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P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS / MR FIRST CYNTHIA NICKNAME LAST TOOD LE	MI SUFFIX MS	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #. CITY:	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR CYN+HIA NICKMAME LAST	MI SUFFIX MS	POSTMARK JUL 1 5 2014
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	January 15 30th day before election X July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 06/30	Year / 2,014
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff X	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOW) +ARRANT Distric	"County T CLERK
	GO TO PA		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	4N7414	T00065	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF COMMITTEE(S) COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF COMMITTEES TO SUPPORT THE COMMITTEES TO SUPPORT			
	COMMITTEE TYPE	COMMITTEE NAME ,	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	ELECTIONS PAY:
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	AL ASSESSED PA
		COMMITTEE CAMPAIGN TREASURER ADDRESS	IRATER TO
17 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (O PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLE			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,410,17
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$ 40.5.1)
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES \$ 1,203,-		
BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 6965		
LOANTOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
	ROGELIO BELMONT My Commission Exp February 3, 2016	is true and correct and includes a me under Title 15, Election Code	of perjury, that the accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report all information required to be reported by source and accompanying report and accompanying report all information required to be reported by source and accompanying report and accompanying report all information required to be reported by source and accompanying report and accompany
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19 day	ot 70/A	Repello Belmontes	my hand and seal of office.
Signature of officer adm	ninistering oath	Printed name of officer administering oath	Title of officer administering oath

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	2014 JUL 16 PM 1:	Total pages Sch	edule A:
Th	e Instruction Guide explains how to complete this form.	Total pages 301	1
FILER NAME	ELECTIONS ADMINISTRAT	3 ACCOUNT # (E	thics Commission Filers)
	CYNTHA /ODALAT		V/A
1 Date	5 Full name of contributor out-of-state PAC(ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	NORTH TOXAS DEMOCRATS		description (ii applicable)
	6 Contributor address; City; State; Zip Code	150.00	
	P.O. BON 2134		
	KOZLER, TX 76244	(If travel outside	l of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions) 10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	SANARA LEE	contribution (\$)	description (if applicable)
1 1.4	^맛에요요요. 성원도가 1000년 600년 100년 120년 120년 120년 120년 120년 120년 1	100,00	
1/17/14	Contributor address: City; State; Zip Code 6201 VISTA WOOD DR.		
	ARLINGTON, TX 76017	Supplies the second limited the	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions) Employer (See	AMERICAN AND ADDRESS OF A VICE	or lexas, complete scriedule 1)
			La Companya da Camara
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
a light of the	EMAD SALRM		
1/17/14	Contributor address: City; State; Zip Gode 806 PARK H7LL DR.	40,00	
	EUESS, TX 76040		
Displayed as	upation / Job title (See Instructions) Employer (See	100 100 100 100 100 100 100 100 100 100	of Texas, complete Schedule T)
Frincipal occ	upanon / 300 title (See instructions)	100	
Date	Full name of contributor	Amount of	In-kind contribution
	CONTRIBUTE ARAWASH HANSTIELD CONTRIBUTE Address; City; State; Zip Code DEMOCRANC, A.O. BOX 122259 WONEN	contribution (\$)	description (if applicable)
4/21/14	Contributor address; City; State; Zip Code Denocranc		
	HENDERS 보니는 네티아프스트 HER HER HELDERS HER HER HER HER HELDERS HER HELDERS HELDERS HER HER HER HER HER HER HER HER	50,00	
	ARLINGTON, TX 76017	(If travel outside	of Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	HODIET MAR IRRY	contribution (\$)	description (if applicable)
100111	Contributor address; City; State; Zip Code	1000	
4/14/19		40.00	
	ARLINGTON TX	(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions) Employer (See	Control of the Contro	
		A ANSAR D	

P.O. Box 12070

POLITICAL CONTRIBUTIONS, FILED SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME CYNTHIA TOURNES 4 Date 5 Full name of contributor out-of-state PAC (ID#. CHASSEL 6/3/14 6 Contributor address; City: State; Zip Code 4/6 STARMSHT AR. 8 In-kind contribution contribution (\$) description (if applicable) 9 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: In-kind contribution Amount of NORTH TARRANT A EMOCRATS. Contributor address: City: State: Zip Code 1.0. Bex 2134 contribution (\$) description (if applicable) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: In-kind contribution Amount of MARYRLEN WHITZOCK HICKS. Contributor address: City; State; Zip Code P.O. Box 1916 5 FT Warth TX 76119 (If travel outside of Texas, complete Schedule T) description (if applicable) contribution (\$) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution Date contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor In-kind contribution Amount of Date ut-of-state PAC (ID#: description (if applicable) contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES



SCHEDULE F

	A CONTRACT OF THE PROPERTY OF		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Splicitation/Fundral Food/Beverage Expense Travel in District, Polling Expense Travel Out Of District, Printing Expense Office Overhead/R The Instruction Guide explains how to the service of the service	ntract Labor Loan R sing Expense Transport UNITY STRAIGE Can ental Expense OTHER	epayment/Reimbursement ortation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME CYNTHIA TO	OAL6 3	ACCOUNT # (Ethics Commission Filers)
4 Date 4/21/14	5 Payee name OFFICE ASPO		
238./3	7 Payee address; City; State; Zip Code 250 3 I - 20 GRANN AR	PAIRIE T	1
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) AFRICE OVERHEAD		outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 1/15/14	Payee name PAY PAL		
Amount (\$) ¹ 365,00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 6/12/14	Payee name CHK # 100	5	
Amount (\$) 194,54	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	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 (If travel	outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

U.S. POSTAGE PRLINGTON.TX JUL 15.14 AMBUNT UMITED STATES 1000 7012 3460 0003 4662 3661 TALLANT COUNTY Elections OFFICE THE PROPERTY OF THE PARTY OF TH FORT WORTH TX 2400 PASMEIL St.