CYNTHIA HINOJOSA

l .		ATE / OFFICE REPORT	EHOLDER		RM JC/OH HEET PG 1
The JC/OH Instruction	ı Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR /MRS. NICKNAME	Egnd Cynd List Hwoso	SUFFIX	CAME! Date Receiveu MEN	USE ONLY RON COUNTY T OF ELECTIONS & REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRÉSS / PO BO	C APT / SUITE #: C	CITY: STATE; ZIP CODE	Ī	1 2 2023
Change of Address	504 6	St. trances	1 Knownsville, T	Κ Λ''	八/2.
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	299-1847	extension 7852	Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS.	FIRST	мі)	Receipt # Date Processed	Amount \$
r.	NICKNAME	Montali	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	UITE#; CITY;	STATE;	ZIP CODE
(Residence or Business)	8104 C	entral Blod	.#22m 3m	MINSMY	TX 785
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 371-3/91	EXTENSION	west ma,	11 /82.
9 REPORT TYPE	January 15 July 15	30th day before elec		treasurer ap (Officeholde	
10 PERIOD COVERED	Month OI	Day Year / 01 / 23	Reporting Limit Month THROUGH $O6$	Day Year / 30 / 2	
11 ELECTION	Month Day	Year Primary General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD ((Lany)	2.2	13 OFFICE SOUGHT (if known)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / USFIL	ENOLDER. THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF TH	いろてだべ ハロ へだだいていへい	SEOM KNOWLEDGE OD
1 2	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
-		GO TO F	PAGE 2		

1	CANDIDATE / OFFICE FINANCE REPORT	CEHOLDER	С		ORM JC/OH SHEET PG 2
15 JC/OH NAME	undi Hagis-		16 File	r ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECT	AL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR CTRONICALLY)	٩N	\$ _	-0-
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS INS, OR GUARANTEES OF LOANS	S) .	\$ —	-0 —
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$ -	-0-
	4. TOTAL POLITICAL EXPEND	NTURES		\$ 2	202. 10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY	\$	46.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS (G PERIOD	OF THE	\$ 34	46.67 ,500 °
	Please comp	Signarure of C		Officeholder	
NOTARY STAMP/SEAL Sworn to and subscribed		tonojosa this the	12th	day of <u>U</u>	Tuly.
Signature of officer administer	ing oath Printed name of offic	cer administering oath	,	Title of office	r administering oath
(2) Unsworn Declaratio	n	OR:			
My name is	· · · · · · · · · · · · · · · · · · ·	, and my date of birth is	·		
My address is	• .		r	,	•
Executed in	(street)County, State of		state) (zip code) _, 20 (year)	(country)
		Signature of Candi	date/Office	holder (Decl	arant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME Cyrlin Hingisa 20 Filer ID (Ethics C	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s -0 -
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s —o —
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	\$ 36,500 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s — o —
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2202.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested int	ormation is not app	icable, DO NOT includ	le this page in the re	port.	
	EX	PENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment.	Event Exp Fees Food/Bev By Gift/Award Cal Committee Legal Ser	ense . Loar Offic erage Expense Polli ds/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expens Transportation Equipment & Rel Travel In District Travel Out Of District Other (enter a category not lister	ated Expense
1 Total pages Schedule G:	2 FILER NAME	Hinorosa		3 Filer ID (Ethics Commiss	ion Filers)
4 Date	5 Payee name Picin + D	Pla a c			
6 Amount (\$) (91 00 Reimbursement from political contributions intended	7 Payee address;	enue H	Arlingto		Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegory)	ories listed at the top of this schedule	(b) Description Printi	nez	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if trave Candidate / Offic	outside of Texas. Complete Schedule T. ceholder name	Check if Austin, Office sought	TX, officebolder living expense Office h	eld
1-20-23	.yee name Um fert	States Pos	+ Office		
Amount (\$) 250 VV Reimbursement from political contributions intended	Payee address;	Elizabeth	city; Panaw	state; Zip	^{Code} 78520
PURPOSE OF EXPENDITURE	Adver	ories listed at the top of this schedule Hisung outside of Texas, Complete Schedule T	Posta	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Offic	•	Office sought	Office h	eld
Date 1 - 24 - 23 Amount (\$) #250 00 Reimbursement from political contributions intended	Payee name Cuudre Payee address; Po.Box 5	ens' Advoca 2145	cy Centros City: San Be	State; Zip C wih TX 78	ode 3586
PURPOSE OF EXPENDITURE	Event !	ories listed at the top of this schedule CAPUSE outside of Texas. Complete Schedule T	Food	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	ceholder name	Office sought	Office h	eld
-	ATTACHADD	ITIONAL COPIES OF THI	S SCHEDULE AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

15 (1					
If the requested in	ormation is not app	icable, DO NOT inclu	ıde this page in the re	port.	
	EXI	PENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment.	By Gift/Awar cal Committee Legal Ser	Of prage Expense Po ds/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense Iling Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expen Transportation Equipment & Re Travel In District Travel Out Of District Other (enter a category not liste	elated Expense
Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)
Date 3/1/23	5 Payee name LA Cul	tua Vive e	n Browsvil	le	
Amount (\$).00	7 Payee address;		City;	State; Zi	p Code
Reimbursement from political contributions intended			Browns	ulle TX	78520
PURPOSE OF EXPENDITURE	(a) Category (See Categ	pries listed at the top of this schedu		lvaisiv	
		outside of Texas. Complete Schedule		. TX, officeholder living expense	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Offi	ceholder name	Office sought	Office	held
7 Date 3 2 7 2 3	Payee name	Brownsvill	e Elks Lod	40	
Amount (\$) \$ 150 00 Reimbursement from political contributions	Payee address;	604 Linda	le de Bron		p Code
PURPOSE OF EXPENDITURE	Adver	ories listed at the top of this schedu	Description Wu	t	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Offi	i outside of Texas. Complete Scheduk	Office sought	Office	held
Date 4/2/23	Payee name	Casa			
Amount (\$) \$(00) Reimbursement from political contributions	Payee address;	1700 1201	city: a Cluica #30	,	ode
PURPOSE OF EXPENDITURE	Category (See Cates	orles listed at the top of this schedu		o Browns	78
LA CHOHOL	Check if trave	l outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense	
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Offi	ceholder name	Office sought	Office	held
	ATTACH ADD	ITIONAL COPIES OF T	HIS SCHEDULE AS NEED	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

			•		
If the requested inf	formation is not app	icable, DO NOT i	nclude this page in the re	eport.	
	EX	PENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment.	Event Exp Fees Food/Bev By Gift/Awar cal Committee Legal Ser	ense erage Expense ss/Memoriais Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Exper Transportation Equipment & R Travel In District Travel Out Of District Other (enter a category not list	elated Expense
Total pages Schedule G:	2 FILER NAME	Hinoros	·	3 Filer ID (Ethics Commi	ssion Filers)
3/24/23	5 Payee name	United	Status Post Of	Frie	
Amount (\$) 239, 40 Reimbufsement from political contributions intended	7 Payee address;		city: Elizabeth B	State; Zi	p Code
PURPOSE OF EXPENDITURE	(a) Category (See Categ	ories listed at the top of this s	chedule) (b) Description	1158)	
	(c) Check if trave	outside of Texas. Complete Sci	hedule T. Check if Austin	. TX, officeholder living expense	
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Offi	ceholder name	Office sought	Office	held
Date 4/20/23	Payee name	Unital	States Post	Office	
Amount (\$) 252.00 Reimbursement from political contributions intended	Payee address;	1001	e. alizabett	State; Zi	p Code
PURPOSE OF EXPENDITURE	Adve	ories listed at the top of this s	Posta	y	78
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Offi		Office sought	a, TX, officeholder living expense Office	neld
6/27/23	Payee name	United	States Post	Office	
Amount (\$) Reimbursement from political contributions intended	Payee address;	1001 8	city:	State; Zip (:
PURPOSE OF EXPENDITURE	Adv	orles listed at the top of this so	Description Postu	TX, officeholder living expense	78
	Ciscarii ilaviti			• ,	

OUTSTANDING LOANS SCHEDULE L If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) **LENDER** INFORMATION Zip Code Brownsville TX **GUARANTOR** INFORMATION 7 Guarantor address; City; Zip Code State: not applicable Name of lender **LENDER** INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address: City; Zip Code State: not applicable LENDER Name of lender INFORMATION Lender address; **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State: Zip Code **LENDER** Name of lender INFORMATION Lender address: City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; Zip Code State; not applicable ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED