

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MRS / MR

FIRST

MI

Sylvia

NICKNAME

LAST

SUFFIX

Cedillo

OFFICE USE ONLY

Date Received

2 JUN - 5 AM 9:38

RECEIVED
WALLER COUNTY CLERK
ELECTIONS DIVISION

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 605 Prairie View TX 77446

change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 857-5964

6 CAMPAIGN
TREASURER
NAME

MRS / MR

FIRST

MI

Sylvia

NICKNAME

LAST

SUFFIX

Cedillo

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 605 Prairie View TX 77446

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 857.5964

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year MONTH Day Year

7 / 16 / 2011 THROUGH 5 / 21 / 12

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

5 / 29 / 12

- Primary
- Runoff
- General
- Special

12 OFFICE

OFFICE HELD (if any)

Waller County
Commissioner,
Precinct 3

13 OFFICE SOUGHT (if known)

Waller County
Commissioner,
Precinct 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sylvia Cedillo 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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


additional pages

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 630.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4380.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ none
	4. TOTAL POLITICAL EXPENDITURES	\$ 3759.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 620.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 750.00

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 4th day of June, 20 12, to certify which, witness my hand and seal of office.

Maria S. Vela
Signature of officer administering oath

Maria S Vela
Printed name of officer administering oath

Notary
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 Sylvia Cedillo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/10/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Carreathers	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Bx 4004 Prairieview TX 77446		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Property manager		10 Employer (See Instructions) Self	
Date 11/80/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe Cedillo	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 24422 Eagle Haven Katy TX 77494		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Academy, Inc	
Date 11/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engene Cedillo	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3607 Dewey Lake Dr Richmond TX 77406		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Guard		Employer (See Instructions) Tx Dept of Criminal Justice	
Date 11/20/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Cedillo	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 590 Cross River Rd New Braunfels TX 78130		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired	
Date 11/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Elder	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1022 Quotin St Hempstead TX 77446		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

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 <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/16/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martha Estes</i>	7 Amount of contribution (\$) <i>35.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>35240 FM 1488 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>11/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alan Folger</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>18011 Blinka Rd Waller TX 77484</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>11/23/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Archie Grigsby</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7434 allen Pines Cir Cypress TX 77433</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Houston ISD</i>	
Date <i>12/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosa Harris</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25371 Kickapoo Hockley TX 77447</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>none</i>	
Date <i>11/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandy Huntsinger</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>33418 Two Creeks Crossing Hempstead TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>None</i>	

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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 Sylvia Cedillo 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>11/20/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Jones</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>741 15th St Hempstead TX 77445</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) Professor 10 Employer (See Instructions)
Prairie View A & M

Date <u>11/20/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kolyye Kulpatnick</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Po Bx 2471 Prairie View TX 77446</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Building Manager Employer (See Instructions)
City of Hempstead

Date <u>11/20/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shawn Knox</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Po Bx 907 Hempstead TX 77445</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Rancher Employer (See Instructions)
self

Date <u>11/18/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>elroy Kolaja</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>41968 Kelly Rd Hempstead TX 77445</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions)

Date <u>11/20/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>H. Prasad Kolluru</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4823 Periwinkle Ct Sugarland TX 77479</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Engineer Employer (See Instructions)
Amani Engineering

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/20/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael McCall</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>41236 Kelley Rd Hempstead TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Engineer</i>		10 Employer (See Instructions) <i>Unknown</i>	
Date <i>11/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Booker Morris</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2451 Covington way Pearland TX 77584</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Legal Assistant</i>		Employer (See Instructions) <i>Lee Richardson, Attorney</i>	
Date <i>11/16/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Parker</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Po Bx 2874 Prairie View TX 77446</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired Dean/Professor</i>		Employer (See Instructions) <i>None</i>	
Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy Praelan</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>32804 Grove Park Dr. Waller TX 77484</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Realtor/Broker</i>		Employer (See Instructions) <i>Waller County Land</i>	
Date <i>11/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pamelyn Reed</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Bx 2325 Prairie View TX 77446</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>College Instructor</i>		Employer (See Instructions) <i>Lone Star College</i>	

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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>11/15/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laurie Rosen Wasser</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2 1111 Fm 362 Walker TX 77484</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Rancher</i>		10 Employer (See Instructions) <i>Laurel Farms / Ranch</i>	
Date <i>11/9/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Russ</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10555 West Office Dr. Houston TX 77042</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>eHRH Engineers</i>	
Date <i>11/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Welch</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25105 Kickapoo Rd Hockley TX 77447</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/27/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Senfronia Thompson</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1301 Travis St, Ste 300 Houston TX 77002</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Linebarger, Goggan, Sammons</i>	
Date <i>2/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larkin Eakin</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Po Box 571 Hempstead TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	

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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>2/26/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Seab Smith</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Bx 805 Prairie View TX 77446</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Professor</i>		10 Employer (See Instructions) <i>Prairie View A & M</i>	
Date <i>1/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dorothy Bottos</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>27831 Krezdorn Hockley TX 77447</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Retired</i>	
Date <i>4/4/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. CL Propst</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>47731 Old Houston Hwy Hempstead TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/23/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frederick Freeman</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Bx 881 Prairie View TX 77446</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Waller ISD</i>	
Date <i>11/18/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Tinney</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>17319 Fairgrove Park Dr Houston TX 77095</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>LJA Engineering</i>	

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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>1/29/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Johnson</i>	7 Amount of contribution (\$) <i>20.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2801 Broadmeade Houston TX 77025</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <i>unknown</i>	
Date <i>1/30/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim Suarez</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>15355 Remet Rd Waller TX 77484</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Information Technology</i>		Employer (See Instructions) <i>Self</i>	
Date <i>1/30/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Halcyon Watkins</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 2005 Prairie View TX 77446</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Veterinarian</i>		Employer (See Instructions) <i>Self</i>	
Date <i>1/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Chapman</i>	Amount of contribution (\$) <i>25.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 2257 Prairie View TX 77446</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions) <i>Retired LPVAMU</i>	
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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PLEGGED 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#: _____)		8 Amount of pledge (\$)		9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code					
(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#: _____)		Amount of pledge (\$)		In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
(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#: _____)		Amount of pledge (\$)		In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
(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#: _____)		Amount of pledge (\$)		In-kind description (if applicable)
Pledgor address; City; State; Zip Code					
(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#: _____)		Amount of pledge (\$)		In-kind description (if applicable)
Pledgor 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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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ <i>750.00</i>
5 Date of loan <i>12-7-11</i>	7 Name of lender <i>Sylvia Cedillo</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) <i>\$750.00</i>
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address; City; State; Zip Code <i>PO Bx 605 Prairie View TX 77446</i>	10 Interest rate <i>0</i>
12 Principal occupation / Job title (See Instructions) <i>Attorney</i>		11 Maturity date <i>None</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		13 Employer (See Instructions) <i>Self</i>
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		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
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? <i>Y</i> <i>N</i>	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
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	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
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:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/18/12</i>		5 Payee name <i>Sprint & Print</i>			
6 Amount (\$) <i>1198.06</i>		7 Payee address; City; State; Zip Code <i>8748 Clay Rd, Ste 300 Houston TX 77080</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Corresp/Mailing/Phones</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought / Office held <i>Waller Co Comm'r Pct 3 (same)</i>	
Date <i>4/19/12</i>		Payee name <i>Robyn Ruehlen</i>			
Amount (\$) <i>282.75</i>		Payee address; City; State; Zip Code <i>721 Austin St Hempstead TX 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>Correspondence/Mailing/Phones</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought / Office held <i>Waller Co Comm'r Pct 3 - same</i>	
Date <i>5/4/12</i>		Payee name <i>Robyn Ruehlen</i>			
Amount (\$) <i>\$316.50</i> <i>5/4/12</i>		Payee address; City; State; Zip Code <i>721 Austin St Hempstead TX 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>Corresp/Mailings/Phone</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought / Office held <i>Waller Co Comm'r Pct 3 Same</i>	
Date <i>5/31/12</i>		Payee name <i>Edgar Quiller</i>			
Amount (\$) <i>\$475.00</i>		Payee address; City; State; Zip Code <i>728 Austin Street Hempstead TX 77445</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>Early Voting Staffing Polls</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sylvia Cedillo</i>		Office sought / Office held <i>Waller Co Comm'r Pct 3 - same</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 Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/31/12	5 Payee name Robyn Ruehben	
6 Amount (\$) \$250.00	7 Payee 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) Contract labor	(b) Description (If travel outside of Texas, complete Schedule T) Phones/Mailings/Early Voting Polling
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Sylvia Cedillo	Office sought Walker Co Comm'r - 3
Date 5/31/12	Payee name Vanessa Carrizalez	
Amount (\$) 250.00 \$275.00	Payee address; City; State; Zip Code 728 Austin St Hempstead TX 77446	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract labor	(b) Description (If travel outside of Texas, complete Schedule T) Spanish Translations for mailings
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Sylvia Cedillo	Office sought Walker Co Comm'r Pct 3 - Same
Date 1-19-12	Payee name Hotline Press	
Amount (\$) 40.00	Payee address; City; State; Zip Code Austin Street, Hempstead TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Ad for State of Pot Address
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Sylvia Cedillo	Office sought Walker Co Comm'r Pct 3 - Same
Date 1-26-12	Payee name Sam Riley	
Amount (\$) \$350.00	Payee address; City; State; Zip Code c/o 728 Austin St Hempstead TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract labor	(b) Description (If travel outside of Texas, complete Schedule T) PV- student organizing
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Sylvia Cedillo	Office sought Walker Co Comm'r Pct 3 same

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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>11-30-11</i>	5 Payee name <i>Signs and More</i>
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6 Amount (\$) <i>\$211.32</i>	7 Payee address; City; State; Zip Code <i>Austin Street Hempstead, TX 77445</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Signs + Wires</i>
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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 Comm's Pct 3</i>	Office held <i>same</i>
-------------------------------------------------------	--------------------------------------------------------	------------------------------------------------	----------------------------

Date <i>5-4-12</i>	Payee name <i>Vanessa Carrizalez</i>
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Amount (\$) <i>\$330.00</i>	Payee address; City; State; Zip Code <i>728 Austin St Hempstead TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Voter Regist/ Spanish Trans/ Clerical</i>
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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 Comm's Pct 3</i>	Office held <i>same</i>
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Date	Payee name
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Amount (\$)	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)
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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	Payee name
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Amount (\$)	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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 1	2 FILER NAME Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-7-11	5 Payee name Waller County Democratic Party
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6 Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code C/o Sam Eng Hempstead TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee
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Date	Payee name
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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)
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Date	Payee name
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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)
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Date	Payee name
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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)
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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	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business 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)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 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 categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)	

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