

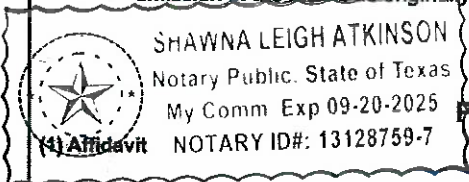
CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 1		OFFICE USE ONLY Abilene City Secretary Date Received: NOV 28 2022 Filed for Record	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST CYNTHIA	MI D		
	NICKNAME	LAST ALVIDREZ	SUFFIX	Receipt #	Amount \$
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> Final report Other (specify)	Date Processed	Date Imaged
5 ORIGINAL PERIOD COVERED	Month Day Year 04 / 03 / 2020	THROUGH	Month Day Year 11 / 17 / 2022		

6 EXPLANATION OF CORRECTION
CORRECTION OF BOX 11 TO SHOW ACCURATE DATE; CORRECTION OF BOX 17;2 TO REFLECT CORRECT TOTALS; CORRECTION TO BOX 21;1-4 & 6-12 TO SHOW \$0.00 SUB AMOUNTS

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Handwritten Signature]
Signature of Candidate/Officeholder

Please complete either option below:

NOTARY STAMP/SEAL
Sworn to and subscribed before me by Cynthia Alvidrez this the 28th day of November 2022, to certify which, witness my hand and seal of office.
[Handwritten Signature] Printed name of officer administering oath: Shawna Atkinson Title of officer administering oath: Notary

(2) Unsworn Declaration
My name is CYNTHIA D. ALVIDREZ, and my date of birth is 07/16/1982.
My address is 1117 BEECH STREET, ABILENE, TX, 79601, USA.
(street) (city) (state) (zip code) (country)
Executed in TAYLOR County, State of TEXAS, on the 17 day of NOVEMBER, 2022.
(month) (year)
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MRS FIRST: CYNTHIA MI: D <hr/> NICKNAME: _____ LAST: ALVIDREZ SUFFIX: _____	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; margin: 5px 0;"> Abilene City Secretary NOV 28 2022 Filed for Record </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1117 BEECH STREET; ABILENE' TEXAS; 79601	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 6690071	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS FIRST: CYNTHIA MI: D <hr/> NICKNAME: _____ LAST: ALVIDREZ SUFFIX: _____	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 1117 BEECH STREET; ABILENE; TEXA; 79601	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 6690071	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 3 / 20 11 / 17 / 22	
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 20	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) NONE	OFFICE SOUGHT (if known) MAYOR
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</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.	
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME N/A COMMITTEE ADDRESS N/A COMMITTEE CAMPAIGN TREASURER NAME N/A COMMITTEE CAMPAIGN TREASURER ADDRESS N/A

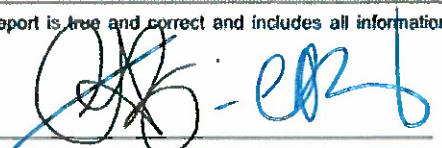
GO TO PAGE 2

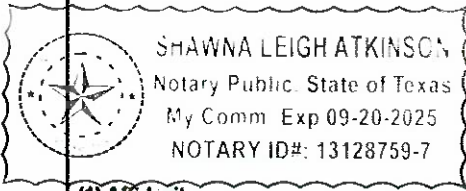
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME CYNTHIA D. ALVIDREZ		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.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 534.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
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.


Signature of Candidate or Officeholder

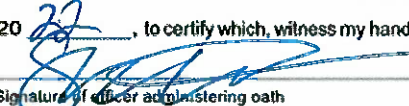


Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cynthia Alvidrez this the 28th day of November, 2022, to certify which, witness my hand and seal of office.

 Shawna Atkinson Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is CYNTHIA D. ALVIDREZ, and my date of birth is 07/16/1982.
My address is 1117 BEECH STREET, ABILENE, TX, 79601, USA.
(street) (city) (state) (zip code) (country)
Executed in TAYLOR County, State of TEXAS, on the 17 day of NOVEMBER, 2022.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME CYNTHIA D. ALVIDREZ		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	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 534.64
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	\$ 0.00
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

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Revised 8/17/2020

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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME CYNTHIA D. ALVIDREZ	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2020	5 Payee name GODADDY.COM	
6 Amount (\$) 12.17	7 Payee address; City; State; Zip Code 14455 N HAYDEN RD; SCOTTSDALE; AZ; 85260-6947	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description WEB ADDRESS
	(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 04/04/2020	Payee name VISTAPRINT	
Amount (\$) 517.38	Payee address; City; State; Zip Code 275 NYMNA ST; WALTHAM; WA; 02451-1200	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description YARD SIGNS
	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 Office held
Date 05/02/2020	Payee name FACEBOOK	
Amount (\$) 2.00	Payee address; City; State; Zip Code 1 HACKER WAY; MENLO PARK; CA; 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description FACEBOOK AD
	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 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Com

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Revised 8/17/2020

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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME CYNTHIA D. ALVIDREZ	3 Filer ID (Ethics Commission Filers)
4 Date 05/10/2020	5 Payee name FACEBOOK	
6 Amount (\$) 2.00	7 Payee address; City; State; Zip Code 1 HACKERY WAY; MENLO PARK; CA;94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description FACEBOOK AD
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/22/2020	Payee name MCDONALD	
Amount (\$) 1.09	Payee address; City; State; Zip Code 706 E 1-10; BIG SPRINGS; TEXAS; 79720	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES	Description MEETING WITH CONSTITUENTS
	<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	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 <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

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Revised 8/17/2020

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

CYNTHIA D. ALVIDREZ

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder