

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>17</b>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. ....	FIRST Cynthia	MI R	OFFICE USE ONLY  Date Received <b>RECEIVED</b> <b>JAN 15 2026</b> By.....			
	NICKNAME Cindy	LAST McClure	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 230 McAnally Circle Coldspring, TX 77331						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 936 )	PHONE NUMBER 714-4151	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. ....	FIRST Andrea	MI L	Receipt #   Amount \$			
	NICKNAME Dowdell	LAST	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 190 Slade Street Coldspring, TX 77331						
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 281 )	PHONE NUMBER 622-6689	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 9	Day / 5 /	Year / 25 /	Month 1	Day / 15 /	Year / 26 /	
11 ELECTION	ELECTION DATE Month 3 / Day / 3 / Year / 26 /		ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) County Treasurer			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.						
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

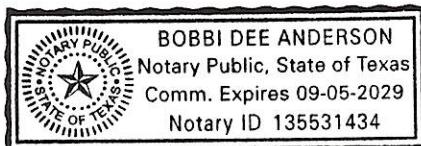
15 C/OH NAME Cynthia "Cindy" McClure	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 1350.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1350.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 5643.51
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 5643.51
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 207.50
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 200.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Cynthia "Cindy" McClure*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Cynthia "Cindy" McClure* this the 15<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.

*Bobbi Dee Anderson*

Signature of officer administering oath

Printed name of officer administering oath

*Court Clerk*

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME Cynthia "Cindy" McClure	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:  <i>3</i>
2 FILER NAME <i>Cynthia "Cindy" McClure</i>			3 Filer ID (Ethics Commission Filers)
4 Date  09/29/2025	5 Full name of contributor  Louie Rogers	out-of-state PAC (ID#_____)	7 Amount of contribution (\$)  <b>50.00</b>
6 Contributor address;  P O Box 289 Point Blank, TX 77364			City; State; Zip Code
8 Principal occupation / Job title (See Instructions)  Retired		9 Employer (See Instructions)	
Date  09/29/2025	Full name of contributor  Elaine Rogers	out-of-state PAC (ID#_____)	Amount of contribution (\$)  <b>50.00</b>
Contributor address;  P O Box 289 Point Blank, TX 77364			City; State; Zip Code
Principal occupation / Job title (See Instructions)  Retired		Employer (See Instructions)	
Date  09/29/2025	Full name of contributor  Jack W Tullos	out-of-state PAC (ID#_____)	Amount of contribution (\$)  <b>50.00</b>
Contributor address;  7490 FM 1725 Cleveland, TX 77328			City; State; Zip Code
Principal occupation / Job title (See Instructions)  Retired		Employer (See Instructions)	
Date  09/29/2025	Full name of contributor  Paula G Tullos	out-of-state PAC (ID#_____)	Amount of contribution (\$)  <b>50.00</b>
Contributor address;  7490 FM 1725 Cleveland, TX 77328			City; State; Zip Code
Principal occupation / Job title (See Instructions)  Realtor		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>3</i>
2 FILER NAME Cynthia "Cindy" McClure			3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2025	5 Full name of contributor Joe Johnson	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; 123 Harvey Bryant Rd Coldspring, TX 77331			City; State; Zip Code
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 12/05/2025	Full name of contributor Teresa Johnson	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>50.00</b>
Contributor address; P O Box 289 Point Blank, TX 77364			City; State; Zip Code
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 12/05/2025	Full name of contributor Charles Walker	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>50.00</b>
Contributor address; P O Box 44 Point Blank, TX 77364			City; State; Zip Code
Principal occupation / Job title (See Instructions) Heavy Equipment Operator		Employer (See Instructions)	
Date 12/05/2025	Full name of contributor Dylan Walker	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>50.00</b>
Contributor address; 230 McAnally Circle Coldspring, TX 77364			City; State; Zip Code
Principal occupation / Job title (See Instructions) Directional Driller		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <u>Cynthia "Cindy" McClure</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>12/31/2025</u>	5 Full name of contributor <u>Jeff's Plumbing</u>	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <b>200.00</b>
	6 Contributor address; <u>P O Box 674 Point Blank, TX 77364</u>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <u>Plumber</u>		9 Employer (See Instructions)	
Date <u>12/09/2025</u>	Full name of contributor <u>Chilton Hott</u>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>250.00</b>
	Contributor address; <u>599 Tony Tap Rd Cleveland, TX 77328</u>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <u>Business owner of Hott Tree Farm</u>		Employer (See Instructions)	
Date <u>01/13/2026</u>	Full name of contributor <u>Wendy Sweeten</u>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>50.00</b>
	Contributor address; <u>4661 FM 945 S Cleveland, TX 77328</u>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <u>Unemployed</u>		Employer (See Instructions) <u>None</u>	
Date <u>01/13/2026</u>	Full name of contributor <u>Billy Scott</u>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>50.00</b>
	Contributor address; <u>4661 FM 945 S Cleveland, TX 77328</u>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <u>Heavy Equipment Operator</u>		Employer (See Instructions) <u>SJC PCT 3</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME  <b>Cynthia "Cindy" McClure</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan  <b>01/06/2026</b>	<b>7</b> Name of lender  <b>Cynthia "Cindy" McClure</b>	<b>9</b> Loan Amount (\$)  <b>200.00</b>
<b>6</b> Is lender a financial institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address;  <b>230 McAnally Circle</b>	<b>10</b> Interest rate  <b>0.00</b>
		<b>11</b> Maturity date  <b>11/03/2026</b>
<b>12</b> Principal occupation / Job title (See Instructions)  <b>Administrative Assistant</b>		<b>13</b> Employer (See Instructions)  <b>SJC PCT 3</b>
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)  <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor  .....  <b>18</b> Guarantor address;  .....	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)	<b>21</b> Employer (See Instructions)	
Date of loan	Name of lender  .....	Loan Amount (\$)
Is lender a financial institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address;  .....	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  .....  Guarantor address;  .....	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: <b>4</b>	2 FILER NAME <b>Cynthia "Cindy" McClure</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>09/10/2025</b>	5 Payee name <b>Main Street Checks</b>	
6 Amount (\$) <b>36.94</b>	7 Payee address:  Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Banking</b>	(b) Description <b>Checks</b>
	(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 <b>Cynthia "Cindy" McClure</b>	Office sought <b>County Treasurer</b> Office held
Date <b>10/31/2025</b>	Payee name <b>The Bank of San Jacinto County</b>	
Amount (\$) <b>11.50</b>	Payee address: <b>100 TX-150      Colspring, TX 77331</b>	City: _____ State: _____ Zip Code: _____
	Check if individual's residence address.	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Banking</b>	Description <b>Service Charge</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cynthia "Cindy" McClure</b>	Office sought <b>County Treasurer</b> Office held
Date <b>11/28/2025</b>	Payee name <b>The Bank of San Jacinto County</b>	
Amount (\$) <b>11.50</b>	Payee address: <b>100 TX -150      Coldspring, TX 77331</b>	City: _____ State: _____ Zip Code: _____
	Check if individual's residence address.	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Banking</b>	Description <b>Service charge</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cynthia "Cindy" McClure</b>	Office sought <b>County Treasurer</b> Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: <i>4</i>	2 FILER NAME Cynthia "Cindy" McClure	3 Filer ID (Ethics Commission Filers)	
4 Date 09/10/2025	5 Payee name Coldspring Chamber of Commerce		
6 Amount (\$) <i>100,00</i>	7 Payee address; 31 Butler Street Coldspring, TX 77331	City: _____ State: _____ Zip Code: _____	
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Vendor booth and parade	
	(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 Cynthia "Cindy" McClure	Office sought County Treasurer	Office held
Date 10/12/2025	Payee name Shepherd Chamber of Commerce		
Amount (\$) <i>55.00</i>	Payee address; 16 Liberty Street Shepherd, TX 77371	City: _____ State: _____ Zip Code: _____	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Vendor booth and parade	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure	Office sought County Treasurer	Office held
Date 12/12/2025	Payee name Lone Star Signs		
Amount (\$) <i>200,00</i>	Payee address; 21973 Eva Street Montgomery, TX 77356-2011	City: _____ State: _____ Zip Code: _____	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Signs	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure	Office sought County Treasurer	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: <b>4</b>	2 FILER NAME Cynthia "Cindy" McClure	3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/31/2025</b>	5 Payee name <b>The Bank of San Jacinto County</b>	City; State; Zip Code	
6 Amount (\$) <b>11.50</b>	7 Payee address: <b>100 TX-150 Coldspring, TX 77331</b> <small>Check if individual's residence address.</small>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Banking</b>	(b) Description <b>Service charge</b>	
	(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 <b>Cynthia "Cindy" McClure</b>	Office sought County Treasurer	Office held
Date <b>01/07/2025</b>	Payee name <b>Lone Star Signs</b>		
Amount (\$) <b>320.42</b>	Payee address: <b>21973 Eva Street Montgomery, TX 77356-2011</b> <small>Check if individual's residence address.</small>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cynthia "Cindy" McClure</b>	Office sought County Treasurer	Office held
Date <b>01/13/2025</b>	Payee name <b>Jeanie's Sweets &amp; More</b>		
Amount (\$) <b>187.00</b>	Payee address: <b>13831 TX-150 Coldspring, TX 77331</b> <small>Check if individual's residence address.</small>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>Cookies</b>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cynthia "Cindy" McClure</b>	Office sought County Treasurer	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: <b>4</b>	2 FILER NAME Cynthia "Cindy" McClure	3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2026	5 Payee name Lone Star Signs	
6 Amount (\$) <b>408.64</b>	7 Payee address; 21973 Eva Street Montgomery, TX 77356-2011	City; State; Zip Code
Check if individual's residence address.		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising expense	(b) Description  Signs
	(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 Cynthia "Cindy" McClure	Office sought County Treasurer
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Check if individual's residence address.		
  <b>PURPOSE OF EXPENDITURE</b>	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/OH	Candidate / Officeholder name	Office sought
Office held		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Check if individual's residence address.		
  <b>PURPOSE OF EXPENDITURE</b>	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/OH	Candidate / Officeholder name	Office sought
Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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  
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Cynthia "Cindy" McClure	3 Filer ID (Ethics Commission Filers)
4 Date 09/15/2025	5 Payee name Banners on the Cheap	
6 Amount (\$) 219.35  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address;  Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Banners
	(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 Cynthia "Cindy" McClure      County Treasurer Office sought Office held	
Date 09/15/2025	Payee name Jiffy T-shirts	
Amount (\$) 336.66  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;  Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description T-shirts
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure      County Treasurer Office sought Office held	
Date 09/16/2025	Payee name Amazon	
Amount (\$) 359.24  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;  Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Caps
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure      County Treasurer Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME Cynthia "Cindy" McClure	3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2025	5 Payee name Print Place	
6 Amount (\$) 238.24  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address;  Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Printing expense
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Cynthia "Cindy" McClure	Office sought County Treasurer	Office held
Date 11/08/2025	Payee name Republican Party of San Jacinto County	
Amount (\$) 750.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 201 Hwy 150, Suite J-L Coldspring, TX 77331  Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing fees
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Cynthia "Cindy" McClure	Office sought County Treasurer	Office held
Date 11/24/2025	Payee name Century II Printing	
Amount (\$) 1,082.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1506 N Washington Avenue Livingston, TX 77351  Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Cynthia "Cindy" McClure	Office sought County Treasurer	Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME Cynthia "Cindy" McClure	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2025	5 Payee name Coldspring Area Business Merchants Association	
6 Amount (\$) 50.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: Coldspring, TX 77331  Check if individual's residence address.	City:      State:      Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Vendor booth
	(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 Cynthia "Cindy" McClure	
Date 12/08/2025	Payee name Lakeside Building Supplies	Office sought      Office held
Amount (\$) 19.37  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 14580 TX-150 W Coldspring, TX 77331  Check if individual's residence address.	City:      State:      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Zip ties to hold signs
	Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure      County Treasurer	
Date 12/12/2025	Payee name Lone Star Signs	Office sought      Office held
Amount (\$) 595.64  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 21973 Eva Street      Montgomery, TX 77356  Check if individual's residence address.	City:      State:      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure      County Treasurer	
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME Cynthia "Cindy" McClure		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2025	5 Payee name Magnets on the Cheap		
6 Amount (\$) 114.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address:  Check if individual's residence address.	City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Truck magnets	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure		Office sought County Treasurer
Date 12/30/2025	Payee name U Printing		
Amount (\$) 146.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address:  Check if individual's residence address.	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Printing political advertisement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure		Office sought County Treasurer
Date 01/12/2026	Payee name Lakeside Building Supply		
Amount (\$) 12.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 14580 TX-150 Coldspring, TX 77331  Check if individual's residence address.	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Zip ties for signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure		Office sought County Treasurer

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME Cynthia "Cindy" McClure	3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2026	5 Payee name U Printing	
6 Amount (\$) 99.17  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address;  Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Print political advertising cards
	(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 Cynthia "Cindy" McClure      Office sought County Treasurer      Office held	
Date 01/06/2026	Payee name U Printing	
Amount (\$) 61.49  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Print political advertising cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure      Office sought County Treasurer      Office held	
Date 11/30/2025	Payee name Amazon	
Amount (\$) 61.02  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Parage - Coldspring/Shepherd
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure      Office sought County Treasurer      Office held	

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## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME Cynthia "Cindy" McClure	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2025	5 Payee name Amazon	
6 Amount (\$) 115.82	7 Payee address;  Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Reagan dinner silent auction expense
	(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 Cynthia "Cindy" McClure      Office sought County Treasurer      Office held	
Date 12/26/2025	Payee name Amazon	
Amount (\$) 36.46	Payee address;  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Labels and bags
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cynthia "Cindy" McClure      Office sought County Treasurer      Office held	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	Check if individual's residence address.	
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/OH	Candidate / Officeholder name Office sought Office held	
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