CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** MAILING POBOX472 SeminoleTX79360 **ADDRESS** Galla Colonia, Texas Change of Address __ DEPUTY AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (432) 788-7037 PHONE Receipt # Amount \$ MS / MRS / MR Мі 6 CAMPAIGN **TREASURER** Lindu Date Processed NAME NICKNAME SUFFIX Date Imaged STATE ZIP CODE CAMPAIGN TREASURER 145 CR 402 K Seminale TX 79360 **ADDRESS** (Residence or Business) PHONE NUMBER AREA CODE EXTENSION 8 CAMPAIGN **TREASURER** PHONE (43a) 788-7037 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day COVERED 18/2022 01/04/20aa **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION Primary Other Month Day Description 03/01/2022 General Special OFFICE HELD (if anv) OFFICE SOUGHT (if known) 12 OFFICE 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

CAMPAIGI	N FINANCE REPORT	COVER SHEET PO
15 C/OH NAME		16 Filer ID (Ethics Commission File
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THER THAN \$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS)	DF LOANS)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2992 =
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS (OF REPORTING PERIOD	DF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	DANS AS OF THE \$
	Please complete either optio	ture of Candidate or officeholder
(1) Affidavit	NOTARY PUBLIC 188 1 3 2 7 7 0 3 4 9 com. ESP. 11-06-2024	
NOTARY STAMP/SEA	before me by <u>Cindy Therenenger</u>	this the 18th day of Elector
	which, witness my hand and seal of office. Anno Hiebert	this the 70 day of 720 day
Signature of officer administe		Title of officer administering
····	OR	
(2) Unsworn Declarati	on	
My name is	, and my date	of birth is
My address is		
Executed in	(street) (city) County, State of, on the day	of, 20 (month) (year)
	Signatur	e of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 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	complete this form.	Other territer a category	y not listed above)
1 Total pages Schedule G:	2 FILER NAME Lindy Therwhanger	3 Filer ID (Ethics Commission Filers)		Commission Filers)
4 Date	Seminole Sintinel			
6 Amount (\$\\$\ \\600	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	Po Drawer 1200	Seminol	e TX	79360
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising	Newspape	x	
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Undy Therwhanger	County Judg	ge	
Date 2/4/22	Payee name KIKZ-KSE M Radio			
Amount (\$) 93100	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	(05 NW 11th	Semin	ole TX	79360
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description		
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living ex	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Cindy Therwharger	Office sought County J	idge	Office held
Date	Payee name		0	
Jon 2022	Design Shop			
Amount (\$) 945°	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	809 S Main Street	Sominol	2 TX "	19360
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Printing Expense	Description Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	D	

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / мі OFFICE USE ONLY **OFFICEHOLDER** Mrs Cindy D NAME NICKNAME LAST SUFFIX Therwhanger ν_{m} atricia Roberson, Elections Administration CANDIDATE / PO Box 472 APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** Gaines County, Texas MAILING Seminole TX 79360 **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (432 788-7037 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN Cindy **TREASURER** D Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Therwhanger STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # STATE: ZIP CODE CITY: **CAMPAIGN** 145 CR 402K - Seminole, TX 79360 **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** 788-7037 PHONE 432 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year **COVERED** 16 22 05 02 19 22 **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION

Primary Other Day Year Description 22 24 General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Gaines County Judge 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME **SPECIFIC** COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2** union othice etato ty ile Devised 0/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Plum Contaca de Proces Partes Administrativa

FORM C/OH COVER SHEET PG 2

Davisand 0/47/2020

15 C/OH NAME			16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECT		N	\$	
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS INS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPEND	DITURES		\$ 11, 3	289,01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS C G PERIOD	F THE	\$	
	swear, or affirm, under penalty of perjury, t		ue and co	rrect and inclu	ides all information
16	equired to be reported by me under Title 15, E	election code.	\bigcirc		
		I made to	W.	$m\Omega\Omega\Lambda$)
***************************************		unay a ful		ryer	<u>/</u>
PZ0Z-90-11	13 10000	≸ ignature of C	andidate	or fficeholde	er
\$ 64507750	((AF-)?) }	U			
SAKIST NO STATE. SAM	The state of the s				
TABBBH SMM	3 Miles				

	Diago, comm	lata aithar antian balay			
	Please Comp	olete either option below	w.		
(1) Affidavit	ANNA ENNS HIEBERT NOTARY PUBLIC - STATE OF TEXAS 199 1 3 2 7 7 0 3 4 9 COMM. EXP. 11-00-2024				
NOTARY STAMP/SEA	AL				
Sworn to and subscribed	d before me by Cindy The	rwanger this the	16th	day of	May
_	y which, witness my hand and seal of office.	0			
A , to certain	Wil st	Wie Lee-1	1	_ 4.	- ccida
Signature of officer administ	foring cath Printed name of off	icer administering oath	-	Title of officer	administering oatl
oignature or omcer administ	Printed hame of on			THE CT CHICC	adminiotomig dati
		OR			
(2) Unsworn Declarat	tion				
My name is		, and my date of birth is	s		
My address is					
	(street)	` ''	'	(zip code)	(country)
Executed in	County, State of	, on theday of (mont	:h)	, 20 (year)	
				·	
		Signature of Cand	idate/Offic	æholder (Deck	arant)



ANNA ENNS HIEBERT
BORNET PUBLIC STATE OF TEXA
100 132770340
comp 81P 11-06-2024

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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 d	complete this form.	Other (enter a category	not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Cindy Therwhanger		3 Filer ID (Ethics C	commission Filers)	
4 Date 4/4/2022	5 Payee name Hellagraphs				
6 Amount (\$) 576.06	7 Payee address; 1303 Main Street - Seminole, TX 793	City; 860	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postcard Advertisements / Video			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	0	ffice held	
Date	Payee name				
03/29/2022	Fluhman				
Amount (\$) 5196.00	Payee address; 505 S. Arthur Street - Amarillo, TX 79	City; 9102	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4 Billboards			
	Check if travel outside of Texas. Complete Schedule T.	Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	ffice held	
Date	Payee name				
4/4/2022	Seminole Sentinel				
Amount (\$) 1087.00	Po Drawer 1200 - Seminole, TX 7930	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Newspaper Ad			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Cindy Therwhanger	Office sought Gaines County J		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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	complete this form.		,
1 Total pages Schedule F1:	2.FILER NAME Cindy Therwhanger		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/01/22	5 Payee name KIKZ-KSEM Radio			
6 Amount (\$) 574.00	7 Payee address; 105 NW 11th - Seminole, TX 79360	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/14/2022	USPS			
Amount (\$) 1240.00	Payee address; 201 SE 3rd - Seminole TX 79360	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Postage for Mail Out Check if Austin, TX, officeholder living expense		
	Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	***************************************	Office held
Date	Payee name			
5/6/22	Design Shop			
Amount (\$) 2332.79	Payee address; PO Box 1102 - Seminole, TX 79360	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Signs / Business Cards / Door Hanger		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Cindy Therwhanger	Office sought Gaines County J	ludge	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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 co	omplete this form.			
1 Total pages Schedule F1:	2.FILER NAME Cindy Therwhanger		3 Filer ID (Ethic	s Commission Filers)	
4 Date 04/15/2022	5 Payee name Grandma's Bakery				
6 Amount (\$) 283.16	7 Payee address; 816 SE Ave G - Seminole, TX 79360	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY 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 Austi	g expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	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 <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		