

# 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) MILLOZI 4 CONSTABLE @ RMAIL.COM	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MS) FIRST LAST MI SUFFIX CYNTHIA A MILLONZI	<b>OFFICE USE ONLY</b> Date Received Received OCT 05 2020 Elections Office CAH Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 2212 WIMBERLEY TX 78676		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 967-3700		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MR) FIRST LAST MI SUFFIX STANLEY B TARTAKOV		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 22 WOODCREEK DR WIMBERLEY TX 78676		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 470-6790		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Day Year    Month Day Year 8 / 23 / 2020    THROUGH    10 / 05 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) _____	13 OFFICE SOUGHT (if known) CONSTABLE HAYS COUNTY PRECINCT 3	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Cyathia A Millonzi

15 Filer ID (Ethics Commission Filers)  
MILLONZI@COASTALBIZ.COM

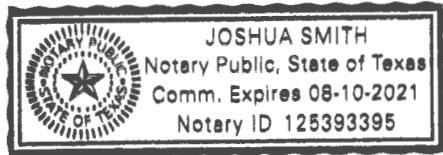
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 460.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2460.00 <sup>ST</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 956.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ —
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 AFFIDAVIT



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.

Cyathia A Millonzi  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cyathia Millonzi, this the 5 day of October, 20 20, to certify which, witness my hand and seal of office.

Jh Smith Signature of officer administering oath  
Josh Smith Printed name of officer administering oath  
Notary Public Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>CYNTHIA A. MILLENZI</b>		20 Filer ID (Ethics Commission Filers) <b>MILLENZI YC@STABLEG EMAIL.COM</b>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00
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	\$ 956.46
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

CYNTHIA A MILLONZI

3 Filer ID (Ethics Commission Filers)

C.MILLONZI4CONTRIBLER@ETH411.COM

4 Date

9/2/20

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

ELAINE CARDEAS

6 Contributor address; City; State; Zip Code

501 CARNEY LAKE WINBERLEY TX 78676

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

NOT EMPLOYED

Date

9/3/20

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

BARBARA GOLDEN

Contributor address; City; State; Zip Code

115 SUNRISE CANYON RD WINBERLEY TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

9/6/20

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

RICHARD MILLONZI

Contributor address; City; State; Zip Code

12764 CR 223 OXFORD FL 34484

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

9/7/20

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

STANLEY TARTAKOV

Contributor address; City; State; Zip Code

72 WINDCREEK DR. WINBERLEY TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

CYNTHIA A. MILCONZI

3 Filer ID (Ethics Commission Filers)

MILCONZI4CONS@BREG  
EMAIL.COM

4 Date

9/12/20

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

MILLIE THOMPSON

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

402 RAY CREEK LAKE DRIPPING SPRING TX 78620

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

9/16/20

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

CAROL MOODY

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

40 SADDLE ROCK RIDGE WIMBERLEY TX 78676

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

9/16/20

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

SUSAN P. LEIGH

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

840 THOMPSON RANCH RD WIMBERLEY TX 78676

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

9/16/20

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

SANDRA McBRARY

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

759 SIMONETTI DR. UNIT A AUSTIN TX 78748

Principal occupation / Job title (See Instructions)

DESK CLERK

Employer (See Instructions)

FOUNDATION COMMUNITIES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

CYNTHIA A. MILONZI

3 Filer ID (Ethics Commission Filers)

MILONZI4CENSTABLEA  
@MAIL.COM

4 Date

9/17/20

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

KATHERINE CROSTHWAITE

6 Contributor address; City; State; Zip Code

19 OLD SHAWNEETAL WIMBERLEY TX 78676

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

ECOLOGIST

9 Employer (See Instructions)

ADR

Date

9/20/20

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

JENNIFER OBER

Contributor address; City; State; Zip Code

300 FM 3237 WIMBERLEY TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

AGUA FRESCA STUDIOS

Date

9/20/20

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

RAYLENE BELL

Contributor address; City; State; Zip Code

501 WOODCREEK RANCH RD WIMBERLEY TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

8/27/20

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

DEBORA MORRIS

Contributor address; City; State; Zip Code

1111 DEER LAKE RD WIMBERLEY TX 78676

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

CYNTHIA A. MILCONZI

3 Filer ID (Ethics Commission Filers)  
MILCONZI4 CONSTABLE@  
GMAIL.COM

4 Date

9/15/20

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

CHRISTOPHER C. WRIGHT

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

7 ROSWOOD CIRCLE WINBERLEY TX 78676

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

NOT EMPLOYED

Date

9/28/20

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

ELIZABETH L. FLOCKE

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

P.O. Box 1227 WINBERLEY TX 78676

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

9/18/20

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

HAYS COUNTY WOMEN'S POLITICAL CAUCUS

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

415 N GUADALUPE SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/20

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

PATTY NILSSON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

270 BLUFFVIEW DR, WINBERLEY TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 5

2 FILER NAME CYNTHIA A. MILLOREZI 3 Filer ID (Ethics Commission Filers) HILLARY CONSTANTINE@GMAIL.COM

4 Date <u>10/2/20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANJA NGUYEN</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>7603 CATAL GORE AUSTIN TX 78750</u>		

8 Principal occupation / Job title (See Instructions) CLOUD ENGINEER 9 Employer (See Instructions) IBM

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)

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)

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)

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## 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 FILER NAME <b>CYNTHIA A MILLOZZI</b>	3 Filer ID (Ethics Commission Filers) <b>MILLOZZI CYNTHIA @GMAIL.COM</b>
4 Date <b>9/29/20</b>	5 Payee name <b>CYNTHIA A MILLOZZI</b>	
6 Amount (\$) <b>818.30</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 2212 WINBERLEY TX 78676</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>SIGNS, WEBSITES</b>
	(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		
Date <b>9/29/20</b>	Payee name <b>ARMANDO PEREZ</b>	
Amount (\$) <b>62.67</b>	Payee address; City; State; Zip Code <b>13501 RR 12 #103 WINBERLEY TX 78676</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGNS</b>
	<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		
Date <b>10/5/20</b>	Payee name <b>ACT BLUE</b>	
Amount (\$) <b>75.49</b>	Payee address; City; State; Zip Code <b>P.O. Box 441146 SCHEERVILLE MA 02144</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEE'S</b>	Description <b>PROCESSING FEES</b>
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED