

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: <i>8</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Cynthia</i>	MI <i>A.</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Koenig</i>	SUFFIX	Date Received <i>GILLESPIE COUNTY JAN 20 2026</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Fredericksburg, TX 78624</i>			Date Hand-delivered or Date Postmarked <i>ELECTIONS</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Lindsay</i>	MI	Date Processed		
	NICKNAME	LAST <i>Crenwedge-Pressler</i>	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Fredericksburg, TX. 78624</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION			
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 type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>10</i>	Day <i>24</i>	Year <i>25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>25</i>
11 ELECTION	ELECTION DATE Month <i>3</i> / Day <i>3</i> / Year <i>26</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>			13 OFFICE SOUGHT (if known) <i>District Clerk</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

16 C/OH NAME	<i>Cynthia A. Koenig</i>		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)	\$ <i>2,100.00</i>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,100.00</i>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,357.88</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>742.12</i>	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>	

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 A. Koenig

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Cynthia A. Koenig*, and my date of birth is *July 19, 1969*.

My address is _____, *Fredericksburg TX 78624 USA*.

Executed in *Gillespie* County, State of *Texas*, on the _____ day of *January*, 20 *2016*.

Cynthia A. Koenig
Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>Cynthia A. Koenig</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,100.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,357.88	
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	\$	

GILLESPIE COUNTY
JAN 20 2026
ELECTIONS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: <i>1 of 3</i></p>
<p>2 FILER NAME <i>Cynthia A. Koenig</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>11/10/25</i></p>	<p>5 Full name of contributor <i>JASON BASWELL</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>		<p>7 Amount of contribution (\$) <i>\$375.00</i></p>
	<p>6 Contributor address; <i>Ingram, TX 78025</i></p>	<p>City:</p>	<p>State:</p>	<p>Zip Code</p>
<p>8 Principal occupation / Job title (See Instructions) <i>Retired / Asst. Professor</i></p>		<p>9 Employer (See Instructions) <i>Schreiner University</i></p>		
<p>Date <i>11/10/25</i></p>	<p>Full name of contributor <i>Chase Sutton</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>		<p>Amount of contribution (\$) <i>\$375.00</i></p>
	<p>Contributor address; <i>Fredericksburg, TX 78624</i></p>	<p>City:</p>	<p>State:</p>	<p>Zip Code</p>
<p>Principal occupation / Job title (See Instructions) <i>Probation Officer</i></p>		<p>Employer (See Instructions) <i>Kerr County COCD</i></p>		
<p>Date <i>11/14/25</i></p>	<p>Full name of contributor <i>Teresa & Dean Jenschke</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>		<p>Amount of contribution (\$) <i>\$350.00</i></p>
	<p>Contributor address; <i>Fredericksburg, TX 78624</i></p>	<p>City:</p>	<p>State:</p>	<p>Zip Code</p>
<p>Principal occupation / Job title (See Instructions) <i>Electrician</i></p>		<p>Employer (See Instructions) <i>Owner - Selfemployed</i></p>		
<p>Date <i>11/25/25</i></p>	<p>Full name of contributor <i>Mary Dietrich</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>		<p>Amount of contribution (\$) <i>\$50.00</i></p>
	<p>Contributor address; <i>Fredericksburg, TX 78624</i></p>	<p>City:</p>	<p>State:</p>	<p>Zip Code</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions) <i>Retired</i></p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

GILLESPIE COUNTY
JAN 2025
ELECTIONS

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>2 of 2</i>
2 FILER NAME <i>Cynthia A. Koenig</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/25/25</i>	5 Full name of contributor <i>Melanie Gillis Magre</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address;	City; State; Zip Code <i>Cameron, TX 76520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>State of Texas</i>	
Date <i>11/26/25</i>	Full name of contributor <i>DON & Colette Weinheimer</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address;	City; State; Zip Code <i>Fredericksburg, TX 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/21/25</i>	Full name of contributor <i>Charles Roeder</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address;	City; State; Zip Code <i>Chapin, SC 29036</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Retired</i>	
Date <i>12/10/25</i>	Full name of contributor <i>Robert & Nicole Roeder</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address;	City; State; Zip Code <i>Tabernacle, NJ 08088</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Retired</i>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

GILLESPIE COUNTY
JAN 2026
ELECTIONS

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1 of 3	Cynthia A. Koenig		
4 Date	5 Payee name		
12/1/2025	Gillespie County Republican Party		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$ 150.00	P.O. Box 2915 / 904 W. Main	Fredericksburg, TX 78624	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Fees	Filing Fee for Ballot Placement	
	<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	Payee name		
12/1/2025	Busy Bee Texas		
Amount (\$)	Payee address:	City; State; Zip Code	
\$ 10.00	412 S. Adams	Fredericksburg, TX	78624
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Legal Services	Notary for Filing Documents	
	<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		
11/30/2025	Walmart		
Amount (\$)	Payee address:	City; State; Zip Code	
\$ 120.47	1435 E. Main Street	Fredericksburg, TX	78624
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Candidate Event	
	<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
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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2 of 3	Cynthia A. Koenig		
4 Date	5 Payee name		
11/24/25	walmart		
6 Amount (\$)	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
\$ 111.31	1216 Junction Hwy. Kerrville, TX	78028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Candidate Event	
(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	Payee name		
11/24/25	Hobby Lobby		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 111.31	2101 Sidney Baker St., Kerrville, TX	78028	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Candidate Event	
<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		
11/19/25	Walmart		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 162.88	1435 E. Main Street, Frederickburg, TX	78624	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Office Expense	Supplies; INK, Paper, Pens Envelopes	
<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

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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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3 of 3	Cynthia A. Koenig		
4 Date	5 Payee name		
10/13/2025	Walmart		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$125.32	1435 E. Main Street, Frederickburg, TX	78624	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Office/Advertising Expense	Supplies	
	<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	Payee name		
Amount (\$)	Payee address:	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
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
Date	Payee name		
Amount (\$)	Payee address:	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
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			

GILLESPIE COUNTY
JAN 2020
ELECTIONS