FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 16 00000045 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Cynthia NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Boyar Trejo CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 972864 MAILING Receipt # Amount **ADDRESS** Change of Address El Paso, TX 79997 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Margarita NAME NICKNAME LAST **SUFFIX** Garcia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4815 Salem **ADDRESS** (Residence or Business) El Paso, TX 79924 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 780-3587 **PHONE**

January 15

Day

Day

OFFICE HELD (if any)

ELECTION DATE

12/05/2024

Year

Year

City Council Representative Place El Paso District 4 El

July 15

Month

Month

Paso

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

Primary

General

Runoff

Exceeded modified reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2024

12 OFFICE SOUGHT (if known)

Year

Other

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Boyar Trejo, Cynthia			14 Filer ID 00000045	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	l committees to ficeholder's kno notice of such	owledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
GENERAL COMMITTEE ADDRESS						
	SPECIFIC					
		COMMITTEE CAMPAIGN T	FREASURER NAME			
		COMMITTEE CAMPAIGN T	TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRI			S, \$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$	2,500.00
EXPENDITURE TOTALS					\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	11,126.22
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTRIOD	TAINED AS OF THE LA	AST DAY OF THE	\$	3,844.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	TANDING LOANS AS (OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	-					
		true and	or affirm, under penalty correct and includes all tle 15, Election Code.			
				hia Boyar Trejo Candidate or Officel	holder	
AFFIX NO	TADV CTAMD / CEAL AD		Signature of v	oundidate of Officer	noidei	
	TARY STAMP / SEAL AB					
Sworn to and subso	cribed before me, by the s	aid rtify which, witness my hand	and seal of office.	, this the		day
		Delega I	- deciried			
Signature of office	cer administering	Printed name of officer	auministering	litle of offi	cer administeri	ng oatn

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

18 FILER NAM Boyar Tre	(Ethics Comn	nission Filers)					
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,500.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X	SCHEDULE E: LOANS		\$	0.00			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	11,126.22			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ons	\$	0.00			
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00			
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11.	\$						
12.	\$						
			•				

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	Sch: 1/1 Rpt: 4/16
Priler NAME Boyar Trejo, Cynthia	3 Filer ID (Ethics Commission Filers) 00000045
Date 12/13/2024 5 Full name of contributor out-of-state PAC (ID#:) Hunt, Woody (Mr.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$2,500.00
El Paso, TX	
Principal occupation / Job title (See Instructions) Businessman 9 Employer (See Instruction)	ns)

PLEI	DGED CONTRIBU	TIONS			SCHEDULE	В
Т	he Instruction Guide ex	plains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 5/16	
2 FILER NAME Boyar Trejo, Cynthia					Filer ID (Ethics Commission Filers) 00000045	
Boyar Trejo, Cynthia TOTAL OF UNITEMIZED PLEDGES					\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#		_) 8	Amount of pledge (\$) 9 In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code	е		Charle if travel outside of Toyon Complete Sch	adula T
10 Principal	occupation / Job title (See Instr	uctions)	11 Employer (See Ins	l structi	Check if travel outside of Texas. Complete Schools)	edule I

LOANS				SCHEDULE E	=	
The Instruction Gu	uide explains how to complete	this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 6/16			
2 FILER NAME Boyar Trejo, Cynthia			3 Filer ID 000000	(Ethics Commission Filers)		
4 TOTAL OF UNITEN	MIZED LOANS		'	\$ 0	.00	
5 Date of loan 7 No	ame of lender out-of-s	state PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial institution?	ender address; City; S	state; Zip Code		10 Interest Rate		
				11 Maturity Date		
12 Principal occupation / Jo	b title (See Instructions)	13 Employer (See Instruct	ions)			
14 Description of Collateral None		15 Check if personal funds	were deposited	d into political account (See Instructions)		
16 GUARANTOR INFORMATION 17 N	ame of guarantor			19 Amount Guaranteed (\$)		
		itate; Zip Code				
20 Principal occupation		21 Employer (See Instruct	ions)	1		

SCHEDULE F1

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

l	Credit Card Payment	The Instruction Guide explains how to o	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 1/10 Rpt: 7/16	Boyar Trejo, Cynthia		0000045
4	Date	5 Payee name		<u>'</u>
	12/13/2024	AllPrint of El Paso LLC		
6	Amount (\$) \$866.00	7 Payee address; City; State; Zip C 7230 Gateway E Suite D	ode	
		El Paso, TX 79915		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cards and Banners
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	12/13/2024	Alon Store		
	Amount (\$) \$9.98	Payee address; City; State; Zip C	ode	
		El Paso, TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Waters for Volunteers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	12/14/2024	Alvidrez, Paul		
	Amount (\$) \$442.50	Payee address; City; State; Zip C	ode	
		El Paso, TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Assistance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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

l	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
L	Sch: 2/10 Rpt: 8/16	Boyar Trejo, Cynthia		00000045
4	Date	5 Payee name		
L	12/14/2024	Anillon, Cassandra		
6	Amount (\$) \$60.00	7 Payee address; City; State; Zip C	ode	
	φ00.00			
		El Paso, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Campaign Assistance
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/09/2024	El Paso Mail and Print Service		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$4,231.19	1144 Vista De Oro		
		Ste. A		
L		El Paso, TX 79935		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Chask if traval sutside of Taylor Complete Schoolule T
l	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Mailers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
L	experialitate to benefit 6/01	'		
	Date	Payee name		
	12/06/2024	El Paso Matters		
l	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$250.00			
		El Paso, TX		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	Description
l	OF	Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	2 Pro-		Check if Austin, TX, officeholder living expense
				Advertisement on the paper
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		agrit	Sinde Held
\vdash				
<u> </u>				

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 9/16	Boyar Trejo, Cynthia		00000045
4	Date	5 Payee name		-
	12/14/2024	Herrera, Melissa		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$172.50			
		El Paso, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF	Salaries/Wages/Contract Labor	[Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		[Check if Austin, TX, officeholder living expense
			(Campaign Assistance
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	'			
	Date	Payee name		
	12/05/2024	Lара Lара		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$100.00	9800 Gateway N		
		El Paso, TX 79924		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Event Expense	Į	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Crieck if Austin, 174, oinceriolder living expense Deposit for Event
			•	Sopool for Event
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	12/13/2024	Lapa Lapa		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$200.00	9800 Gateway N	•	
	,			
		El Paso, TX 79924		
	PURPOSE		h) r	Dogarintian
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	υ, ι Γ	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	į	Check if Austin, TX, officeholder living expense
			E	Election Night Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experientale to beliefft G/OI	,		

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

mission Filers)
·:
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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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 5/10 Rpt: 11/16	Boyar Trejo, Cynthia 00000045	
4	Date	5 Payee name	
	12/14/2024	Martinez, Guadalupe	
6	Amount (\$) \$292.50	7 Payee address; City; State; Zip Code El Paso, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Assistance	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/16/2024	Monroy, Gerardo	
	Amount (\$) \$405.00	Payee address; City; State; Zip Code	
		El Paso, TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Assistance	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/14/2024	Moreno, Jesus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$450.00		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Assistance	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/10 Rpt: 12/16	Boyar Trejo	, Cynthia					00000045	
4	Date	5 Payee name							
	12/13/2024	Mustang Fr	ankin						
6	Amount (\$) \$5.00	Payee addre		State; Zip C	ode				
8	PURPOSE OF EXPENDITURE	(a) Category (Si	ee Categories listed at the to	p of this schedule)	(b)	=		de of Texas. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	12/14/2024	NGP Van							
	Amount (\$) \$82.40	Payee addre 48 Grove S Suite 202 Somerville,	treet	State; Zip C	ode				
	PURPOSE OF EXPENDITURE	(a) Category (Si Advertising	ee Categories listed at the to Expense	p of this schedule)	(b)	_		de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name	Caffaa						
	12/16/2024	Rally Point							
	Amount (\$) \$7.82	Payee addre	ss; City; row Bean Suite D	State; Zip C	ode				
		El Paso, TX	79924						
	PURPOSE OF EXPENDITURE	1	ee Categories listed at the to age Expense	p of this schedule)	(b)		, TX,	de of Texas. Com officeholder living lunteer - Jer	expense
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 13/16	Boyar Trejo, Cynthia		00000045
4	Date	5 Payee name		·
	12/16/2024	Ryan, Talia		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$60.00			
		El Paso, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Ĺ	Check if Austin, TX, officeholder living expense
			(Campaign Assistance
Ļ	Operation ONE V & discont	Occalidate (Office helders are	l- 4	Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ΠŰ	Office held
L				
	Date	Payee name		
	12/16/2024	Sierra, Irene		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$60.00			
		El Paso, TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Campaign Assistance
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
=	Date	Payee name		
	12/14/2024	Strokes, Melissa		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$390.00	., ., ., ., ., ., ., ., ., ., ., ., ., .		
		TX		
\vdash	PURPOSE		b) r	Description
	OF	Salaries/Wages/Contract Labor	-, Γ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Catalico, 11 agos, Collinast Labo.	Ī	Check if Austin, TX, officeholder living expense
			(Campaign Assistance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Orange to borion Oron			

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
l	Sch: 8/10 Rpt: 14/16	Boyar Trejo, Cynthia	0000045	
4	Date	5 Payee name		'
	12/14/2024	Taco Cabana		
6	Amount (\$)	7 Payee address; City; State; Zip (Code	
	\$43.28	4810 Hondo Pass Dr		
		El Paso, TX 79904		
8	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 Food for Volunteers
				Food for Volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office so	niaht	Office held
ľ	expenditure to benefit C/OI		Jugini	Cilide Held
H	Date	Payee name		
	12/08/2024	Text to Survey		
┝	Amount (\$)	Payee address; City; State; Zip C	`odo	
l	\$615.15	1527 S. Cooper Street	Joue	
	Ψ013.13	1327 3. 000pci 3ucct		
		Arlington, TX 76010		
L	DUDDOCE	_	(6)	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				P2P Text Service
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
L	experience to benefit Gree			
l	Date	Payee name		
L	12/08/2024	Text to Survey		
l	Amount (\$)	Payee address; City; State; Zip (Code	
l	\$423.72	1527 S. Cooper Street		
		Arlington, TX 76010		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				P2P Text Service
Н	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI		-	
H				

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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memori Legal Services The Instruction	als Expense Guide explains l		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:) [II ED		-		-	1	3	Filer ID	(Ethics Commission Filers)	
•	Sch: 9/10 Rpt: 15/16		Trejo, Cynthia					•	00000045	(=3.100 001111110010111111010)	
L									00000043		
4	Date	5 Payee									
	12/13/2024	Text t	o Survey								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$49.05	1527 S. Cooper Street									
		Arling	ton, TX 76010								
Ļ						<i>.</i> .					
8	PURPOSE OF		Ory (See Categories listed a	at the top of this sche	edule)	(b)	Description		J4T -	alete Oakeada l. T	
	EXPENDITURE	Adve	tising Expense				=		de of Texas. Com officeholder living		
							P2P Text Ser			y expense	
							. 21 TONE OCT	*10	•		
Ļ	Complete ONLY 'C. I'	0 "	ata/Office I - I - I - I) 	u le 4			O#: '	-1 <i>-</i> 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candida	ate/Officeholder name	C	Office souç	ynt			Office he	eiu	
L											
	Date	Payee	name								
	12/14/2024	Text t	o Survey								
	Amount (\$)	Payee	address; City;	State;	Zip Cod	de					
	\$779.76		S. Cooper Street		•						
	,		1								
		م دانم م	ton TV 76010								
			ton, TX 76010		1						
	PURPOSE OF	(a) Categ	Ory (See Categories listed a	at the top of this sche	edule)	(b)	Description				
	EXPENDITURE	Adver	tising Expense				=		de of Texas. Com		
							P2P Text Ser		officeholder living	j expense	
							I ZE TEXLOUI	VIC	C		
<u> </u>	Complete Chilly 'C. "	0 " '	ata/Office I - I - I - I) 	u le 4			O#: '	al d	
	Complete ONLY if direct expenditure to benefit C/OI	Candida	ate/Officeholder name	C	Office souç	gnt			Office he	eia	
L											
	Date	Payee	name								
	12/06/2024	Trejo,	Cynthia (Mrs.)								
	Amount (\$)	Payee	address; City;	State;	Zip Cod	de					
	\$285.00	-	- "		•						
		TV									
		TX			-						
	PURPOSE OF		Ory (See Categories listed a		edule)	(b)	Description				
	EXPENDITURE	Loan	Repayment/Reimbu	rsement					de of Texas. Com officeholder living		
										tinez for Volunteer wor	k
							ayment to G	ua	adiupe Mari	uncz ior volunteci Wol	11
	Complete Chilly 'C. "	0 " '	ata/Office I - I - I - I)#: :	u le 4			O#: '	al d	
	Complete ONLY if direct expenditure to benefit C/OI	Candida	ate/Officeholder name	C	Office souç	gnt			Office he	eia	
	The strategy of the strategy o										

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1: Sch: 10/10 Rpt: 16/16	FILER NAME Boyar Trejo, Cynthia		3 Filer ID 0000045	(Ethics Commission Filers)
4	Date 12/14/2024	5 Payee name Trejo , James			
6	Amount (\$) \$38.71	7 Payee address; City; State; Zip Code			
8	PURPOSE OF EXPENDITURE	El Paso, TX (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<u>—</u>	outside of Texas. Co TX, officeholder livin	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office h	neld
	Date 12/05/2024	Payee name Wix.com			
	Amount (\$) \$36.55	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)	—	outside of Texas. Co TX, officeholder livit OCESSING Fee:	ng expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	neld
	Date 12/08/2024	Payee name Yaty Donuts			
	Amount (\$) \$16.79	Payee address; City; State; Zip Code 8400 North Loop Dr			
		El Paso, TX 79924			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		outside of Texas. Co TX, officeholder livin k Walking Vol	ng expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	neld