

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: 16								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR MRS</td> <td style="width:33%; border-bottom: 1px solid black;">FIRST Cynthia</td> <td style="width:33%; border-bottom: 1px solid black;">MI R</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST Horne</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>		MS / MRS / MR MRS	FIRST Cynthia	MI R	NICKNAME	LAST Horne	SUFFIX	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Date Received City of Heath RECEIVED APR 02 2025 </div>		
	MS / MRS / MR MRS	FIRST Cynthia	MI R								
NICKNAME	LAST Horne	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address											
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Heath, TX 75032		Date Hand-delivered or Date Postmarked April 2, 2025									
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION											
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR MR</td> <td style="width:33%; border-bottom: 1px solid black;">FIRST Garth</td> <td style="width:33%; border-bottom: 1px solid black;">MI M</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST Horne</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>		MS / MRS / MR MR	FIRST Garth	MI M	NICKNAME	LAST Horne	SUFFIX	Receipt # Amount \$ Date Processed April 2, 2025 Date Imaged April 2, 2025		
	MS / MRS / MR MR	FIRST Garth	MI M								
NICKNAME	LAST Horne	SUFFIX									
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE Heath, TX 75032											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION									
9 REPORT TYPE											
10 PERIOD COVERED		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input checked="" 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)
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11 ELECTION		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 5 / 3 / 25 </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>		ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE		13 OFFICE SOUGHT (if known) City Coucil, Place 1									
14 NOTICE FROM POLITICAL COMMITTEE(S)		<p style="font-size: small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

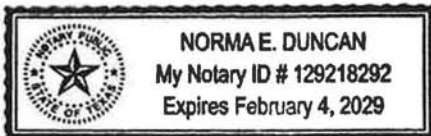
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Cynthia R. Home		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)	\$ 300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,313.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 369.68
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,986.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,257.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 R. Home
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cynthia Home this the 2nd day of April, 2025, to certify which, witness my hand and seal of office.
Signature of officer administering oath: Norma Duncan Printed name of officer administering oath: NORMA DUNCAN Title of officer administering oath: City Secretary

OR

(2) Unsworn Declaration

My name is Cynthia R. Home, and my date of birth is _____.
My address is _____, _____, _____, TX 75032, USA.
(street) (city) (state) (zip code) (country)
Executed in Rockwall County, State of Texas, on the 28th day of March, 2025.
(month) (year)
Cynthia R. Home
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Cynthia R. Horne****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,165.10
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,148.50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,580.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 405.31
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 2,000.00
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: 7
2 FILER NAME Cynthia R. Horne		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/25	5 Full name of contributor out-of-state PAC (ID# _____) Rade Parker	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code 519 E. Interstate 30, PMB 1053, Rockwall, TX 75087		
8 Principal occupation / Job title (See Instructions) Heavy Equipment Sales		9 Employer (See Instructions) Owner
Date 3/4/25	Full name of contributor out-of-state PAC (ID# _____) Randy Hudson	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1009 Covenant Ct. Heath TX 75032		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Hudson Financial Group
Date 3/5/25	Full name of contributor out-of-state PAC (ID# _____) Mary Ward	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code 517 Terry Lane, Heath TX 75032		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/14/25	Full name of contributor out-of-state PAC (ID# _____) John McKinney	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 632 Rustic Ridge Dr. Heath TX 75032		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Cynthia R. Horne		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/25	5 Full name of contributor out-of-state PAC (ID# _____) Monica Potter	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 11828 Fawn Lake Parkway, Spotsy VA 22551		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/19/25	Full name of contributor out-of-state PAC (ID# _____) Nathanael Hirt	Amount of contribution (\$) 23.70
Contributor address; City; State; Zip Code 5180 Hart Mill Dr. Glenn Allen, VA 23060		
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Miyares for Virginia
Date 2/19/25	Full name of contributor out-of-state PAC (ID# _____) Pat Hughes	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 9521 Nolte Dr. Richmond, VA 23238		
Principal occupation / Job title (See Instructions) Management Consulting		Employer (See Instructions) Patrick Hughes
Date 2/19/25	Full name of contributor out-of-state PAC (ID# _____) MARK Kippnut	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 31 Fireside Drive Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Cynthia R. Horne		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/25	5 Full name of contributor out-of-state PAC (ID# _____) David Billings	7 Amount of contribution (\$) 95.70
6 Contributor address; City; State; Zip Code 120 wilmingtton Dr. Royse City, TX 75189		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 2/19 2/24/25	Full name of contributor out-of-state PAC (ID# _____) Lisa Toohey	Amount of contribution (\$) 95.70
Contributor address; City; State; Zip Code 2418 Saint James Dr. SE Southpoint NC 28461		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 2/26/25	Full name of contributor out-of-state PAC (ID# _____) George Hargrave	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2400 Legend Dr. Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/1/25	Full name of contributor out-of-state PAC (ID# _____) Gerri Burns	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6706 Weedon Dr. Fredericksburg, VA 22407		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SCPS

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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Cynthia R. Horne		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/25	5 Full name of contributor out-of-state PAC (ID# _____) Jen Patterson	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 11401 Meade Pointw Spotsylvania, VA 22551		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 3/5/25	Full name of contributor out-of-state PAC (ID# _____) Kevin Hadawi	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 1609 Craighton Ct. Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Sr. Vice President - Investments		Employer (See Instructions) Wells Fargo Advisors
Date 3/6/25	Full name of contributor out-of-state PAC (ID# _____) Kimberly Taylor	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2629 Exeter Mill Rd Sutherland, VA 23885		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Titan Auto & Tire
Date 3/7/25	Full name of contributor out-of-state PAC (ID# _____) Erika Henk-Hatfield	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 107 Lenley Dr. Heath, TX 75032		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) USAA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Cynthia R. Horne		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/25	5 Full name of contributor out-of-state PAC (ID# _____) Donald Prentiss	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code 6060 N. Central Expy Suite 555 DALLAS, TX 75206		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Qualthera Health Corporation
Date 3/10/25	Full name of contributor out-of-state PAC (ID# _____) Judy Rogers	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2272 Lafayette Lndg Heath, TX 75032		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) F&S Ventures
Date 3/11/25	Full name of contributor out-of-state PAC (ID# _____) Justin Saunders	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) manu facturing		Employer (See Instructions) Madix
Date 3/16/25	Full name of contributor out-of-state PAC (ID# _____) Stephen Mayfield	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 430 Sunrise Ridge Dr. DALLAS, TX 75032		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Cynthia R. Horne		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/25	5 Full name of contributor out-of-state PAC (ID# _____) Adrian Baechtel <hr/> 6 Contributor address; City; State; Zip Code 12642 Hidden Hills Ln Fredericksburg, VA 22407	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/20/25	Full name of contributor out-of-state PAC (ID# _____) Paul Roberts <hr/> Contributor address; City; State; Zip Code 909 Country Club Drive Heath TX 75032	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/25	Full name of contributor out-of-state PAC (ID# _____) Carter Brower <hr/> Contributor address; City; State; Zip Code 536 Loma Vis Rockwall, TX 75032	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Libertas Financial Partners
Date 3/23/25	Full name of contributor out-of-state PAC (ID# _____) Jenna Haligas <hr/> Contributor address; City; State; Zip Code 227 S Cove Terrace Dr. PANAMA CITY, FL 32401	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) City Commissioner		Employer (See Instructions) City of PANAMA City
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

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2 FILER NAME Cynthia R. Horne		3 Filer ID (Ethics Commission Filers)
4 Date 3/14	5 Full name of contributor out-of-state PAC (ID# _____) Coy Cleveland <hr/> 6 Contributor address; City; State; Zip Code 442 Sunrise Ridge Dr. Heath TX 75032	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) CSBSS LLC
Date	Full name of contributor out-of-state PAC (ID# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 for additional reporting requirements.

SCHEDULE A2

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2025

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.		1 Total pages Schedule E: 1
2 FILER NAME Cynthia R. Horne		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/18/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia R. Horne	9 Loan Amount (\$) 3,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City: _____ State: _____ Zip Code _____	10 Interest rate 0.00
		11 Maturity date 05/03/2025
12 Principal occupation / Job title (See Instructions) President of Small Business		13 Employer (See Instructions) Battlefield Consulting
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City: _____ State: _____ Zip Code _____	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 02/19/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia R. Horne	Loan Amount (\$) 2,000.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City: _____ State: _____ Zip Code _____	Interest rate 0.00
		Maturity date 05/03/2025
Principal occupation / Job title (See Instructions) President of Small Business		Employer (See Instructions) Battlefield Consulting
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City: _____ State: _____ Zip Code _____	
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
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 F1: 2	2 FILER NAME Cynthia R. Horne	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2025	5 Payee name Keeper's Press, LLC	
6 Amount (\$) 2,413.98	7 Payee address; City; State; Zip Code 1905 Alpha Drive #170, Rockwall, TX 75087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign 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 R. Horne	Office sought Heath City Council, Place 1
Date 03/03/2025	Payee name Keeper's Press, LLC	
Amount (\$) 357.23	Payee address; City; State; Zip Code 1905 Alpha Drive #170, Rockwall, TX 75087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign 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 R. Horne	Office sought Heath City Council, Place 1
Date 02/19/2025	Payee name Minute Man Press	
Amount (\$) 395.28	Payee address; City; State; Zip Code 1104 Ridge Rd, Ste B, Rockwall, TX 75087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Palm 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 R. Horne	Office sought Heath City Council, Place 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1: 2	2 FILER NAME Cynthia R. Home	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2025	5 Payee name Lauren Hall	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 4902 Old Mountain Road NE, Roanoke, VA 24019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Graphics
	(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 R. Home	Office sought Heath City Hall, Place 1
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/OH	Candidate / Officeholder name	Office sought
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/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Cynthia R. Horne	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 155.31	
5 CREDIT CARD ISSUER	Name of financial institution Wells Fargo	
6 PAYMENT	(a) Amount Charged \$ 250.00	(b) Date Expenditure Charged 03/18/2025
7 PAYEE	(a) Payee name RCRWSF	(c) Date(s) Credit Card Issuer Paid 03/18/2025
8 PURPOSE OF EXPENDITURE	(b) Payee address; City, State, Zip Code	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Golf Tournament
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name Cynthia R. Horne	Office Sought Heath City Council, Place 1
		Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(b) Payee address; City, State, Zip Code	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office Sought
		Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(b) Payee address; City, State, Zip Code	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office Sought
		Office Held

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1	2 FILER NAME Cynthia R. Horne	3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2025	5 Business name Battlefield Consulting	
6 Amount (\$) 2,000.00	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Call time, emails, flyers
	(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 R. Horne	Office sought Heath City Council, Place 1
Date	Business name	
Amount (\$)	Business 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/OH	Candidate / Officeholder name	Office sought
Date	Business name	
Amount (\$)	Business 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/OH	Candidate / Officeholder name	Office sought
Date	Business name	
Amount (\$)	Business 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/OH	Candidate / Officeholder name	Office sought

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