

# 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: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS  MRS / MR FIRST **Cynthia** MI **L.**  
NICKNAME LAST SUFFIX  
**Richter**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**3408 Wimbledon Drive Highland Village TX. 75077**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 925-2021**

6 CAMPAIGN TREASURER NAME

MS  MRS / MR FIRST **Cynthia** MI **L.**  
NICKNAME LAST SUFFIX  
**Richter**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**3408 Wimbledon Dr. Highland Village Texas 75077**

Residence  Business

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 925-2021**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**01 / 30 / 23 THROUGH 04 / 06 / 23**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**05 / 06 / 23**  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Highland Village City Council, Place 3**

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.

COMMITTEE TYPE COMMITTEE NAME  
 GENERAL COMMITTEE ADDRESS  
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

**RECEIVED**  
**APR 06 2023**  
By: **KM 1:23pm**

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

**15 C/OH NAME** ~~Concetta Richter~~ Cynthia Lynn "Cindy" Richter **16 Filer ID** (Ethics Commission Filers)

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 875.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1533.70
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 341.30
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

Cindy Richter  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cindy Richter this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

Karen McCoy Karen McCoy Notary  
Signature of officer administering oath Printed name of officer administering oath 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

19 FILER NAME <i>Cynthia Lynn Richter</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 875.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1533.70
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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>1 of 3</i>
2 FILER NAME <i>Cynthia Lynn Rienter</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Turner</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
	6 Contributor address; City; State; Zip Code <i>3106 Calstone Circle Highland Village TX 75077</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise Turner</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>3106 Calstone Circle Highland Village TX 75077</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carol Stringer</i>	Amount of contribution (\$) <i>\$ 50.00</i>
	Contributor address; City; State; Zip Code <i>3913 Beacon St. Flower Mound TX 75028</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Starnes</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>937 Southwood Dr. Highland Village TX 75077</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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:

2 of 3

2 FILER NAME

Cynthia Lynn Richter

3 Filer ID (Ethics Commission Filers)

4 Date

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

Jeanette Starnes

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

937 Southwood Dr. Highland Village TX 75077

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Jeff Bailey

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

3416 Wimbledon Drive Highland Village TX 75077

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Julie Jones

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2676 Hillside Dr. Highland Village TX 75077

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Beth Osburn

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

3412 Wimbledon Drive Highland Village TX 75077

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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: 3 of 3
2 FILER NAME <i>Cynthia Lynn Richter</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Roemer</i>	7 Amount of contribution (\$) <i>\$ 125.00</i>
6 Contributor address; City; State; Zip Code <i>9617 Lakemont Dr. Dallas TX 75220</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanith Williams</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>804 Panay Way Fort Worth TX 76108</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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.		1 Total pages Schedule E:
2 FILER NAME <i>Cynthia Lynn Richter</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>03/07/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>James Richter</i>	9 Loan Amount (\$) <i>\$ 1000.00</i>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>3408 Wimbledon Dr. Highland Village TX. 75077</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>N/A</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input 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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

<b>1</b> Total pages Schedule F1: <i>1 of 2</i>	<b>2</b> FILER NAME <i>Cynthia Lynn Richter</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>03/07/23</i>	<b>5</b> Payee name <i>A.G.E. Graphics</i>	
<b>6</b> Amount (\$) <i>1,195.00</i>	<b>7</b> Payee address: <i>678 Collins Rd.</i>	City; State; Zip Code <i>Little Hocking OH 45742</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	(b) Description <i>Campaign Signs - Yard + 4x4's For Cindy Richter for Highland Village City Council, Place 3</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3/10/23</i>	Payee name <i>DRI Print Place</i>	
Amount (\$) <i>\$263.59</i>	Payee address: <i>1130 Avenue H - East</i>	City; State; Zip Code <i>Arlington TX 76011</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>1500 Door Hangers (11x4) for Cindy Richter for Highland Village City Council, Place 3</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>3/14/23</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>\$32.24</i>	Payee address: <i>6060 Long Prairie Rd</i>	City; State; Zip Code <i>Flower Mound TX 75028</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>Flyers (51) for Meet &amp; Greet for Cindy Richter for Highland Village City Council, Place 3</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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: <i>2 of 2</i>	2 FILER NAME <i>Cynthia Lynn Richter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>03/24/23</i>	5 Payee name <i>Castewood HOA</i>	
6 Amount (\$) <i>\$ 30.00</i>	7 Payee address: <i>3420 Fairfield lane</i>	City; State; Zip Code <i>Highland Village TX. 75077</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Neighborhood Clubhouse rental fee for the meet &amp; greet for Cindy Richter for Highland Village City Council Place 3</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>03/27/2023</i>	Payee name <i>Office Depot</i>
Amount (\$) <i>\$12.87</i>	Payee address; City; State; Zip Code <i>6060 Long Prairie Rd. Flower mound TX 75077</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>name tag that says Cindy Richter Highland Village City Council Place 3</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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