

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

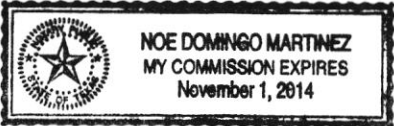
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <u>Sylvia Cedillo</u>	15 ACCOUNT # (Ethics Commission Filers)
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16 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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1825.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>30,169.66</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>8000.00</u>

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.

Sylvia Cedillo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sylvia Cedillo, this the 18th day of September, 20 14, to certify which, witness my hand and seal of office.

Noe D. Martinez
Signature of officer administering oath

Noe D. Martinez
Printed name of officer administering oath

Notary Public, State of Texas.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/8/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bucky Gage</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>41230 Kelly Rd Hempstead, TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>5/20/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bertha Tibbs</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 583 Hempstead TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher - Retired</i>		Employer (See Instructions)	
Date <i>5/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Floune J. Muse</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 956 Prairie View TX 77446</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher - Retired</i>		Employer (See Instructions)	
Date <i>5/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Reed</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>34706 Owens Rd Hempstead TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher - Retired</i>		Employer (See Instructions)	
Date <i>6/2/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bredessa Coleman</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 2422 Prairie View TX 77446</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/5/14	Vicki Sharp 6 Contributor address; City; State; Zip Code 40070 Mesquite Hempstead TX 77445	\$1000.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Veterinarian		Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/11/14	David Allen Contributor address; City; State; Zip Code Clark Rd Prairie View TX 77446	\$100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Retired			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/5/14	Dr. A. Prasad Kolluru Contributor address; City; State; Zip Code 94 Hathaway Ln Sugarland TX 77479	\$100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Engineer		Amani Engineering	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/14	John K Harrison Contributor address; City; State; Zip Code 9800 NW Freeway #516 Houston TX 77092	\$250.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Right of Way Acquisition		Crossland Acquisition	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 1/2/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Ceditto	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code PO Bx 416 Prairie View TX 77446	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 28	2 FILER NAME Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/11/14	5 Payee name Corner Store	
6 Amount (\$) \$14.98	7 Payee address; City; State; Zip Code 946 Austin St Hempstead, TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other-	
	(b) Description (If travel outside of Texas, complete Schedule T) Gasoline for Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought / Office held Waller County Judge
Date 1/11/14	Payee name Office Depot	
Amount (\$) \$157.41	Payee address; City; State; Zip Code 25821 NW Fwy Houston TX 77065	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other-Campaign Office supplies	
	Description (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 Sylvia Cedillo	Office sought / Office held Waller County Judge
Date 1/17/14	Payee name HEB Gas	
Amount (\$) \$31.24	Payee address; City; State; Zip Code NW Fwy Houston TX 77065	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	
	Description (If travel outside of Texas, complete Schedule T) Gas for travel to Meetings & Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought / Office held Waller County Judge
Date 1/26/14	Payee name Waller County Line	
Amount (\$) \$15.96	Payee address; City; State; Zip Code Fm 362 Waller, TX 77484	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) = food / Bvg	
	Description (If travel outside of Texas, complete Schedule T) Volunteer Meals <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought / Office held Waller County Judge

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/4/14</i>		5 Payee name <i>Corner Store</i>			
6 Amount (\$) <i>\$ 56.52</i>		7 Payee address; City; State; Zip Code <i>946 Austin, Hempstead, TX 77445</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Other</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Gas for travel to meetings</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller County Judge</i>	
Date <i>2/6/14</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>\$15.13</i>		Payee address; City; State; Zip Code <i>25821 NW Fwy, Cypress TX 77065</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Office Supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller County Judge</i>	
Date <i>2/6/14</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>\$151.47</i>		Payee address; City; State; Zip Code <i>25821 NW Fwy Cypress TX 77065</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Office Supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller County Judge</i>	
Date <i>2/12/14</i>		Payee name <i>Garden Cafe & Bakery</i>			
Amount (\$) <i>\$15.00</i>		Payee address; City; State; Zip Code <i>936 New Orleans, Hempstead TX 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/17/14	5 Payee name Buc Cee's	
6 Amount (\$) 26.39	7 Payee address; City; State; Zip Code 40900 US 290 Waller TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Gas for Campaign Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Office held Waller County Judge
Date 2/17/14	Payee name Breakfast Paradise	
Amount (\$) 23.00	Payee address; City; State; Zip Code 1118 Austin St, Hempstead Tx 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Office held Waller County Judge
Date 2/20/14	Payee name Signs N More	
Amount (\$) 80.00	Payee address; City; State; Zip Code 9215 Solon Rd Ste C1 Houston TX 77064	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Waller Co. Judge Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Office held Waller County Judge
Date 2/22/14	Payee name Buc-EE's	
Amount (\$) 29.08	Payee address; City; State; Zip Code 40900 US 290 Waller TX 77484	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Gas for Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Office held Waller Co Judge

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/28/14</i>		5 Payee name <i>Big Frog Custom T</i>			
6 Amount (\$) <i>257.61</i>		7 Payee address; City; State; Zip Code <i>7073 Hurylo N Houston TX 77095</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>T-Shirts</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>3/1/14</i>		Payee name <i>Chili's</i>			
Amount (\$) <i>40.00</i>		Payee address; City; State; Zip Code <i>20070 Hwy 59 N, Humble TX 77338</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>3/2/14</i>		Payee name <i>Cherion Fast Serve</i>			
Amount (\$) <i>20.13</i>		Payee address; City; State; Zip Code <i>Humble TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas for Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>3/3/14</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>11.45</i>		Payee address; City; State; Zip Code <i>25821 Hwy 290, Cypress TX 77429</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Office Supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/5/14	5 Payee name Hempstead Seafood
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6 Amount (\$) 26.47	7 Payee address; City; State; Zip Code 210 Cottonwood, Hempstead TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 3/7/14	Payee name Hill Country BBQ
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Amount (\$) 17.48	Payee address; City; State; Zip Code 27004 Hwy 6, Hempstead TX 77445
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bvg	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 3/7/14	Payee name ExxonMobil
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Amount (\$) 48.68	Payee address; City; State; Zip Code Waller TX 77484
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Gas for Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 3/10/14	Payee name Garden Cafe
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Amount (\$) 26.00	Payee address; City; State; Zip Code 2105 13th St Hempstead TX 77445
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bvg	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Sylvia Cedillo	Office sought Waller County Judge	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/12/14</i>		5 Payee name <i>Subway</i>			
6 Amount (\$) <i>29.71</i>		7 Payee address; City; State; Zip Code <i>Hwy 290 E Hempstead TX 77445</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Volunteer Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>3/15/14</i>		Payee name <i>Hill Country BBA</i>			
Amount (\$) <i>21.77</i>		Payee address; City; State; Zip Code <i>27004 Hwy 6 Hempstead TX 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>3/13/14</i>		Payee name <i>Corner Store #2590</i>			
Amount (\$) <i>49.26</i>		Payee address; City; State; Zip Code <i>Hempstead TX 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas for travel to Meetings/Events</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>3/16/14</i>		Payee name <i>HEB Gas #656</i>			
Amount (\$) <i>22.18</i>		Payee address; City; State; Zip Code <i>Houston TX 77065</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas for travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/18/14</i>		5 Payee name <i>The Ranchito</i>			
6 Amount (\$) <i>21.57</i>		7 Payee address; City; State; Zip Code <i>31317 FM 2920 Waller TX 77484</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>1/19/14</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>289.41</i>		Payee address; City; State; Zip Code <i>25821 Hwy 290 Cypress TX 77429</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Office Supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller County Judge</i>	
Date <i>1/25/14</i>		Payee name <i>Niko Nikos</i>			
Amount (\$) <i>52.61</i>		Payee address; City; State; Zip Code <i>2520 Montrose Blvd Houston TX 77006</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>1/29/14</i>		Payee name <i>Subway</i>			
Amount (\$) <i>27.06</i>		Payee address; City; State; Zip Code <i>Highway 290 E Hempstead TX 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>		Description (If travel outside of Texas, complete Schedule T) <i>Volunteer Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/11/14</i>	5 Payee name <i>Ernie's Restaurant</i>	
6 Amount (\$) <i>20.00</i>	7 Payee address; City; State; Zip Code <i>103 S Baylor Brenham TX 77833</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller County Judge</i> Office held:	
Date <i>2/6/14</i>	Payee name <i>Denny's</i>	
Amount (\$) <i>26.50</i>	Payee address; City; State; Zip Code <i>204 Wallu Ave, Brookshire TX 77423</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	
Date <i>3/21/14</i>	Payee name <i>Las Fuentes</i>	
Amount (\$) <i>8.12</i>	Payee address; City; State; Zip Code <i>601 10th St Hempstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	
Date <i>3/21/14</i>	Payee name <i>Buc-EE's</i>	
Amount (\$) <i>32.01</i>	Payee address; City; State; Zip Code <i>Waller TX 77484</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas for travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME: <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <i>3/25/14</i>		5 Payee name: <i>Garden Cafe</i>			
6 Amount (\$): <i>34.00</i>		7 Payee address; City; State; Zip Code: <i>2105 13th St Hemphstead TX 77445 (billing) location - 936 New Orleans, Hemphstead TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule): <i>Food/Beverage</i>		(b) Description (If travel outside of Texas, complete Schedule T): <i>Campaign Meeting w Meal</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <i>Sylvia Cedillo</i>		Office sought / Office held: <i>Waller Co Judge</i>	
Date: <i>3/27/14</i>		Payee name: <i>Exxon Mobil</i>			
Amount (\$): <i>15.91</i>		Payee address; City; State; Zip Code: <i>Brookshire TX 77423</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <i>Other -</i>		Description (If travel outside of Texas, complete Schedule T): <i>Gas for Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <i>Sylvia Cedillo</i>		Office sought / Office held: <i>Waller Co Judge</i>	
Date: <i>3/28/14</i>		Payee name: <i>Garden Cafe</i>			
Amount (\$): <i>38.00</i>		Payee address; City; State; Zip Code: <i>936 New Orleans, Hemphstead TX 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <i>Food/Bvg</i>		Description (If travel outside of Texas, complete Schedule T): <i>Campaign Meals & Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <i>Sylvia Cedillo</i>		Office sought / Office held: <i>Waller Co Judge</i>	
Date: <i>3/29/14</i>		Payee name: <i>High Park Bar & Grill</i>			
Amount (\$): <i>76.50</i>		Payee address; City; State; Zip Code: <i>4521 West Gate Blvd Austin TX 78745</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <i>Food/Bvg</i>		Description (If travel outside of Texas, complete Schedule T): <i>Campaign Meals/Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <i>Sylvia Cedillo</i>		Office sought / Office held: <i>Waller Co Judge</i>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/31/14</i>		5 Payee name <i>Vista Print</i>			
6 Amount (\$) <i>102.48</i>		7 Payee address; City; State; Zip Code <i>95 Hayden Ave. Lexington, MA 02421</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Push Cards</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co. Judge</i>	
Date <i>3/31/14</i>		Payee name <i>Garden Cafe</i>			
Amount (\$) <i>32.00</i>		Payee address; City; State; Zip Code <i>936 New Orleans Hempstead St 77415</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>\$31.89</i>		Payee name <i>Due-EE's</i>			
Amount (\$) <i>4/1/14</i>		Payee address; City; State; Zip Code <i>40900 US 290 Waller TX 77484</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas for Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>4/2/14</i>		Payee name <i>El Ranchito</i>			
Amount (\$) <i>21.62</i>		Payee address; City; State; Zip Code <i>31317 FM 2920 Waller TX 77484</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meals/Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/3/14</i>	5 Payee name <i>Garden Cafe</i>
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6 Amount (\$) <i>60.54</i>	7 Payee address; City; State; Zip Code <i>936 Austin St Hempstead TX 77445</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meals/Meetings</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/4/14</i>	Payee name <i>Carl's Bar B Que</i>
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Amount (\$) <i>17.00</i>	Payee address; City; State; Zip Code <i>31315 FM 2929</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/4/14</i>	Payee name <i>Buc-EE's</i>
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Amount (\$) <i>32.15</i>	Payee address; City; State; Zip Code <i>40900 US 290 Waller TX 77484</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas for travels</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/7/14</i>	Payee name <i>Breakfast Paradise</i>
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Amount (\$) <i>10.50</i>	Payee address; City; State; Zip Code <i>1118 Austin St Hempstead TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Brg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meals/Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/8/14</i>	5 Payee name <i>Garden Cafe</i>
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6 Amount (\$) <i>34.81</i>	7 Payee address; City; State; Zip Code <i>936 Austin St Hempstead TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/9/14</i>	Payee name <i>The Ranchito</i>
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Amount (\$) <i>10.00</i>	Payee address; City; State; Zip Code <i>31317 FM 2920 Waller TX 77484</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/10/14</i>	Payee name <i>Chuck Fila</i>
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Amount (\$) <i>13.12</i>	Payee address; City; State; Zip Code <i>14314 FM 2920 Jompall, TX 77377</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Meetings/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/12/14</i>	Payee name <i>McAlister's Deli</i>
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Amount (\$) <i>29.78</i>	Payee address; City; State; Zip Code <i>4810 Calhoun; Houston TX 77004</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/12/14</i>	5 Payee name <i>Grand Lux Cafe</i>
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6 Amount (\$) <i>65.00</i>	7 Payee address; City; State; Zip Code <i>5000 Westheimer Rd, Houston TX 77056</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/14/14</i>	Payee name <i>Garden Cafe</i>
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Amount (\$) <i>29.00</i>	Payee address; City; State; Zip Code <i>936 Austin St Hempstead, TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/16/14</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>157.16</i>	Payee address; City; State; Zip Code <i>25821 Hwy 290 Cypress, TX 77429</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Office Supplies for Campaign</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/16/14</i>	Payee name <i>HEB Gas</i>
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Amount (\$) <i>57.91</i>	Payee address; City; State; Zip Code <i>Houston TX 77065</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas - Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylna Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/17/14</i>	5 Payee name <i>Cypress Station Grill</i>
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6 Amount (\$) <i>33.00</i>	7 Payee address; City; State; Zip Code <i>26010 Hwy 290 Cypress Tx 77429</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylna Cedillo</i>	Office sought <i>Waller County Judge</i>	Office held
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Date <i>4/18/14</i>	Payee name <i>Breakfast Paradise</i>
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Amount (\$) <i>\$17.60</i>	Payee address; City; State; Zip Code <i>1118 Austin Tx, Hempstead Tx 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylna Cedillo</i>	Office sought <i>Waller County Judge</i>	Office held
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Date <i>4/21/14</i>	Payee name <i>Harden Cafe</i>
------------------------	----------------------------------

Amount (\$) <i>30.00</i>	Payee address; City; State; Zip Code <i>936 New Orleans Hempstead Tx 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/21/14</i>	Payee name <i>Buc-EE's</i>
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Amount (\$) <i>26.25</i>	Payee address; City; State; Zip Code <i>40900 US290 Waller Tx 77484</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylna Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/23/14</i>	5 Payee name <i>Breakfast Paradise</i>
6 Amount (\$) <i>9.01</i>	7 Payee address: City; State; Zip Code <i>1118 Austin St Hempstead Tx 77445</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/25/14</i>	Payee name <i>Breakfast Paradise</i>
Amount (\$) <i>28.00</i>	Payee address: City; State; Zip Code <i>1118 Austin St Hempstead Tx 77445</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/26/14</i>	Payee name <i>Buc-EE's</i>
Amount (\$) <i>36.70</i>	Payee address: City; State; Zip Code <i>40900 US 290 Waller Tx 77484</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Travel - Gas</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/28/14</i>	Payee name <i>J-Mobile</i>
Amount (\$) <i>55.14</i>	Payee address: City; State; Zip Code <i>11950 SW Garden Pl; Portland, OR 97223</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Phone</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/29/14</i>	5 Payee name <i>Corner Store</i>
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6 Amount (\$) <i>25.07</i>	7 Payee address; City; State; Zip Code <i>Hempstead, TX 77445</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Gas for Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co. Judge</i>	Office held
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Date <i>4/28/14</i>	Payee name <i>Breakfast Paradise</i>
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Amount (\$) <i>19.68</i>	Payee address; City; State; Zip Code <i>1118 Austin St Hempstead TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>4/30/14</i>	Payee name <i>Kroger Fuel</i>
------------------------	----------------------------------

Amount (\$) <i>44.35</i>	Payee address; City; State; Zip Code <i>1440 Studemont Houston TX 77429</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>5/2/14</i>	Payee name <i>The Ranchito</i>
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Amount (\$) <i>11.44</i>	Payee address; City; State; Zip Code <i>31317 FM 2920 Waller TX 77484</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meetings</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/6/14</i>		5 Payee name <i>Cypress Station Grill</i>			
6 Amount (\$) <i>24.60</i>		7 Payee address; City; State; Zip Code <i>26010 Hwy 290, Cypress TX 77429</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meetings</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>5/5/14</i>		Payee name <i>Murphy</i>			
Amount (\$) <i>32.13</i>		Payee address; City; State; Zip Code <i>2208 Buarcrost Dr, Bryan TX 77802</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas for Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>5/8/14</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>189.56</i>		Payee address; City; State; Zip Code <i>25821 Hwy 290, Cypress TX 77429</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Office supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>5/9/14</i>		Payee name <i>Buc-ee's</i>			
Amount (\$) <i>43.00</i>		Payee address; City; State; Zip Code <i>40900 US 290 Waller TX 77484</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas for Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Symia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/10/14</i>	5 Payee name <i>Hill Country BBA</i>	
6 Amount (\$) <i>46.74</i>	7 Payee address; City; State; Zip Code <i>27004 Hurty, Hempstead TX 77445</i>	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meetings/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Symia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>5/13/14</i>	Payee name <i>Garden Cafe</i>	
Amount (\$) <i>33.85</i>	Payee address; City; State; Zip Code <i>936 New Orleans</i>	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Symia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>5/15/14</i>	Payee name <i>Breakfast Paradise</i>	
Amount (\$) <i>23.05</i>	Payee address; City; State; Zip Code <i>936 New Orleans Hempstead TX 77445</i>	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Symia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>5/18/14</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>381.71</i>	Payee address; City; State; Zip Code <i>415 S Fry Rd, Katy TX 77450</i>	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Office Supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Symia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/21/14	5 Payee name Garden Cafe
6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 936 Austin St, Hempstead TX 77445

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Meetings <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 5/23/14	Payee name Garden Cafe
Amount (\$) 35.00	Payee address; City; State; Zip Code 936 Austin St, Hempstead TX 77445

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Bvg	Description (If travel outside of Texas, complete Schedule T) Campaign Meetings <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 5/23/14	Payee name Bucree's
Amount (\$) 40.22	Payee address; City; State; Zip Code 40900 US 290, Waller TX 77484

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Gas - Campaign Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 5/27/14	Payee name Corner Store
Amount (\$) 45.14	Payee address; City; State; Zip Code Hempstead TX 77445

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Gas Campaign Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/28/14</i>	5 Payee name <i>Garden Cafe</i>
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6 Amount (\$) <i>27.00</i>	7 Payee address; City; State; Zip Code <i>936 New Orleans Hempstead TX 77445</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food / Bvg</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>5/30/14</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>563.92</i>	Payee address; City; State; Zip Code <i>17711 SH 249, Houston TX 77064</i>
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Office Equipment for Campaign</i> <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>5/30/14</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>141.78</i>	Payee address; City; State; Zip Code <i>25821 Hwy 290 Cypress TX 77429</i>
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Office Supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>5/28/14</i>	Payee name <i>Breakfast Paradise</i>
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Amount (\$) <i>32.00</i>	Payee address; City; State; Zip Code <i>1118 Austin St, Hempstead TX 77445</i>
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/30/14	5 Payee name Sylvia Cedillo Chick-Fil-A	
6 Amount (\$) 20.72	7 Payee address; City; State; Zip Code 14314 Fm 2920, Tomball TX 77377	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Brg	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge Office held
Date 6/1/14	Payee name Corner Store	
Amount (\$) 30.01	Payee address; City; State; Zip Code Hempstead TX 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Gas-Campaign Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge Office held
Date 6-2-14	Payee name Garden Cafe	
Amount (\$) 53.00	Payee address; City; State; Zip Code 936 New Orleans Hempstead Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge Office held
Date 6/6/14	Payee name Papa Murphy's	
Amount (\$) 26.00	Payee address; City; State; Zip Code 8606 Hwy 6 N, Houston TX 77095	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/7/14</i>	5 Payee name <i>Breakfast Paradise</i>
6 Amount (\$) <i>31.75</i>	7 Payee address; City; State; Zip Code <i>1118 Austin St, Hempstead TX 77445</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meetings</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	

Date <i>6/17/14</i>	Payee name <i>HEB</i>
Amount (\$) <i>52.23</i>	Payee address; City; State; Zip Code <i>Houston TX 77065</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas - Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	

Date <i>6/19/14</i>	Payee name <i>Cypress Station Grill</i>
Amount (\$) <i>26.00</i>	Payee address; City; State; Zip Code <i>26010 Hwy 290, Cypress TX 77429</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meetings</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	

Date <i>6/10/14</i>	Payee name <i>Denny's</i>
Amount (\$) <i>32.00</i>	Payee address; City; State; Zip Code <i>100 Cottonwood Hempstead TX 77445</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/11/14</i>	5 Payee name <i>Pizza Napoletana</i>
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6 Amount (\$) <i>19.55</i>	7 Payee address; City; State; Zip Code <i>936 Anota St Hempstead TX 77445</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food / Bug</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co. Judge</i>	Office held
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Date <i>6/14/14</i>	Payee name <i>Lowe's</i>
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Amount (\$) <i>13.52</i>	Payee address; City; State; Zip Code <i>14128 Cypress Rosehill Rd, Cypress TX 77429</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>6/14/14</i>	Payee name <i>Hometown Hardware</i>
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Amount (\$) <i>9.43</i>	Payee address; City; State; Zip Code <i>40888 Hwy 29 Bus, Waller TX 77484</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Hardware for Campaign Office</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>6/20/14</i>	Payee name <i>Cypress Station Grill</i>
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Amount (\$) <i>20.00</i>	Payee address; City; State; Zip Code <i>26010 Hwy 290, Cypress TX 77429</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Bug</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/21/14	5 Payee name Breakfast Paradise
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6 Amount (\$) 71.65	7 Payee address; City; State; Zip Code 1118 Austin St Hempstead Tx 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Bvg	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 6/22/14	Payee name Buc-EE's
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Amount (\$) 40.89	Payee address; City; State; Zip Code 40900 US 290, Waller Tx 77484
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Gas-Campaign Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 6/24/14	Payee name Vista Print
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Amount (\$) 239.54	Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, Ma 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Promotional Items <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 6/25/14	Payee name Office Depot
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Amount (\$) 109.49	Payee address; City; State; Zip Code 25821 US Hwy 290, Cypress TX 77429
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Campaign Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/25/14	5 Payee name Buc-ee's
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6 Amount (\$) 45.03	7 Payee address; City; State; Zip Code 40900 US290, Waller TX 77484
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Gas - Campaign Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co. Judge	Office held
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Date 6/26/14	Payee name Ravenna
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Amount (\$) 39.00	Payee address; City; State; Zip Code 1301 Main, Dallas TX 75202
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 6/26/14	Payee name McDonald's
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Amount (\$) 12.20	Payee address; City; State; Zip Code 669 W US Hwy 84, Fairfield TX 75840
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bvg	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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Date 6/27/14	Payee name Dallas CC Concession
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Amount (\$) 21.25	Payee address; City; State; Zip Code 650 S Shyppin St, Dallas TX 75202
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bvg	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller Co Judge	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/27/14</i>		5 Payee name <i>T-Mobile</i>			
6 Amount (\$) <i>55.14</i>		7 Payee address; City; State; Zip Code <i>11950 SW Garden Pl, Portland OR 97223</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Other</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Phone</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller County Judge</i>	
Date <i>6/28/14</i>		Payee name <i>Jam's Restaurant</i>			
Amount (\$) <i>35.00</i>		Payee address; City; State; Zip Code <i>I-45 & US 84</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>6/28/14</i>		Payee name <i>Hempstead Seafood</i>			
Amount (\$) <i>48.00</i>		Payee address; City; State; Zip Code <i>210 Cottonwood, Hempstead TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>6/28/14</i>		Payee name <i>Chevron</i>			
Amount (\$) <i>38.66</i>		Payee address; City; State; Zip Code <i>2003 Diamond Blvd, F12, Concord CA 94520</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas-Campaign Travel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6/29/14</i>	5 Payee name <i>Homewood Suites</i>	
6 Amount (\$) <i>445.48</i>	7 Payee address; City; State; Zip Code <i>1025 Elm St, Dallas TX 75202</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Travel/Hotel - State Democratic Convention</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	
Date <i>6/30/14</i>	Payee name <i>Purra Napoletana</i>	
Amount (\$) <i>25.01</i>	Payee address; City; State; Zip Code <i>936 Austin St Hempstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	
Date <i>1/2/14</i>	Payee name <i>Darryl S Johnson</i>	
Amount (\$) <i>\$3500.00</i>	Payee address; City; State; Zip Code <i>Po Bx 356 Prairie View TX 77446</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Strategy</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	
Date <i>2/2/14</i>	Payee name <i>Darryl S Johnson</i>	
Amount (\$) <i>\$3500.00</i>	Payee address; City; State; Zip Code <i>PO Bx 356 Prairie View TX 77446</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Strategy</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/1/14</i>		5 Payee name <i>Darryl Johnson</i>			
6 Amount (\$) <i>\$3500.00</i>		7 Payee address; City; State; Zip Code <i>Po Box 356 Prairie View TX 77446</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Strategy</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>4/1/14</i>		Payee name <i>Darryl Johnson</i>			
Amount (\$) <i>3500.00</i>		Payee address; City; State; Zip Code <i>Po Box 356 Prairie View TX 77446</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Strategy</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>5/1/14</i>		Payee name <i>Darryl Johnson</i>			
Amount (\$) <i>3500.00</i>		Payee address; City; State; Zip Code <i>Po Box 356 Prairie View TX 77446</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Waller Co Judge Strategy</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	
Date <i>6/1/14</i>		Payee name <i>Darryl Johnson</i>			
Amount (\$) <i>3500.00</i>		Payee address; City; State; Zip Code <i>Po Box 356 Prairie View TX 77446</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Strategy</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought <i>Waller Co Judge</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
---------------	---------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 2		2 FILER NAME Sylvia Cedillo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/02/14		5 Business name Cedillo Law Office			
6 Amount (\$) \$500.00		7 Business address; City; State; Zip Code 728 Austin St. Hempstead TX 77445			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental		(b) Description (If travel outside of Texas, complete Schedule T). Office, equipment, utilities <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sylvia Cedillo		Office sought Waller Co Judge	
Date 2/2/14		Business name S Cedillo Law Office			
Amount (\$) \$500.00		Business address; City; State; Zip Code 728 Austin St, Hempstead TX 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead/Rental		Description (If travel outside of Texas, complete Schedule T). Office, equipment, utilities <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sylvia Cedillo		Office sought Waller Co Judge	
Date 3/2/14		Business name Sylvia Cedillo / Cedillo Law Office			
Amount (\$) 500.00		Business address; City; State; Zip Code 728 Austin St, Hempstead TX 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead, Rental		Description (If travel outside of Texas, complete Schedule T). Office, equipment, utilities <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sylvia Cedillo		Office sought Waller Co Judge	
Date 4/2/14		Business name Cedillo Law Office			
Amount (\$) 500.00		Business address; City; State; Zip Code 728 Austin St Hempstead TX 77445			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead/Rental		Description (If travel outside of Texas, complete Schedule T). Office, equipment, utilities <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sylvia Cedillo		Office sought Waller Co Judge	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5/2/14</i>	5 Business name <i>Cedillo Law Office</i>	
6 Amount/(S) <i>500.00</i>	7 Business address; City; State; Zip Code <i>728 Austin St, Hempstead TX 77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Office; equipment; utilities</i> <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: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	
Date <i>6/2/14</i>	Business name <i>Cedillo Law Office</i>	
Amount (\$) <i>500.00</i>	Business address; City; State; Zip Code <i>728 Austin St, Hempstead TX 77445</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental</i>	Description (If travel outside of Texas, complete Schedule T) <i>Office; equipment; utilities</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held:	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held:	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held:	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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

2 ACCOUNT # (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