

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <input checked="" type="checkbox"/> MRS / MR	FIRST CYNTHIA	MI D.
	NICKNAME TOODLE	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST CYNTHIA	MI D.
	NICKNAME TOODLE	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 11 / 18 / 13	THROUGH	Month Day Year 12 / 31 / 13
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) TARRANT COUNTY DISTRICT CLERK	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME CYNTHIA D. TOODLE 15 ACCOUNT # (Ethics Commission Filers)

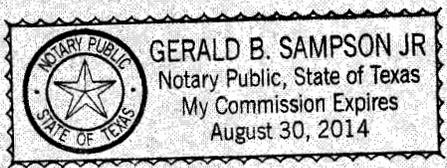
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED
 ARARRANT COUNTY
 JAN 14 PM 12:48
 STEVE ARBORE
 ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	485.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	2,122.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	485.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

18 AFFIDAVIT



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 D. Toode
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cynthia D. Toode, this the 13th day of January, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Gerald Sampson Jr
Printed name of officer administering oath

Personal Banker
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1**

2 FILER NAME

CYNTHIA D. TOOLE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/21/13

5 Full name of contributor out-of-state PAC (ID#)

CHRIS TURNER

6 Contributor address; City; State; Zip Code

**P.O. Box 182093
ARLINGTON, TX 76096**

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/21/13

Full name of contributor out-of-state PAC (ID#)

FAITH CHATHAM

Contributor address; City; State; Zip Code

**803 N. MESQUITE, APT A
ARLINGTON, TX 76010**

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/13

Full name of contributor out-of-state PAC (ID#)

ERIC BRITT

Contributor address; City; State; Zip Code

**2015 MELISSA
ARLINGTON, TX 76010**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/13

Full name of contributor out-of-state PAC (ID#)

KENNETH SANDERS

Contributor address; City; State; Zip Code

**426 KINGFISHER LN
ARLINGTON, TX 76002**

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FILED
2014 JAN 14 PM 12:48
ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME CYNTHIA A. TOOPLES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/19/13		5 Payee name SIGNS NOW			
6 Amount (\$) 176.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 900 E. COBBLAND ROAD, SU 130 ARLINGTON, TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS	
Date 12/26/13		Payee name HILTON HOTEL			
Amount (\$) 1214.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2401 E. LAMAR ARLINGTON, TX 76006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN KICK-OFF	
Date 12/20/13		Payee name FED EX OFFICE			
Amount (\$) 159.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1401 INTERSTATE 20 W ARLINGTON, TX 76017			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CONTRIBUTION CARDS	
Date 12/17/13		Payee name OFFICE DEPOT			
Amount (\$) 572.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3611 S. COOPER ST. ARLINGTON, TX 76015			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) HP PC	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED