CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form	Filer ID (Ethics Commission Filers) 1.	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER NAME	MS Cynthic Cindy) Coop	SUFFIX	OFFICE USE ONLY Date Received APR5 '19 10:36AM			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 2435 McKinley B3	CITY; STATE; ZIP CODE SEL PASO TX 79930 EXTENSION				
5 CANDIDATE/ OFFICEHOLDER PHONE	(915) 253-3055		Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS Cynthic NICKNAME CAST	SUFFIX	Date Imaged 5 3019			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2435 McKinley B3	APT / SUITE #; CITY; STATE;	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 253-3055	EXTENSION				
9 REPORT TYPE		before election Runoff efore election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 2 / 13 / 201	9 THROUGH	Day Year / 3 / 2019			
11 ELECTION	Month Day real	Primary Runoff Other Descriptio				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if kn	iown)			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Cynthia Cooper 15 Filer ID (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	DITURES MADE BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages			-			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!	IAN \$			
	2. TOTAL (OTHER	\$				
EXPENDITURE TOTALS	3. TOTAL P UNLESS	\$				
	4. TOTAL I	POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	TDAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$			
18 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. Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said (unthra Cooper this the						
day of April	10		, this the			
day of April , 20 19, to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath	Motany			
Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

MONE	TARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1
Th	e Instruction Guide explains how to complete th	1 Total pages Schedule A1:	
2 FILER NAMI	Cynthia Cooper	3 Fiter ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state P/ 6 Contributor address; City; State	7 Amount of contribution (\$)	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor Contributor address; City; State	C (ID#:)	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor		Amount of contribution (\$)
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE uction guide for additional r	EDED eporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 2 FILER NAME CYNTHIA COOPER 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor 7 Contributor 8 Amount of Contributor 9 In-kind contribution 10 Principal occupation / Job title (FOR Non-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/taw firm (FOR JUDICIAL) 15 Law firm of contributor's apouse (if any) (FOR JUDICIAL) 16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Principal occupation / Job title (FOR Non-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor's employer/two firm of parent(s) (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)								
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor out-of-state PAC (IDF:	Th	ie Instruction Guide explains how to complete this form	1 Total pages Schedule A2:					
5 Date 6 Full name of contributor	2 FILER NAMI	Cynthia Cooper		3 Filer ID (Ethics Commission Filers)				
T Contributon address; City; State; Zip Code	4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$				
Check if travel outside of Texas. Complete Schedule 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) 17 Amount of Contribution Contributor Contributor	5 Date							
10 Principal occupation / Job title (FOR NSN-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm 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		Contributor address; City; State; Zip Cod	le	Check if travel outside of Texas. Complete Schedule T.				
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date	10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICNAL) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution \$ In-kind contribution description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's iob title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#: Contribution \$ In-kind contribution description Contribution \$ In-kind contribution description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)				
Contribution \$. description Contribution \$. description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Date	Full name of contributor						
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if an)) (FOR JUDICIAL)		Contributor address; City; State; Zip Co	de	Chark if travel outside of Texas. Complete Schedule T.				
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ					
	Contributor's	principal occupation (FOR JUDICIAL)	Contrib	Contributor's job title (FOR JUBICIAL) (See Instructions)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)				
	If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.	If							

PLEDO	GED CONTRIBUTIONS			SCHEDULE B
The	e Instruction Guide explains how to complete th	1 Total pages Sched	dule B:	
2 FILER NAME	Cynthia Cooper		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	5 Date 6 Full name of pledgor out-of-state PAC (ID#:			. 9 In-kind contribution description
			Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See		
Date	Full name of pledgor out-of-state PAC (iD#:_)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; 2	Zip Code	•	•
Delevioral account		-	<u> </u>	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		: :
Principal occup	pation / Job title (See Instructions)	Employer (See		de of Texas. Complete Schedule T.
		Linployer (Gee	manucuons)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		
			Check if travel outside	e of Texas. Complete Schedule T.
Principal occupa	ation / Job title (See Instructions)	Employer (See	Instructions)	-
	ATTACH ADDITIONAL CODITION			
If co	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru	iction guide for ac	AS NEEDED iditional reporting r	equirements.

LOANS			SCHEDULE E
The	1 Total pages Schedule E:		
2 FILER NAME	Cynthia Cooper		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	I on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal funds were	e deposited into political
none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	•
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
lf .	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS N	
Forms provided by Tays	as Ethics Commission www	ethics state ty us	Revised 9/8/20

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense

Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundralsing 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.						
1 Total pages Schedule F1:	2 FILER NAME CYNTHIA COOPER	3 Filer ID (Ethics Commission Filers)				
Date	5 Payee name					
6 Amount (\$)	7 Rayee address; City; State; Zip Code					
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE		Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oi-	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zia Code					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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 NEEDED						

UNPAID INC	URRED OBLIGATIONS	3	SCHEDULE F2			
EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Q Food/Beverage Expense P Glift/Awards/Memorials Expense P	pan Repayment/Reimbursement iffice Overhead/Rental Expense oiling Expense rinting Expense alaries/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 h	ow to complete this form.				
1 Total pages Schedule F2:	2 FILER NAME CYNTHIA COOP	ER	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLIGA	TIONS	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip	o Code				
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of this so	thedule) (b) Descripti	on			
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/O	Candidate / Officeholder name Payee name	Office sought	Office held			
Amount (\$)	Payee address; City; State; Zi	- Codo				
	rayee address, City, State, 21	p code				
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	Check	if travel outside of Texas. Complete Schedule T. k if Austin TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	····							
	lains how to complete this form.	1 Total pages Schedule F3:						
2 FILERNAME CYNTHIA CO	oper	3 Filer ID (Ethics Commission Filers)						
4 Date 5 Name of person from	n whom investment is purchased							
6 Address of person for		ity; State; Zip Code						
7 Description of Invest	7 Description of Investment							
8 Amount of investme	nt (\$)							
Date Name of person from	n whom investment is purchased							
Address of person fr	om whom investment is purchased;	y; State; Zip Code						
Description of Invest	ment							
Amount of investmen	nt (\$)							
ATTACH A	DDITIONAL 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/Politica		Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District				
-	The instruction Guide explains how to comple	te this form.				
1 Total pages Schedule F4:	2 FILER NAME CYNTHIA COOPER	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDI	TCARD \$				
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name Office	sought Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code	\				
TYPE OF EXPENDITURE	Political Non-Politica					
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living exponse				
Complete ONLY if direct	Candidate / Officeholder name Office	sought Office held				
expenditure to benefit C/Ol	.1					
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

l			EXPEN	DITURE CATE	GORIES	FOR BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By cal Committee	Legal Services	morials Expense	Office Over Polling Ex Printing Ex Salarles/V	xpense Vages/Contract Labor	Travel In District Travel Out Of District	ipment & Related Expense
l		The Instruction Guide explains how to complete this form.						
	1 Total pages Schedule G:	2 FILER NA	ME Cynt	hia Coop	PER		3 Filer ID (Ethi	cs Commission Filers)
l	4 Date	5 Payee nan	ne				<u> </u>	
	6 Amount (\$)	7 Payee add	lress;	City; State; Zip	p Code			
	Relmbursement from political contributions intended							
ŀ	8 PURPOSE	(a) Category (See Categories list	ed at the top of this sch	hedule) (I	b) Description		· · · · · · · · · · · · · · · · · · ·
l	OF				1	Check if travel outsi	de of Texas. Complete Sch	edule T,
ı	EXPENDITURE				İ		TX, officeholder living ex	
	9 Complete ONLY if direct expenditure to benefit C/C	Candida DH	ate / Officehol	der name		Office sought		Office held
	Date	Payee nam	le					
	Amount (\$)	Payee add	ress; (City; State; Zic	Code		·	
	Reimbursement from political contributions intended							
	PURPOSE	Category (See Categories list	ed at the top of this sch	redule) (i	Description		
	OF					Check if travel outside	de of Texas. Complete Sche	edule T.
	EXPENDITURE					Check if Austin, T	X, officeholder living ex	pense
	Complete ONLY if direct expenditure to benefit C/O	Candida H	te / Officeholo	der name		Office sought		Office held
=						\longrightarrow		
	Date	Payee nam	e					
	Amount (\$)	Payee add	ress; (Dity; State; Zip	Code			
	Reimbursement from political contributions intended							
	PURPOSE	Category (S	ee Categories liste	d at the top of this sch	edule) (b) Description		
	OF					Check if travel outsid	le of Texas. Complete Sche	dule T.
	EXPENDITURE				İ		X, officeholder living exp	
	Complete ONLY if direct expenditure to benefit C/O	Candida H	te / Officehold	er name	(Office sought		Office held
_								
		ATTAC	H ADDITION	AL COPIES OF	THIS SC	HEDULE AS NEED	ED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee 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)			
	The Instruction Guide exp	plains how to complete this form.				
1 Total pages Schedule H:	2 FILER NAME CYNTHIA	COOPER	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Business name					
6 Amount (\$)	7 Business address; City; State;	Zip Code				
8	(a) Category (See Categories listed at the top of t	this schedule) (b) Description				
PURPOSE	\	1 	of Texas. Complete Schedule T.			
OF EXPENDITURE	\		C, officeholder living expense			
EAF ENDITURE		Onech ii Ausuri, IA	g			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address; City; State	; Zlp Code				
	Category (See Categories listed at the top of	this schedule) Description				
PURPOSE			e of Texas. Complete Schedule T.			
OF EXPENDITURE			C, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address; City; State	; Zip Code				
7-110-1100	Category (See Categories listed at the top of	this schedule) Description				
DITODOGE	,	1	e of Texas. Complete Schedule T.			
PURPOSE OF			· \			
EXPENDITURE		Cneck if Austin, T	X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held			
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NE	EDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME CYNTHIA COOPER	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 instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)			
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 type of information required.)			
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 type of information required.)			
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 type of information required.)			
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. 1 Total pages Schedule K:						
2 FILER NAME	Cynthia Cooper	3 Filer ID (Ethics	Commission 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				
	Sale,	Zip Codo				
	7 Purpose for which amount is received Check if political contribution returned to filer					
	Shoot ii poiliteal contribution retarried to life!					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;					
		·				
	Purpose for which amount is received	political contribution	returned 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	returned to filer			
Date	Name of paragraph from whom a married					
Dale	Name of person from whom amount is received		Amount (\$)			
			\			
	Address of person from whom amount is received; City; State	; Zip Code				
	Promote family to the second s	·				
	Purpose for which amount is received Check if	political contribution	returned 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	1 Total pages Schedule T:		
2 FILER NAME CYNTHIA COOPER				3 Filer ID (Ethics Comm	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expen	diture reporte	d on:					
Schedule A2	7	edule B	Schedule B(J)	Π	—		
	7			Schedule C2	☐ Schedule D	Schedule F1	
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-U	C Schedule B-SS	
6 Dates of travel	7 Name of person(s) traveling						
	8 Departu	re city or r	name of departure loca	tion			
	9 Destina	tion city or	name of destination lo	cation	· · · · · · · · · · · · · · · · · · ·		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
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