FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 14 MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAMEMrs Cynthia . . . L. Date . . . NICKNAME LAST RCVD OCTO7 2025 Cindy Heiser CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** The Woodlands. BMOR:44:53 TWT Change of Address TX 77382 AREA CODE CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Amount \$ MS / MRS / MR FIRST CAMPAIGN TREASURERMr . . Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Melton STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY ZIP CODE CAMPAIGN 2715 Lake Front Circle TREASURER **ADDRESS** The Woodlands, TX 77380 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER PHONE 844-7846 281) 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month COVERED 01 07 2025 THROUGH 06 10 2025 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Other Month Day Year Description X General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Township Director Place 7 The Woodlands Township Board of Directors Place 7 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

O/tivii /ti-Oi	TI III/(IIIOE IXEI OIXI				
15 C/OH NAME Ci	ndy Heiser	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	\$ 0				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	^{\$} 17,812.14			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	*o			
	4. TOTAL POLITICAL EXPENDITURES	^{\$} 827.69			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 15,273.82			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$0			
The same and the s	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
LISA MORRIS My Notary ID # 134442325 Expires July 7, 2027 Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL Sworn to and subscribed before me by $\frac{CyNTHIAP}{CYNTHIAP}$, $\frac{HEISER}{CYNTHIAP}$, this the $\frac{7}{1}$ day of $\frac{OCTOBER}{CYNTHIAP}$,					
20 35 , to certify	2 (1)				
Signalure of officer administe	Printed name of officer administering oath	Title of officer administering oath			
OR (2) Unsworn Declaration					
My name is	, and my date of birth is	S			
My address is					
Executed in	(street) (city) (County, State of , on the day of (mont	(state) (zip code) (country) (h) (year)			
	Signature of Cand	idate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER N	mmission Filers)		
		Cindy Heiser		
21	SCHEDU NAME O	SUBTOTAL AMOUNT		
1.	V	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$17,812.14
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.			\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$827.69
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.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 0
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 CONTRIBUT TO FILER	TIONS RETURNED	\$

SCHEDULE A1

	in 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	2 FILER NAME Cindy Heiser			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor ut-of-state PAC	; (ID#:)	7 Amount of contribution (\$)		
		Blair Law Firm		250.00		
	8/21/25	6 Contributor address; City;	State; Zip Code			
		The Woodlan	ds, TX 77380			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
		Attorneys	Law Firm			
	Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)		
		Gene Brumbelow				
	8/26/25	Contributor address; City;	State; Zip Code	200.00		
		Jacksonville 1	TX 75766			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Retired	tions)		
	Re	tired	Retired			
	Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)		
	8/28/25	Arthur Bredehoft				
	0/20/25	Contributor address; City;	State; Zip Code	25.00		
		The Woodlands,	TX 77382	20.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Re	etired	Retired			
	Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)		
		Mark Keough				
	8/28/25	Contributor address; City;	State; Zip Code	500.00		
		The Wood	lands,TX 77381			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)				
	Cour	nty Judge	Montgomery C	ounty		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	FILER NAME	Cindy Heiser		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor out-of-state	7 Amount of contribution (\$)			
	9/04/05	Timothy Welbes		200.00		
	8/21/25	6 Contributor address; City;	State; Zip Code			
		The Woodland	ds, TX 77381			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)		
		Retired	Retired			
	Date	Full name of contributor out-of-state	PAC (ID#:)_	Amount of contribution (\$)		
		Gene Brumbelow				
	8/26/25	Contributor address; City;	State; Zip Code	200.00		
		Jacksonvi	lle TX 75766			
		Employer (See Instruct Retired	itions)			
	D. 1.					
	Date	0 10 114	e PAC (ID#:)	Amount of contribution (\$)		
	8/28/25	orogano i ara managoment				
	2	Contributor address; City;	State; Zip Code	300.00		
		The woodian	nds, TX 77380			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
	Date		PAC (ID#:)	Amount of contribution (\$)		
	Bruce Tough					
	8/28/25 Contributor address; City; State; Zip Code		250.00			
		The W	oodlands,TX 77381			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
	Attor	ney	Tough Law Fir	m		
-						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	FILER NAME	Cindy Heiser		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
		Daniel Kolkhorst		200.00
	8/28/25	6 Contributor address; City;	State; Zip Code	200.00
		Houston, TX 7	7095 77095	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	\	VP Land Deveopment	Howard Hughes	
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
		Walt Lisiewski		400.00
	8/26/25	Contributor address; City;	State; Zip Code	100.00
		The Woodlan	ds TX 77381	
	Delevel and an arrange			4iona)
		tired	Employer (See Instruc Retired	tions)
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	0.00.00	Stephen Berry		
	8/28/25	Contributor address; City;	State; Zip Code	100.00
		The Woodlands	, TX 77382	100.00
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		anagement	Waste Connections	,
	1416	l		
	Date	1977 NOW 1977 NO 1771 NO.	C (ID#:)	Amount of contribution (\$)
		Trepac-Texas Realtors PAC.	••••	
	8/28/25	Contributor address; City;	State; Zip Code	1000.00
		PO Box 2246 Austin , T	X 78768	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	PAC	:	HAR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Cindy Heiser		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
M1.1.	Cindy Heiser		25.00	
7/21/25	6 Contributor address; City;	State; Zip Code	20.00	
	The Woodlands	s, TX 77380		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Bu	siness Owner	The Flying Locksm	iths	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
9/	Jill Barber			
7/28/25	Contributor address; City;	State; Zip Code	300.00	
	The Woodlands	s, TX 77382		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	rired	Retired	uoney	
Date	Full name of contributor	1		
A STATE OF THE STA	Craig Eisler	C (ID#:)	Amount of contribution (\$)	
7/24/25		Chatan Zia Cada		
	TO TALL DROLL OF THE PARTY OF T	The Woodlands, TX 77382		
	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
VVe	ealth Manager	Halbert Hargrove		
Date	Full name of contributor uut-of-state PAC	C (ID#:)	Amount of contribution (\$)	
8/4/25	Marissa Mettauer			
11/2	Contributor address; City;	State; Zip Code	250.00	
The Woodlands , TX 77382				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
Ret	ired	Retired		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

		EL			
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2	FILER NAME	Cindy Heiser		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
0	14/25	Merandi Tucker		250.00	
8			State; Zip Code		
		The Woodland		W	
8			9 Employer (See Instruc	tions)	
	R	lealtor	Self		
	Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)	
	0/11/25	Denise Lipar		050.00	
	glulo	Contributor address; City;	State; Zip Code	250.00	
		The Woodlands	TX 77389		
_	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	12 1000000 1 2000 10 2000000	tired	Retired	,	
_	110				
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
C.	11,12		Otata Zin Cada	National Control of the Control of t	
8	100	Contributor address; City; The Woodland	State; Zip Code	250.00	
		,,,,,			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
	W	ealth Manager	Halbert Hargrove		
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	125	Alison Henderson.			
4	16/25	Contributor address; City;	State; Zip Code	250.00	
0		The Woodlands , 7	TX 77380	200.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)	
Retired Retired					
=					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Cindy Heiser	if the requested information is not applicable, bo Not include this page in the report.						
Cindy Heiser Date S Full name of contributor	The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
Shirelle Chementi	2 FILER NAME	Cindy Heiser		3 Filer ID (Ethics Commission Filers)			
6 Contributor address; City; State; Zip Code The Woodlands, TX 77389 3 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Contributor address; City; State; Zip Code The Woodlands, TX 77384 Principal occupation / Job title (See Instructions) Head of School Date Full name of contributor Contributor address; City; State; Zip Code The Woodlands Christian Academy Principal occupation / Job title (See Instructions) The Woodlands Christian Academy Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) The Woodlands Christian Academy Amount of contribution (\$) Principal occupation / Job title (See Instructions) Self Date Full name of contributor Out-of-state PAC (ID#: Date	4 Date	The state and the state of the		7 Amount of contribution (\$)			
The Woodlands, TX 77389 Principal occupation / Job title (See Instructions) Retired Pate Full name of contributor out-of-state PAC (ID#; State; Zip Code The Woodlands Christian Academy Principal occupation / Job title (See Instructions) Head of School Principal occupation / Job title (See Instructions) The Woodlands Christian Academy Principal occupation / Job title (See Instructions) The Woodlands Christian Academy Amount of contribution (\$) Principal occupation / Job title (See Instructions) The Woodlands Christian Academy Principal occupation / Job title (See Instructions) Self Principal occupation / Job title (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#; State; Zip Code S00.00 Frisco, TX 75034 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) The Woodlands , TX 77380	017/23			250.00			
Principal occupation / Job title (See Instructions) Retired Pate Pull name of contributor Out-of-state PAC (ID# Amount of contribution (\$)	81.	6 Contributor address; City;	State; Zip Code				
Retired Retired Retired		The Woodlands	s, TX 77389				
Principal occupation / Job title (See Instructions) Bate Full name of contributor Contributor address; City: State: Zip Code The Woodlands, TX 77384 Principal occupation / Job title (See Instructions) Head of School Date Full name of contributor Marlon McMakin Contributor address: City: State: Zip Code Frisco, TX 75034 Principal occupation / Job title (See Instructions) Self Date Full name of contributor Out-of-state PAC (ID#:	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Contributor address; City; State; Zip Code The Woodlands, TX 77384 Principal occupation / Job title (See Instructions) Head of School Date Full name of contributor Contributor address; City; State; Zip Code Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) The Woodlands Christian Academy Amount of contribution (\$) Principal occupation / Job title (See Instructions) Self Date Full name of contributor Out-of-state PAC (ID#: Date The Woodlands of Contribution (\$)	F	Retired	Retired				
Date Full name of contributor Contributor address; City; State; Zip Code The Woodlands, TX 77384	Date /	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code The Woodlands, TX 77384 Principal occupation / Job title (See Instructions) Head of School Date Full name of contributor Contributor address; City; State; Zip Code Frisco, TX 75034 Principal occupation / Job title (See Instructions) Self Full name of contributor Contributor address; City; State; Zip Code Frisco, TX 75034 Full name of contributor Contributor address; City; State; Zip Code Frisco, TX 75034 Amount of contribution (\$) Amount of contribution (\$) The Woodlands , TX 77380 The Woodlands , TX 77380	1-125	Julie Ambler					
Principal occupation / Job title (See Instructions) Head of School Date Full name of contributor out-of-state PAC (ID#:	8/13/0	Contributor address; City;	State; Zip Code	100.00			
Head of School The Woodlands Christian Academy Date		The Woodla	ands, TX 77384				
Date Full name of contributor out-of-state PAC (ID#:	Principal occup						
Marlon McMakin Contributor address; City; State; Zip Code Frisco, TX 75034 Principal occupation / Job title (See Instructions) Self Date Full name of contributor Out-of-state PAC (ID#:	Head of School The Woodlands Christian Academy						
Contributor address; City; State; Zip Code Frisco, TX 75034 Principal occupation / Job title (See Instructions) Self Date Full name of contributor Out-of-state PAC (ID#:	Date			Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Self Date Full name of contributor Darcy Bass Contributor address; City; State; Zip Code The Woodlands , TX 77380	0/12/2						
Principal occupation / Job title (See Instructions) Self Date Full name of contributor Darcy Bass Contributor address; City; State; Zip Code The Woodlands , TX 77380 Employer (See Instructions) Amount of contribution (\$) 100.00	8/10.			500.00			
Self Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code The Woodlands , TX 77380		, need, i	7. 70001				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code The Woodlands , TX 77380	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Contributor address; City; State; Zip Code 100.00 The Woodlands , TX 77380	Se	elf	Self				
7 The Woodlands , TX 77380	/		(ID#:)	Amount of contribution (\$)			
7 The Woodlands , TX 77380	112/25	Darcy Bass					
	8/101	Contributor address; City;	State; Zip Code	100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		The Wo	odlands , TX 77380				
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Realtor Self	Rea	altor	Self				
l l							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to comple	form.	1 Total pages Schedule A1:		
2 FILER NAME	Cindy Heiser	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor ut-of-s		(ID#:)	7 Amount of contribution (\$)	
8/14/25	6 Contributor address; City;		State; Zip Code	250.00	
		oodlar	nds, TX 77381		
	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
	Retired		Retired		
Date	Full name of contributor ut-of-st	tate PAC	(ID#:)	Amount of contribution (\$)	
. /	Mark Mettauer				
2/19/25	Contributor address; City;		State; Zip Code	2500.00	
01	The Woodlands, TX 77384				
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct		
Surgeon Baylor School of			Baylor School of K	viedicine	
Date	Taylor White		(ID#:)	Amount of contribution (\$)	
8/20/25	Contributor address; City; The Woo	dland	State; Zip Code	150.00	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
M	arketing		Ad White		
Date	D 101 1	tate PAC	(ID#:)	Amount of contribution (\$)	
8/21/25	Contributor address; City;		State; Zip Code	500.00	
01		Th	e Woodlands , TX 77	380	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instruc	tions)		
President			Waterway Wea	alth Mngt	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 FILER NAME	Cindy Heiser	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
15	Robert Heineman		250.00	
8/25/25	6 Contributor address; City;	State; Zip Code	Service Andrew Scotter	
	The Woodlands,	TX 77381		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
	Retired	Retired		
Date	Leff Edge	C (ID#:)	Amount of contribution (\$)	
5	John Zange		500.00	
8/28/25	Contributor address; City;	State; Zip Code		
	The Woodlan	ds, TX 77381		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Retired	tions)	
Retired				
Date	Full name of contributor ut-of-state PA	C (ID#:)	Amount of contribution (\$)	
105	Linda Anthony			
8/28/25	Contributor address; City;	State; Zip Code	200.00	
,	The Woodlands	TX 77382		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Re	etired	Retired		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Marina Silver	(10#)	Amount of contribution (4)	
21 8/25	Contributor address; City;	State; Zip Code		
Date Full name of contributor out-of-state PAC Marina Silver Contributor address; City; The Woodl:		llands , TX 77382	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)	
Self	Employed Realtor	Self Employed		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

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

in the requested information is not applicable, bo Not include this page in the report.					
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:		
2 FILER NAME	Cindy Heiser		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)		
125	Steven Leakey		200.00		
8/29/10	6 Contributor address; City;	State; Zip Code	200.00		
0 ,	The Woodla	nds, TX 77382			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
F	Retired	Retired			
Date	Full name of contributor ut-of-state P/	AC (ID#:)	Amount of contribution (\$)		
	Craig Heiser				
9/2/25	Contributor address; City;	State; Zip Code	1000.00		
	Phoenix, AZ	85021			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Retired Retired					
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
1:2	Will and Sarah Perry				
9/2/25	Contributor address; City; Magnolia TX	State; Zip Code 77354	2000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Ov	vner	Perry Electricm			
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)		
9/17/25	Contributor address; City;	State; Zip Code	250.00		
1	Conroe	, TX 77384			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Self Employed Realtor Self Employe					
ě					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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:					1 Total pages Schedule A1:
2	FILER NAME	Cindy Heiser				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-	of-state PAC	(ID#:		7 Amount of contribution (\$)
		Barry Millenson				
	8/28/25	6 Contributor address; Cit		State;	Zip Code	500.00
		The Woodlands				
8	Principal occu	pation / Job title (See Instructions)	1		oyer (See Instruc	tions)
_		Management		Bucka		,
_						
	Date	5.753	of-state PAC	(ID#:)	Amount of contribution (\$)
		***************************************				00.00
		Contributor address; Cit	ty;	State;	Zip Code	
	Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
	Date	Full name of contributor	of-state PAC	(ID#:		Amount of contribution (\$)
						Amount of continuation (4)
		Contributor address; City	v.	State;	Zip Code	
			31	otato,	Z.p 0000	00.00
	Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
	Ma	anagement		Waste	e Connections	
	Date	Full name of contributor out-	of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City	y;	State;	Zip Code	000.00
						000.00
	Delevies I seem			F	(0 11	#\
	Principal occuj	pation / Job title (See Instructions)		Empli	oyer (See Instruc	tions)
_						
		ATTACH ADDITIONAL				5-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	Other (enter a category not listed above) omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Cindy Heiser	3 Filer ID (Ethics Commission Filers)	
4 Date 8-17-25	5 Payee name MC Republican Party		
6 Amount (\$) 267.94	7 Payee address; 18001 Hwy 105 West, Ste 101	City; State; Zip Code Montgomery TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contibution/Donations to Political Event	(b) Description Republican Party Golf Tournament	
	(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	Office sought Office held	
Date	Payee name		
9-30-25	Raise The Money		
Amount (\$) 559.75	Payee address; PO Box 264466	City; State; Zip Code Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees for Service	Description Online Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			