CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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L		Guide explains how to cor	mplete this form.	1 Filer ID (Ethics Comm 00000045		2 Total pages filed: 25
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Cynthia		MI	OFFICE USE ONLY
	NAME		- ,			Date Received ELECTRONICALLY FILED
		NICKNAME	LAST Boyar Trejo		SUFFIX	10/07/2024
4	CANDIDATE /	ADDRESS / PO BOX; A		T\/.	ZIP CODE	Date Hand-delivered or Date Postmarked
4	OFFICEHOLDER MAILING ADDRESS	PO Box 972864	WI/JUILE#, CIT	Ι,	ZIF CODE	Receipt # Amount
	Change of Address	El Paso, TX 79997				Date Processed
	_					
						Date Imaged
5	CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
	NAME		Margarita			
		NICKNAME	LAST Garcia		SUFFIX	
			Garcia			
6	CAMPAIGN TREASURER	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
	ADDRESS	4815 Salem				
	(Residence or Business)	El Paso, TX 79924				
7	CAMPAIGN	AREA CODE PH	HONE NUMBER	EXTENSION		
	TREASURER PHONE	(915) 780-3587				
8	REPORT TYPE	January 15	X 30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)
		July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9	PERIOD	Month Day Yea			Month Day	Year
	COVERED	07/01/2024	TH	HROUGH	10/07/2024	4
10) ELECTION	ELECTION DATE	l <u>—</u>	Primary	ELECTION TYPE	Other
		11/05/2024		General	Special	Liouiei
L						
11	L OFFICE	OFFICE HELD (if any) None			12 OFFICE SOUGHT City Representati	(if known) ive Place El Paso District District 4
L					El Paso	
			GO 7	TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Boyar Trejo, Cynthia		14 Filer ID 00000045	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	litical expenditures made by political made without the candidate's or office this information only if they receive n	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASI	JRER NAME	
		COMMITTEE CAMPAIGN TREASI	JRER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS S OF LOANS, OR CONTRIBUTIO	S (OTHER THAN PLEDGES, LOANS NS MADE ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTE	EES OF LOANS)	\$ 12,912.75
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 4,469.82
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY OF THE	\$ 8,019.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required Election Code.	
			Cynthia Boyar Trejo	
			Signature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	iid	, this the	day
	eer administering	rtify which, witness my hand and se		er administering oath
orginature or office	or administering	. Times have or officer duffilling	otoring The Of Office	or administering out

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 of 25
	ER NAN	ME ejo, Cynthia	19 Filer ID 0000045	(Ethic	cs Commission Filers)
20 SC	HEDUL	E SUBTOTALS SCHEDULE	0000040		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11,289.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,623.75
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	3,269.82
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,200.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
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	\$	

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instruc	tion Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/25	
2	FILER NAME Boyar Trejo,	Cynthia		3	Filer ID (Ethics Commission 00000045	on Filers)
4	Date 10/01/2024				Amount of Contribution (\$)	\$1,000.00
8	Principal occur	El Paso, TX pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Ü	Businessmar		2 Employer (See Instructions	3)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID: Aguilera, Pat (Ms.) Contributor address; City; State; Zip Code	+:		Amount of Contribution (\$)	\$100.00
		El Paso, TX	1	Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID: Aguirre, Berthy (Mrs.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		EL Paso, TX				
	Principal occup Businesswor	oation / Job title (See Instructions) nan	Employer (See Instructions	s)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID: Aguirre, Berthy (Mrs.) Contributor address; City; State; Zip Code El Paso, TX	#:)		Amount of Contribution (\$)	\$50.00
	Principal occup Businesswor	pation / Job title (See Instructions) nan	Employer (See Instructions	s)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID: Cabrera, Armando (Mr.) Contributor address; City; State; Zip Code El Paso, TX	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/25	
2	FILER NAME Boyar Trejo,	Cynthia		3	Filer ID (Ethics Commission 00000045	on Filers)
4	Date 10/04/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	El Paso, TX pation / Job title (See Instructions)	9 Employer (See Instructions	 ;)		
	Businessmar	1				
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#: Carrillo, Maria Luisa (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		El Paso, TX				
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#: DiCasso, Alexa (Miss) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.00
		El Paso, TX				
	Principal occup Student	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Escudero, Edward (Mr.) Contributor address; City; State; Zip Code El Paso, TX			Amount of Contribution (\$)	\$1,000.00
	Principal occup Businessmar	oation / Job title (See Instructions)	Employer (See Instructions Unknown	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#: Flores, Connie (Mrs.) Contributor address; City; State; Zip Code El Paso, TX			Amount of Contribution (\$)	\$100.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/25	
2	FILER NAME Boyar Trejo,	Cynthia		3	Filer ID (Ethics Commission 00000045	n Filers)
4	Date 10/07/2024	 Full name of contributor out-of-state PAC (ID# Fox, Steve (Mr.) Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$2,500.00	
8	Principal occu	El Paso, TX pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Businessmar	1				
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID# Gonzalez, Mayte (Mrs.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
		El Paso, TX				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID# Hamlyn, Deborah (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		El Paso, TX				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID# Hunt, Woody (Mr.) Contributor address; City; State; Zip Code El Paso, TX	:)	-	Amount of Contribution (\$)	\$2,500.00
	Principal occu Businessmar	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID# Johnson, LaWanda (Mrs.) Contributor address; City; State; Zip Code El Paso, TX	<u> </u>		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/25	
2	FILER NAME Boyar Trejo,	Cynthia		3	Filer ID (Ethics Commission 00000045	n Filers)
4	Date 08/14/2024	 Full name of contributor out-of-state PAC (ID#:_Martinez, Crystal (Mrs.) Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$200.00	
_		El Paso, TX	1	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/14/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Las Cruces, NM pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/12/2024	Melendez, Susan (Ms.) Contributor address; City; State; Zip Code				\$200.00
	Principal occu	El Paso, TX pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_Papke Gonzalez, Jacqueline (Ms.) Contributor address; City; State; Zip Code El Paso, TX			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:_ Portillo, Sylvia (Ms.) Contributor address; City; State; Zip Code El Paso, TX)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/25	
2	FILER NAME Boyar Trejo,	Cynthia		3	Filer ID (Ethics Commission 00000045	n Filers)
4	Date 09/04/2024	 Full name of contributor out-of-state PAC (ID#:_Portillo, Sylvia (Ms.) Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$20.00
_	Delicalization	El Paso, TX	D. Faralana (On Jantana)	$\overline{\Gamma}$		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Portillo, Sylvia (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Deinsinal assu	El Paso, TX	Employer (Cool looks satisfactor	<u></u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_Ramirez, Clarisa (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		EL Paso, TX				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 08/14/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	El Paso, TX pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Andrew (Mr.) Contributor address; City; State; Zip Code El Paso, TX)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to con	nplete this forn	n.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/25	
2	FILER NAME Boyar Trejo,	Cynthia			3	Filer ID (Ethics Commission 00000045	on Filers)
4	Date 08/14/2024	Sanchez, Eduardo (Mr.)	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
		El Paso, TX	,				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 08/02/2024	Full name of contributor out-of Sandoval, Carlos (Mr.) Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$100.00
	Delicalization	El Paso, TX	1	Faralassa (Ossalassa tisas	Ĺ		
	Businessma	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/04/2024	Full name of contributor out-of Schwartz, Shari (Mrs.) Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		El Paso, TX					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 08/26/2024	Full name of contributor out-of Tawney, Andrea (Mrs.) Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; Ci				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 07/02/2024	Full name of contributor out-of The Law Office of Steve Ortega, F Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CONTRIBI		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/25	
2	FILER NAME Boyar Trejo,	Cynthia			3	Filer ID (Ethics Commission 00000045	ı Filers)
4	Date 07/08/2024	/08/2024 Trejo, Cynthia (Mrs.) 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
8	Principal occur	El Paso, TX pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	;) 		
Ŭ	Businesswor		ľ	Employer (See mondenorie	,,		
	Date 08/26/2024	Full name of contributor out-of-state PA Trejo, Cynthia (Mrs.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		El Paso, TX			<u> </u>		
	Principal occup Businesswor	pation / Job title (See Instructions) nan		Employer (See Instructions	5)		
	Date 07/26/2024	Full name of contributor out-of-state PA Trejo, James (Mr.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$10.00
		El Paso, TX					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/04/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	El Paso, TX pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 07/05/2024	Full name of contributor out-of-state PA Trejo, Mary Cruz (Mrs.) Contributor address; City; State; Zip Code El Paso, TX	AC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

MONET	TARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/25
2 FILER NAME Boyar Trejo			3 Filer ID (Ethics Commission Filers) 00000045
4 Date 08/14/2024	Full name of contributor		7 Amount of Contribution (\$) \$50.00
	El Paso, TX		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:_ Varela, Elvia (Mrs.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.00
	El Paso, TX		
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions	5)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/25 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Boyar Trejo, Cynthia 00000045 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/04/2024 Wilson, Joyce (Mrs.) \$1,623.75 Paid for Banners, 7 Contributor address; City; State; Zip Code Postcards, and Yard Signs from AllPrint Of El Paso, LLC El Paso, TX Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
	Sch: 1/12 Rpt: 13/25	Boyar Trejo, Cynthia 00000045	
4	Date	5 Payee name	
	10/02/2024	ActBlue	
6	Amount (\$) \$22.00	7 Payee address; City; State; Zip Code actblue.com TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense One-Time Contribution to Eastside Democrats of Paso	f El
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/04/2024	AllPrint of El Paso LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$324.75	7230 Gateway E Suite D	
		El Paso, TX 79915	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel systems of Toyon Complete Schedule T	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Banners	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
L	09/30/2024	AllPrint of El Paso LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$297.69	7230 Gateway E Suite D	
		El Paso, TX 79915	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Banners	
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 2/12 Rpt: 14/25	Boyar Trejo, Cynthia 00000045	
4	Date		
4		1	
	07/05/2024	Bank of America	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$49.13	9101 Dyer	
		El Paso, TX 79924	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		To purchase Campaign Checks	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	п	
	Date	Payee name	
	08/16/2024	Carmona, Mario (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.75	10840 Sombra Verde Dr	
		El Paso, TX 79935	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Print and Laminate El Paso District 4 Map	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	_
	08/01/2024	City Hall	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$254.95	300 N Campbell 1st Floor	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Application Filing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Le	t/Awards/Memorials E gal Services ne Instruction Gui			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Cabadula F1:	12						1	3	Filer ID	(Ethics Commission Filers)
1	Total pages Schedule F1:	ı		`\mthio					3		(Ethics Commission Filers)
	Sch: 3/12 Rpt: 15/25		Boyar Trejo, (yrıtılla						00000045	
4	Date	5	Payee name								
	09/30/2024		Dollar Tree								
6	Amount (\$)	7	Payee address	City;	State;	Zip Cod	de				
	\$19.68		11420 Gatew	ay Blvd N							
			El Paso, TX 7	0034							
Ļ		\vdash									
8	PURPOSE OF			Categories listed at the		dule)	(b)	Description			
	EXPENDITURE			Donations Mad		ttoo		=		officeholder living	plete Schedule T.
			Cariuluale/On	iceholder/Politi	cai Commi	liee		—			ation to the Northhills
								Neighborhood			
_	Complete ONLY if direct	<u> </u>	Sandidata/Office	holder neme	Of	ffice cour	nh+			Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	noider name	Oī	ffice souç	yııı			Office he	tiu
	<u>'</u>										
	Date		Payee name								
	07/03/2024		EPISD Print S	hop and Copy	Center						
	Amount (\$)		Payee address	City;	State;	Zip Cod	de				
	\$19.49		1014 N Stanto	on							
			El Paso, TX 7	9902							
		├				ı	<i>a</i> >				
	PURPOSE OF			Categories listed at the	top of this sched	dule)	(b)	Description	outo:	do of Toyon Com	plata Cabadula T
	EXPENDITURE		Printing Expe	nse				<u></u>		officeholder living	plete Schedule T.
								Campaign Po			,
_	Complete ONLY if direct		Candidate/Office	holder name	Of	ffice soud	thr			Office he	7l4
	expenditure to benefit C/OI		odi ididate/Office	noider name	O.	mee sout	giit			Office fic	Jiu
		_									
	Date	ı	Payee name								
	09/23/2024		El Paso Sam'	s Club							
	Amount (\$)		Payee address	City;	State;	Zip Co	de				
	\$40.98		9498 Gatewa	/ Blvd N							
			El Paso, TX 7	9924							
<u> </u>	PURPOSE					-1-1-1	(b)	Description			
	OF		Event Expens	Categories listed at the	top of this sched	uule)	\~ /		outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Event Expens	•				Check if Austin,	, TX,	officeholder living	j expense
											Center Park &
								Recreation C	am	paign Event	İ
	Complete ONLY if direct	С	Candidate/Office	holder name	Of	ffice souç	ght			Office he	eld
	expenditure to benefit C/OI	Н									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 16/25	Boyar Trejo, Cynthia 00000045
4	Date	5 Payee name
	09/04/2024	La Condesa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.20	5001 N Mesa St Suite 1A
		El Paso, TX 79912
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Beverages for Fundraiser Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/23/2024	La Playita Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.11	9865 Dyer
		El Paso, TX 79924
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal for Volunteers after Block walking
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/17/2024	La Playita Restaurant
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$55.61	9865 Dyer
		El Paso, TX 79924
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch for Volunteers after Block Walking
		Lunch for volunteers after block warking
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
\vdash		
Ī		

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 17/25	Boyar Trejo, Cynthia 00000045
4	Date	5 Payee name
	08/14/2024	Lapa Lapa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.00	9800 Gateway N
		El Paso, TX 79924
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Beverages for Fundraiser Event
		Botolageo lei Fallanalosi Evelik
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/14/2024	Lapa Lapa
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.05	9800 Gateway N
		El Paso, TX 79924
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Fundraiser Event
		1 dou to 1 dividication 2 forte
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Power name
	08/31/2024	Payee name Lowe's
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.94	4531 Woodrow Bean Transmountain
		El Paso, TX 79924
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies to attach banners to fences
		Supplies to attach ballilers to lences
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor OTHER (en						(enter a category not listed above)		
	Credit Card F dyment			The Instruction Guid	e explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 6/12 Rpt: 18/25		Boyar Trejo,	, Cynthia					00000045		
4	Date	5	Payee name								
	07/08/2024		Namecheap	, Inc							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode					
	\$28.03		4600 E. Wa	shington St Ste 30	05						
			Phoeniz, AZ	85034							
8	PURPOSE	(a)	Category (Se	e Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Email Set U		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LXFLINDITORL						—		officeholder living	expense	
		l					Campaign En Cynthia4distr				
							Cyrillia4uisii	ICL	+.00111		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office sou	ught			Office he	eld	
	Date		Payee name								
	07/05/2024		Rally Point (Coffee							
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode					
	\$73.74		4726 Woodi	row Bean Suite D							
			El Paso, TX	79924							
	PURPOSE	(a)	Category (Se	e Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense			<u> </u>		de of Texas. Com		
							ш		officeholder living		
							Launch Rally	-00	niee ioi Alle	nuees	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	coholdor namo	Office sou	ught			Office he	old.	
	expenditure to benefit C/O		Januluale/Onic	centituer marile	Office sor	ugni			Office fit	eiu	
	Date		Payee name	Coffoo							
	07/27/2024		Rally Point (
	Amount (\$)		Payee addres		State; Zip Co	ode					
	\$19.42		4/26 Woodi	row Bean Suite D							
			El Paso, TX	79924							
	PURPOSE OF	(a)	•	e Categories listed at the t	top of this schedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense					de of Texas. Com officeholder living		
							Coffees for A				
							3011000 101 71			J. Dioon wain	
-	Complete ONLY if direct	L(Candidate/Offic	ceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O			in the state of th	S.110C 30C	-9·11			C.Moc III		
l											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 7/12 Rpt: 19/25	2 FILER NAME Boyar Trejo, Cynthia 3 Filer ID (Ethics Commission Filers) 00000045
4	Date	5 Payee name
	08/02/2024	Sunny Suchi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.57	9800 Gateway N
		El Paso, TX 79924
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaigning Lunch Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	08/07/2024	Supreme Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.78	10180 McCombs St
	Ψ57.70	10100 MCCOMBS St
		El Paso, TX 79924
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Pastries for Canvasing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/23/2024	Tejano Democrats of El Paso
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1401 Montana, Suite E
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 20/25	Boyar Trejo, Cynthia	0000045
4	Date	5 Payee name	
	08/10/2024	Texas Democratic Party	
6	Amount (\$) \$560.00	7 Payee address; City; State; Zip Code 314 Highland Blvd	
	Ψ300.00	314 Flightand Bivd	
		Austin, TX 78752	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	outside of Texas. Complete Schedule T.
		l	, TX, officeholder living expense
		Standard VA	N Access Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/03/2024	Trejo, Cynthia (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$455.09		
		El Paso, TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment Relimbal Sement	outside of Texas. Complete Schedule T.
		I — I —	, TX, officeholder living expense ent for Travel, meals, lodging to attend
			Staff Training Camp with Treasurer
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/25/2024	Village Inn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.30	4757 Hondo Pass Dr	
		El Paso, TX 79904	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.
		l	, TX, officeholder living expense
		Campaign Li	ınch after Senior Center Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH		Office field

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu			ages	/Contract Labor		Travel Out of E OTHER (enter	District a category not listed above)	
Ļ		<u> </u>	EII ED:		aide expiaiiis		ייףופ	ac una ioiin.	-	F11	(Edd: - 0	
1	Total pages Schedule F1:	2							3		(Ethics Commission File	rS)
Ļ	Sch: 9/12 Rpt: 21/25	<u> </u>	Boyar Trejo	, Cynthia						00000045		
4	Date	5	Payee name									
	07/05/2024		Walmart									
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$24.89		4700 Transı	mountain								
			El Paso, TX	79924								
8	PURPOSE	(a)			he top of this - 1	o dulo)	(b)	Description				
	OF	(۳)		ee Categories listed at t age Expense	ne top of this sch	edule)	(2)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		i oou/bevel	age Expense				_		officeholder livi		
								Pastries for L				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office I	neld	
	expenditure to benefit C/O	Н				•	-					
H	Date		Payee name									
	07/26/2024		Walmart									
_	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Co	de					
	\$24.98		4700 Transi	•	Jiaic,	,p 00						
	Φ24.30		דוטט וומווא	mountain								
			El Paso, TX	. 79924								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				=			mplete Schedule T.	
	-							—		officeholder livi	ng expense	
								Block walking	اد ر	uhhiigs		
\vdash	Complete ONLY if direct	Ц	Candidate/Off:	coholder neme		Office cour	nh+			Office	aold	
	Complete ONLY if direct expenditure to benefit C/OH		zariuluale/OIII	ceholder name	(Office sou	yııı			Office I	ICIU	
L		_										
	Date		Payee name									
	08/14/2024		Walmart									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$10.80		4700 Transi	mountain								
			El Paso, TX	79924								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			/Memorials Exp		/	-	:	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			r						officeholder livi	ng expense	
								Thank you ca	ards	6		
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght		_	Office I	neld	
	expenditure to benefit C/O	- 1										

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - ıl Cor	mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gu	·		/ages/	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)
1	Total pages Schedule F1:	2	EII ED NIAME					1	3	Filer ID	(Ethics Commission Filers)
•	Sch: 10/12 Rpt: 22/25									00000045	(Editos Commission i liers)
L	·	Щ	Boyar Trejo	- Cyrinia						00000045	
4	Date	5	Payee name								
	08/27/2024		Walmart								
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Coo	de				
	\$51.10			walmartchecks.c		•					
			•								
			TV								
		$ldsymbol{oxed}$	TX								
8	PURPOSE OF	(a)		ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	EXPENDITURE		Accounting/	Banking/				=			nplete Schedule T.
								_		, officeholder living	
								Ordered New	, C	HEUNS IUI C	ωπραιζιτ
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office soug	ght			Office h	eld
L	expenditure to benefit C/O	-					_		_		
	Date	Γ	Payee name								
	09/30/2024		Weststar Ba	ank							
H	Amount (\$)	\vdash	Payee addres		State	: Zip Coo	de				
	\$20.00		4721 Hondo	-	Jidle,	, _,p =00					
	Φ∠∪.∪∪		71∠1 □0(IQ(υ ι α ວ ວ							
			El Paso, TX	79904							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees	-	•	•		=			nplete Schedule T.
	LA LINDITURE							_		, officeholder livin	g expense
								Bank Service	Fe	es	
L		L					_		_		
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld
	expenditure to benefit C/OH	H									
	Date	Π	Payee name								
	07/31/2024		Wix.com								
		\vdash		Cit.::	Ct-:	7in C	40				
	Amount (\$)		Payee addres		State;	; Zip Coo	ue				
	\$4.38		Yunitsman !	o i ei Aviv							
			Israel								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF		Fees	J	2. 2.20 0011		-		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE									, officeholder livin	
								July Processi	ing	Fees for Co	C Donations Received
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office soug	ght			Office h	eld
	expenditure to benefit C/OF	Н									
		—									
	· · · · 										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 11/12 Rpt: 23/25	2 FILER NAME Boyar Trejo, Cynthia	3 Filer ID (Ethics Commission Filers) 00000045
4	Date 07/29/2024	5 Payee name Wix.com	•
6	Amount (\$) \$188.35	7 Payee address; City; State; Zip Code Yunitsman 5 Tel Aviv Israel	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CC Processing Software	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Premium Plan Core for CC Processing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/02/2024	Payee name Wix.com	
	Amount (\$) \$4.38	Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Processing Fee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense July Processing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/31/2024	Payee name Wix.com	
	Amount (\$) \$34.20	Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
	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 August Processing Fees for CC Donations Received
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/12 Rpt: 24/25	Boyar Trejo, Cynthia 00000045
4	Date	5 Payee name
	09/30/2024	Wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.88	40 Namal Tel Aviv
		6350671
		Israel
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		September Processing Fees for CC Donations
		Received Received
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2024	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.60	40 Namal Tel Aviv
		6350671
		Israel
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees up to 10/07/2024 for Processing Donations
		Received with CC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00000045 Sch: 1/1 Rpt: 25/25 Boyar Trejo, Cynthia TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 08/20/2024 Carmona, Mario (Mr.) Amount (\$) Payee address; State; Zip Code \$1,200.00 10840 Sombra Verde Dr El Paso, TX 79935 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consultant Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH