1 Filler ID (Ethics Commission Filers) 2 Total pages filed:							
The C/OH Instruction Go	2 Total pages filed:						
3 CANDIDATE/	MS / MRS / MR FIRST	Mt	OFFICE USE ONLY				
OFFICEHOLDER NAME	Ms Cynthia		Date Received				
	NICKNAME LAST	SUFFIX	Date Received				
	(CINDY) COOPER	2					
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE, ZIP CODE					
MAILING			MAY6 '19 2:06PM				
ADDRESS	2435 McKinley B38	VEIDOGO TV 7993	)				
Change of Address	2422 MEKINIEY DO	LIPAJO, IN ITIO	5 Llong				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	31612019				
OFFICEHOLDER PHONE	(915) 253 3055		Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$				
NAME	MS Cynthic	N SUFFIX	Date Processed				
	(Cindy) Coope	R	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI		ZIP CODE				
(Residence or Business)	2435 McKinley B3	38 El Paso T	X 79930				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 253-3055	EXTENSION					
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 Sih day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)				
10 PERIOD	Month Day Year	Month	Day Year				
COVERED	4 /26/2019	тняоивн 5 /	6/2019				
11 ELECTION	ELECTION DATE	ELECTION TYPE					
	Month Day Year Primary	Runoff Other Description					
. 1945	5/4/2019 General	Special					
12 OFFICE	OFFICE HELD (# any)	13 OFFICE SOUGHT (if know	m)				
GO TO PAGE 2							

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Lynthia	COOPER	Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTE SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NO SUCK EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
[	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
1							
Additional Same		COMMITTEE CAMPAIGN TREASURER NAME	-				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		OSMINITEE CAMPAIGN TREASURER ADDRESS					
47.001							
17 CONTRIBUTION TOTALS	1. TOTAL P	POLITICAL CONTRIBUTIONS OF \$50 OR LEGS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$				
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$				
EXPENDITURE TOTALS	\$						
,	4. TOTAL	POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$				
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$				
18 AFFIDAVIT							
Notary P	CHAEL PRESS Public, State of Texa Expires 01-19-202: ry ID 131416626	(, '1('	lion required to be reported by me				
AFFIX NOTARY STAMP / SEALABOVE							
ARCIL	Sworn to and subscribed before me, by the said Cynthia Cooper, this the						
day of May	m(20 19 , t	o certify which, witness my hand and seal of office.					
Signature of officer ac	(Sress)	Michael Press	Notary				
- g to o o o o o o o o o o o o o o o o o		Printed name of officer administering oath	Title of officer administering oath				

#### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILE	Cynthia Cooper 20 Filer ID (Ethics Com					
21 SCH NAM	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. [	SCHEDULBA1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2. [	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3. [	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9. [	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	s			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTETURNED TO FILER	TIONS	\$			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date ☐ out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See lestructions) 9 Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAM	E Cynthia Cooper	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F-UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	8 Amount of . 9 In-kind contribution Contribution \$ . description	
	7 Contributor address; City; State; Zip Cod	ie	
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co	de	
			Check if kavel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDIOIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spouse (if any) FOR JUDICIAL)
If contribute	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
		<del>,</del>	
ļ			
1			
[1	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruction	THIS SCHED	ULE AS NEEDED additional reporting requirements.
	• •	_	

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	instruction Guide explains how to complete this (	form.	1 Total pages Sched	ule B:
2 FILER NAME	Cynthia Cooper	3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL OF	UNITEMIZED PLEDGES	\$		
5 Date	6 Full name of pledgor  ut-of-state PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description	
40 Principal accur	Tollar I Inh Alter (C)	. <u>.                                   </u>		de of Texas, Complete Schedule T.
70 Fincipal occu	pation / Job title (See Instructions)	1 Employer (See	Instructions)	
Date	Full name of pledgor out of state PAC (ID#:	Code	Amount of Pledge \$	In-kind contribution description
Principal occup	ation / Job title (See Instructions)	Employer (See		de of Texas, Complete Schedule T.
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zlp	Code	Check travel outside	le of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	**
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip (	Code		
Principal occupa	ation / Job title (See Instructions)	Employee (Co.		e of Texas. Complete Schedule T.
		Employer (See I	instructions)	
If co	ATTACH ADDITIONAL COPIES OF T intributor is out-of-state PAC, please see instruct	HIS SCHEDULE	AS NEEDED ditional reporting re	equirements.

LOANS	SCHEDULE E
The Instruction Guide explains how to complete	this form.  1 Total pages Schedule E:
2 FILER NAME CYNTHIA COOPER	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	\$
5 Date of loan 7 Name of lender out-of-state PAC	(ID#:) 9 Loan Amount (\$)
6 Is lender a financial institution?  8 Lender address; City; State	a; Zip Code 10 Interest rate
У И	11 Maturity date
12 Principal occupation / Job title (See Instructions)	3 Employer (See Instructions)
14 Description of Collateral 15	Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
18 Guarantor address; City; Stat  not applicable  20 Principal Occupation (See Instructions)	e; Zip Code  1 Employer (See Instructions)
Date of loan Name of lender □ out-of-state PAG	C (ID#:
Is lender Lender address; City; Sta a financial Institution?	
YN	Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Description of Collateral	Check if personal funds were deposited into political account (See Instructions)
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)
Guarantor address; City; Sta	ite; Zip Code
Principal Occupation (See Instructions)	Employer (See Instructions)
	ES OF THIS SCHEDULE AS NEEDED ruction guide for additional reporting requirements.

## MRY6 '19 2:87PM

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	Cynthia Coops	ER	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		ntside of Texas. Complete Schedule T.  TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	77.	
Amount (\$)	Payee address; City; State; Zip Code	*	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		cide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

#### **UNPAID INCURRED OBLIGATIONS**

SCHEDULE F2

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Loan Repayment/R Office Overhead/Ri Polling Expense Printing Expense Salaries/Wages/Cx	eimbursement ental Expense ontract 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 F2:	2 FILER NAME Cynthia	<u> </u>		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEN	IIZED UNPAID INCURRED OBLI	•		\$		
5 Date	6 Рауее пате			1		
7 Amount (\$)	8 Payee address; City; State;	Zip Code				
9 TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	nis schedule)	=	on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office s	sought	Office held		
Date	Payee name					
Amount (\$)	Payee address; City; State;	Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of t	his schedule)		if travel outside of Texas. Complete Schedule T.  If Austin, TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office	sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

т	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Cynthia Cooper	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cli 7 Description of Investment	ty; State; Zip Code
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
į	Address of person from whom investment is purchased; City	, , , , , , , , , , , , , , , , , , ,
	Description of investment	
	Amount of investment (\$)	
		¥
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)  Advertising Expense							
Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	antal Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F4:	2 FILERNAME						
	Cynthia Cooper	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT	CARD \$					
5 Date	6 Рауее пате						
7 Amount (\$)	8 Payee address; City; State; Zip Code						
9 TYPE OF EXPENDITURE	Political Non-Political						
10	(8) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF Expenditure		Check if Austin, TX, officeholder living expense					
*							
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office s	ought Office held					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
	<b>\</b>	\					
TYPE OF EXPENDITURE	Political Non-Political						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Checkli travel outside of Texas. Complete Schedule T.					
OF Expenditure		Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Office holder name Office :	cought Office held					
expenditure to benefit C/OF	4	Constant Constant					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(8)							
0	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credt Card Payment	By cal Committee	Gilt/Award Legal Sen	erage Expense ls/Memorials Expense vices	Office Polling Printin Salarie	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
_				truction Guide ex	plains how t	o complete this form.		
	Total pages Schedule G:	2 FILER NA	ME (	Cynthia	COOP	ER.	3 Filer ID (Ethics Commission Filers)	
4	Date	5 Payee nam	ne					
6	Amount (\$)	Payee add	lress;	City; State;	Zip Code			
_	Reimbursement from political contributions intended							
8	PURPOSE OF EXPENDITURE	(a) Category	See Categori	es listed at the top of th	is schedule)	1 🗂	de of Texas. Complete Schedule T. X, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/C	Candida OH	ate / Offic	eholder name	<u>-</u>	Office sought	Office held	
	Date	Рауее пап	10					
	Amount (\$)	Payee add	ress;	City; State;	Zip Code			
	Reimburgement from political contributions intended		_					
	PURPOSE OF EXPENDITURE	Category (	See Categori	es listed at the top of thi	is schedule)	IX	le of Texas, Complete Schedule T. X, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candida H	ite / Offici	sholder name		Office sought	Office held	
	Date	Payee nam	e					
	Amount (\$)	Payee add	ress;	City; State;	Zip Code		\	
	Reimbursement from political contributions intended							
	PURPOSE OF EXPENDITURE	Category (s	ec Categorie	s listed at the top of thi	s schedule)		e of Taxas. Complete Schodule T. K, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candida H	te / Office	eholder name	· · · · · · · · ·	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
	ve executed by Taylor City							

# NFV6 '19 2:88PN

#### **PAYMENT MADE FROM POLITICAL** CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

		EXP	ENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office C Food/Boverage Expense Polling Gilt/Awards/Memorials Expense Printing		Office Ov Polling E: Printing E Salaries/	xpense Wages/Contract Labor	Travel In District Travel Out Of Di	quipment & Related Expense
1 Total pages Schedule H:	2 FILER N		Cynthia		POPER	3 Filer ID (E	thics Commission Filers)
4 Date	5 Business	name	<del>U</del>			<del></del>	
6 Amount (\$)	7 Business	address;	City; State; 2	Zip Code	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	:
8 PURPOSE OF EXPENDITURE	(a) Category	See Categor	ries listed at the top of this s	schedule) (b		de of Texas. Complete Sc X, officeholder living e	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Office	eholder name		Office sought	Ñ.	Office held
Date	Business	name					
Amount (\$)	Business	address;	City; State; Z	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Catego	ries listed at the top of this s	schedule)	K-1	de of Texas. Complete Sc FX, officeholder living (	
Complete <u>QNLY</u> if direct expenditure to benefit C/O		ate / Office	eholder name		Office sought		Office held
Date	Business	name					
Amount (\$)	Business	address;	City; State; 2	Zip Code			
PURPOSE OF EXPENDITURE	Category	/ (See Catego	ries listed at the top of this t	schedule)		ide of Texas. Complete So TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/C		ate / Offic	eholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	1: 2 FILER NAME CYNTHIA COOPER 3 FILER ID (Et	nics Commission Fiters)			
4 Date	5 Рауее пагле				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  (b) Description (See instructions regarding required.)	type of information			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code	8)			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (See instructions regarding required.)	type of information			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (See instructions regarding required.)	type of information			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (See instructions regarding required.)	type of information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The Instruction Guide explains how to complete this form.						
2 FILER NAME	1					
- FILER NAME	Cynthia Cooper	3 Filer ID (Ethics Commi	ssion Filers)			
4 Date	5 Name of person from whom amount is received	8	Amount (\$)			
	6 Address of person from whom amount is received; City; State;	Zip Code				
	7 Purpose for which amount is received	political contribution returne	d to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	; Zip Code	n			
	Purpose for which amount is received Check if	political contribution returne	d to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	Zip Code				
	Purpose for which amount is received Check if	political contribution returns	ed to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	z; Zip Code				
	Purpose for which amount is received Check if	political contribution returns	ed to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	
2 FILER NAME CYNTHIA COOPER				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expen	diture reported	100				
Schedule A2	Sche		Schedule B(J)	Schedule C2	Schedule D Schedule E1	
Schedule F2		edule F4	Schedule G			
6.5	Schedule COH-UC   Schedule B-S					
6 Dates of travel	7 Name o	if person(s	) traveling			
	8 Departu	re city or n	ame of departure local	tion		
		$\overline{}$				
	9 Destinat	ion city or	name of destination lo	cation		
10 Means of transporta	tion	11 Purpo	se of ravel (including	name of conference, s	seminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	diture reported	l on;				
Schedule A2	Sche	dule B	Schedule B(3)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s	) traveling			
	Departu	re city or n	ame of departure locat	ion		
	Destinat	ion city or	name of destination lo	cation		
				\		
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgor /	Payee		
Contribution / Expend	filuse second				\	
Schedule A2	-				<u> </u>	
l <u> </u>		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of	f person(s)	traveling			
	Departur	e city or na	ame of departure locat	ion		
					<b>\</b>	
	Destinati	on city or I	name of destination lo	eation	7.5	
Magne of transaction						
Means of transportat	ioù	1,ntbo	se of travel (including i	name of conference, s	eminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
Communication Transfer of the Communication of the						

## M960:2 61' 3VAN

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

Γ							
	The Instruction Guide explains how to complete this form.  •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH i	Cynthia COOPER	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. It also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on five.    United   Upicerolater   Signature of Candidate / Officerolater						
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder						
	A.	CAMPAIGN FUNDS					
	Chec	only one:					
	$\boxtimes$	I do not have unexpended contributions or unexpended interest or income earned for	om political contributions.				
		I have unexpended contributions or unexpended interest or income earned from polymay not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions in unexpended that I must dispose of unexpended political contributions in accordance with the requirements of Electrical Contributions in accordance with the requirements o	olitical contributions. I understand that I ome earned on political contributions to contributions and that I may not retain ributions longer than six years after filing				
	B.	ASSETS					
	Check	only one:					
	×	t do not retain assets purchased with political contributions or interest or other income from political contributions.					
		I do retain assets purchased with political contributions or interest or other income fit that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	!				
	OFFICEHOLDER						
	Comp	lete this section <i>only</i> if you are an officeholder	1				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions.						
		Si	gnature of Officeholder				