

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

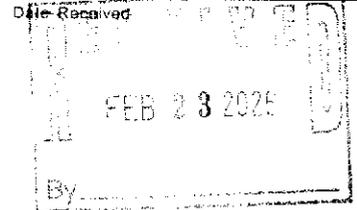
1 Filer ID (Ethics Commission Filers)

2 Total pages filed.

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mrs. Cynthia R  
NICKNAME LAST SUFFIX  
Cindy McClure

**OFFICE USE ONLY**



4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS (PO BOX): APT / SUITE #: CITY: STATE: ZIP CODE  
230 McAnally Circle Coldspring, TX 77331

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 936 ) 714-4151

Receipt # Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mrs. Andrea L  
NICKNAME LAST SUFFIX  
Dowdell

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
190 Slade Street Coldspring, TX 77331

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 281 ) 622-6689

9 REPORT TYPE

January 15  30th day before election  Runoff  
July 15  8th day before election  Exceeded Modified Reporting Limit

15th day after campaign treasurer appointment (Officeholder Only)  
Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
2 2 26 THROUGH 2 23 26

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
 General  Special  
3 3 26

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Treasurer

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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|   |  |  |
|---|--|--|
| 15 C/OH NAME<br>Cynthia "Cindy" McClure |  | 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) | \$ 0.00                                |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 0.00                                |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE  | \$ 245.73                              |
|   | 4. TOTAL POLITICAL EXPENDITURES  | \$ 245.73                              |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD   | \$ 70.27                               |
| OUTSTANDING LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 4,413.51                            |

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 "Cindy" McClure*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP: SEAL

Sworn to and subscribed before me by Cynthia "Cindy" McClure this the 23rd day of February, 2026, to certify which, witness my hand and seal of office.

Brandi J Birdsong Brandi J. Birdsong 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

Cynthia "Cindy" McClure

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |  |    |        |
|-----|--|----|--------|
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ | 0.00   |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ | 0.00   |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ | 0.00   |
| 4.  | SCHEDULE E: LOANS  | \$ | 100.00 |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ | 245.73 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ | 0.00   |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ | 0.00   |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ | 0.00   |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ | 245.73 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ | 0.00   |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ | 0.00   |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 0.00   |

**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 "Cindy" McClure**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

**\$ 4,413.51**

5 Date of loan  
**02/09/2026**

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )  
**Cynthia McClure**

9 Loan Amount (\$)  
**100.00**

6 Is lender a financial institution?  
 Y  N

8 Lender address; City: State: Zip Code  
**230 McAnally Circle Coldspring, TX 77331**

10 Interest rate  
**0.00**

11 Maturity date

12 Principal occupation / Job title (See Instructions)  
**Administrative Assistant**

13 Employer (See Instructions)  
**San Jacinto County**

14 Description of Collateral  
 none

15  Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
  
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 Name of lender  out-of-state PAC (ID# \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial institution? Lender address; City: State: Zip Code  
 Y  N

Interest rate

Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral  none Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)  
not applicable 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<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">                             Event Expense<br/>                             Fees<br/>                             Food/Beverage Expense<br/>                             Gift/Awards/Memorials Expense<br/>                             Legal Services                         </td> <td style="width: 33%; border: none;">                             Loan Repayment/Reimbursement<br/>                             Office Overhead/Rental Expense<br/>                             Polling Expense<br/>                             Printing Expense<br/>                             Salaries/Wages/Contract Labor                         </td> <td style="width: 33%; border: none;">                             Solicitation/Fundraising Expense<br/>                             Transportation Equipment &amp; Related Expense<br/>                             Travel In District<br/>                             Travel Out Of District<br/>                             Other (enter a category not listed above)                         </td> </tr> </table> <p style="text-align: center;"><b>The Instruction Guide explains how to complete this form.</b></p> | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services   | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
| Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services   | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor  | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |  |   |
| 1 Total pages Schedule F1:<br>1   | 2 FILER NAME<br>Cynthia "Cindy" McClure   | 3 Filer ID (Ethics Commission Filers)   |  |   |
| 4 Date<br>02/09/2026  | 5 Payee name<br>Spirit Hand Line Sales - Lone Star Signs  |   |  |   |
| 6 Amount (\$)<br>245.73   | 7 Payee address: City: State: Zip Code<br>21973 Eva Street Montgomery, TX 773562011   |   |  |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br>Signs  |  |   |
|   | (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<br>Cynthia "Cindy" McClure  | Office sought<br>County Treasurer   |  |   |
| 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/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 ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office held   |  |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

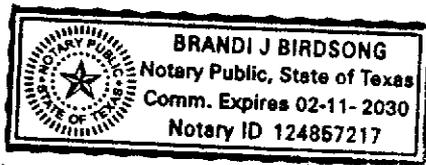
| OFFICE USE ONLY                        |           |
|--|-----------|
| Date Received                          |           |
| Date Hand-Delivered or Date Postmarked |           |
| Receipt #                              | Amount \$ |
| Date Processed                         |           |
| Date Imaged                            |           |

|  |            |
|--|------------|
| Filer name<br><b>Cynthia "Cindy" McClure</b> | Filer ID # |
|--|------------|

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Election Administrator report due on February 23, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

### (1) Affidavit



NOTARY STAMP / SEAL

*Cynthia "Cindy" McClure*  
Signature of Filer

Sworn to and subscribed before me by Cynthia "Cindy" McClure this the 23rd day of February, 2026, to certify which, witness my hand and seal of office.

*Brandi J. Birdsong*      Brandi J. Birdsong      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

### (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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**