

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) millonzi4constable@gmail.com		2 Total pages filed: 6		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Ms <small>NICKNAME</small></div> <div>FIRST Cynthia <small>LAST</small></div> <div>MI A. <small>SUFFIX</small></div> </div> <div style="text-align: center; margin-top: 5px;">Millonzi</div>				OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: blue; font-weight: bold;">JAN 13 2021</div> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div>Date Processed</div> <div>Date Imaged</div>	
	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; P.O. Box 2212</div> <div>APT / SUITE #;</div> <div>CITY; Wimberley TX</div> <div>STATE;</div> <div>ZIP CODE 78676</div> </div> <div style="margin-top: 5px;"><input type="checkbox"/> Change of Address</div>					
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (512)</div> <div>PHONE NUMBER 967-3700</div> <div>EXTENSION</div> </div>					
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr. <small>NICKNAME</small></div> <div>FIRST Stanley <small>LAST</small></div> <div>MI B. <small>SUFFIX</small></div> </div> <div style="text-align: center; margin-top: 5px;">Tartakov</div>					
	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 72 Woodcreek Dr.</div> <div>APT / SUITE #;</div> <div>CITY; Wimberley</div> <div>STATE; TX</div> <div>ZIP CODE 78676</div> </div> <div style="margin-top: 5px;"><small>(Residence or Business)</small></div>					
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (512)</div> <div>PHONE NUMBER 470-6790</div> <div>EXTENSION</div> </div>					
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 10 / 26 / 2020 </div> <div>THROUGH</div> <div> Month Day Year 01 / 01 / 2021 </div> </div>					
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020		ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div>			
12 OFFICE	OFFICE HELD (if any) Not Applicable		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
Cynthia A. Millonzi

15 Filer ID (Ethics Commission Filers)
millonzi4constable@gmail.com

16 NOTICE FROM POLITICAL COMMITTEE(S)

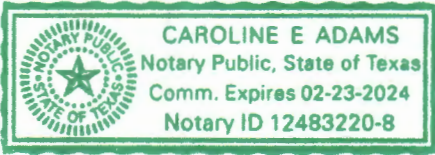
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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

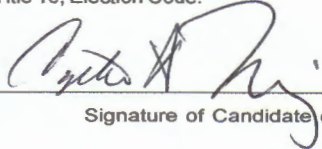
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,898.07
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

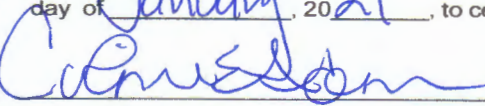


AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Cynthia Millonzi, this the 8 day of January, 2021, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Caroline E Adams
 Printed name of officer administering oath

Branch Manager
 Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Cynthia A. Millonzi

20 Filer ID (Ethics Commission Filers)

millonzi4constable@gmail.com

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,050.00
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	\$2,898.07
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:
1**2** FILER NAME

Cynthia A. Millonzi

3 Filer ID (Ethics Commission Filers)

millonzi4constable@gmail.com

4 Date

10/07/2020

5 Full name of contributor

Anna Nguyen

☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

7603 Cat Tail Cove Austin TX 78750

8 Principal occupation / Job title (See Instructions)

Cloud Engineer

9 Employer (See Instructions)

IBM

Date

10/10/2020

Full name of contributor

Barbara Golden

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

115 Sunrise Canyon Rd Wimberley TX 78676

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NA

Date

10/13/2020

Full name of contributor

Marcy Huber

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

230 East Palmdale Ave. Orange CA 92865

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

Date

Full name of contributor

☐ 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
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		2 FILER NAME Cynthia A. Millonzi		3 Filer ID (Ethics Commission Filers) millonzi4constable@gmail.com	
4 Date 10/17/2020		5 Payee name Curtis Breugel			
6 Amount (\$) \$300.00		7 Payee address; 7 Holly Berry Lane		City; Wimberley	State; TX
				Zip Code 78676	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Entertainment		
	(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					
Date 11/02/20		Candidate / Officeholder name Cynthia A. Millonzi			
Amount (\$) \$527.14		Payee address; 73 Sprucewood		City; Wimberley	State; TX
				Zip Code 78676	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Food/Drink		
	<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					
Date 11/23/2020		Candidate / Officeholder name Betsy Lanadaker			
Amount (\$) \$1,949.44		Payee address; 4753 Fischer Store Road		City; Wimberley	State; TX
				Zip Code 78676	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signage, Flyers		
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	2 FILER NAME Cynthia A. Millonzi		3 Filer ID (Ethics Commission Filers) millonzi4constable@gmail.com				
4 Date 11/30/2020	5 Payee name Cynthia A. Millonzi						
6 Amount (\$) \$79.99	7 Payee address;	City;	State;	Zip Code			
	73 Sprucewood	Wimberley	TX	78676			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signage, Posters				
	(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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

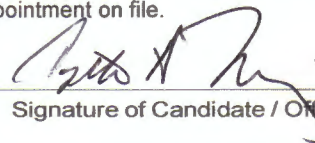
Cynthia Millonzi

2 Filer ID (Ethics Commission Filers)

millonzi4constable@gmail.com

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

AS IF - SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM AS IF - SPAC
COVER SHEET PG 1

The AS IF-SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)
millionzi4constable@gmail.com

2 Total pages filed:
3

3 FILER NAME

MS / MRS / MR

Ms

FIRST

Cynthia

MI

A

NICKNAME

LAST

SUFFIX

Millonzi

OFFICE USE ONLY

Date Received

4 FILER ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

73 Sprucewood

Wimberley TX 78676

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 REPORT TYPE

☒

January 15

☐

30th day before election

☐

July 15

☐

8th day before election

☐

Runoff

Receipt #

Amount \$

Date Processed

Date Imaged

6 PERIOD COVERED

Month

Day

Year

10 / 26 / 2020

THROUGH

Month

Day

Year

01 / 01 / 2021

7 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2020

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other

☒

General

☐

Special

Description _____

GO TO PAGE 2

AS IF - SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM AS IF - SPAC
COVER SHEET PG 2

8 FILER NAME
Cynthia A. Millonzi

9 Filer ID (Ethics Commission Filers)
millonzi4constable@gmail.com

10 EXPENDITURE
PURPOSE
(Attach lists on plain
paper to complete this
report if necessary.)

☒ SUPPORT
(Candidate or Measure)

☐ OPPOSE
(Candidate or Measure)

☐ ASSIST
(Officeholder)

☒ CANDIDATE

☐ OFFICEHOLDER

☐ MEASURE

CANDIDATE / OFFICEHOLDER NAME

Jon Ossoff

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

US Senator Georgia

BALLOT IDENTIFICATION / #

ELECTION DATE
Month / Day / Year

DESCRIPTION

11 EXPENDITURE
TOTALS

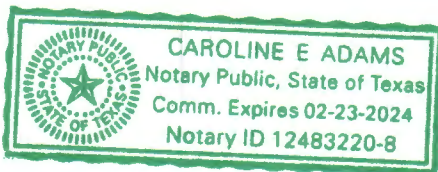
1. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

2. TOTAL POLITICAL EXPENDITURES

\$ 189.74

12 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.


Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cynthia Millonzi, this the 8
day of January, 2021, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Caroline E. Adams
Printed name of officer administering oath

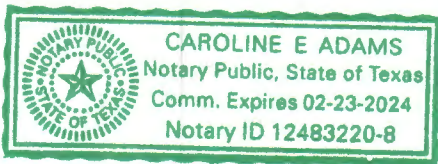
Branch Manager
Title of officer administering oath

**AS IF - SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

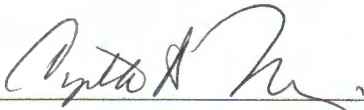
**FORM AS IF - SPAC
COVER SHEET PG 2**

8 FILER NAME Cynthia A. Millonzi		9 Filer ID (Ethics Commission Filers) millonzi4constable@gmail.com	
10 EXPENDITURE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Warnock for Senator	
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) US Senator Georgia	
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <div style="text-align: right;">ELECTION DATE Month / Day / Year</div>	
		DESCRIPTION	
11 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$
	2. TOTAL POLITICAL EXPENDITURES		\$189.74

12 AFFIDAVIT



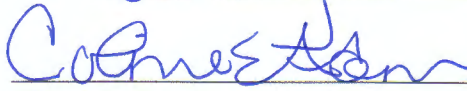
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cynthia Millonzi, this the 8
day of January, 2021, to certify which, witness my hand and seal of office.

 Caroline E. Adams Branch Manager
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath