

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	MS / MRS / MR FIRST MI SYLVIA NICKNAME LAST SUFFIX CEDILLO	OFFICE USE ONLY Date Received: 14 OCT -7 PM 4:42 FILED FOR RECORD DEBBIE HOLLAN COUNTY CLERK WALLER COUNTY, TX Date Paid, Delivered or Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Bx 356 Prairie View Tx 77446		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 731-6463		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SYLVIA NICKNAME LAST SUFFIX CEDILLO		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Bx 605 Prairie View TX 77446		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 731-6463		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 01 / 2014 THROUGH 9 / 25 / 14		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Waller County Judge	
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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ 325.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7959.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,369.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3959.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,000.00

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 7th day of October, 2014, 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: <u>6</u>	
2 FILER NAME <u>Sylvia Gedillo</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8/27/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ben Jubis</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>Po Box 583 Hempstead TX 77445</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Retired</u>		10 Employer (See Instructions) <u>—</u>	
Date <u>8/9/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Alton Scott Robinson</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO Box 1221 Waller TX 77484</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Advertising</u>		Employer (See Instructions) <u>Self</u>	
Date <u>8/9/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Allen Hicks, Jr</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>37728 Meadowview Hempstead TX 77445</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>—</u>	
Date <u>8/9/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rosa Harris</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>26371 Kuckapoo Hockley TX 77447-6379</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>—</u>	
Date <u>8/9/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Timothy Seo</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3211 Edloe St 100 Houston TX 77027</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>	

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>7/23/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrea Joan Douglas</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>26734 Clark Rd Waller TX 77484</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>B & B Owner</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise Mattay</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>40604 FM 529 Brookshire TX 77423</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>8/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Easton M Hayes</i>	Amount of contribution (\$) <i>25.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 265 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)	
Date <i>8/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>elrene Mattay</i>	Amount of contribution (\$) <i>40.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>40604 FM 529 Brookshire TX 77423</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>8/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amanda Esquivel</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>20810 Pine Oak Ln 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>Royal ISD</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		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)
9/16/14	Tim Murphy 6 Contributor address; City; State; Zip Code 9800 NW Freeway #516 Houston TX 77092	100.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Agent		10 Employer (See Instructions) Crossland Aquisition	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/14	Frank Pokluda Contributor address; City; State; Zip Code 29503 Fm 1488 Waller TX 77484	200.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Waller County	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/14	Don M Garrett Contributor address; City; State; Zip Code 28432 Hegar Rd Hockley TX 77447	400.-	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/14	Manuela Rivas Contributor address; City; State; Zip Code 9907 Kings Walk Round Houston TX 77070	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Will Supplement		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/14	Charles Norrell Contributor address; City; State; Zip Code 19060 Walnut Hills Dr Conroe TX 77302	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Will Supplement		Employer (See Instructions)	

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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>9/18/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gordon Goodman</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>3744 Olympia Dr Houston TX 77019</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>9/26/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alton Scott Robinson</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>PO Box 1231 Waller TX 77484</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Advertising</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine B Wyatt	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>PO Box 762 Prairie View TX 77446</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Waller County Democratic Club</i>	Amount of contribution (\$) <i>2500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>28070 Rice Rd Hockley TX 77447</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>N/A</i>	
Date <i>10-3/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Ledford</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>35519 Pontiac Brookshire TX 77423</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Insurance Agent</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>9/4/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr CL Propst</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4731 Old Houston Hwy Hempstead TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Research</i>		10 Employer (See Instructions) <i>To Be Supplimented</i>	
Date <i>8/1/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Waller News Citizen</i>	Amount of contribution (\$) <i>145.00</i>	In-kind contribution description (if applicable) <i>Advertising</i>
Contributor address; City; State; Zip Code <i>Hempstead TX 77445</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>News Publisher</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8/26/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Oliver W. Spott</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2323 Cowline Houston TX 77004</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>8/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Across the Track PAC</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4418 Heatherwalde St Sugarland TX 77479</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Political Action Committee</i>		Employer (See Instructions) <i>_____</i>	
Date <i>9/2/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andre Melton</i>	Amount of contribution (\$) <i>1500.00</i>	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) <i>Will be Supplimented</i>		Employer (See Instructions)	

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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>9/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Evelio Fernandez, Jr</i>	7 Amount of contribution (\$) <i>300.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1010 Debra Terrace Ct Houston TX 77077</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>VP - General Manager</i>		10 Employer (See Instructions) <i>Goja Foods</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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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		
<small>(If travel outside of Texas, complete Schedule T)</small>			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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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		
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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		
<small>(If travel outside of Texas, complete Schedule T)</small>			

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		
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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		
<small>(If travel outside of Texas, complete Schedule T)</small>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 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: 1
2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan <i>7/1/14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Cedillo</i>	9 Loan Amount (\$) <i>\$5,000.00</i>
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>PO Box 416 Praisie View Tx 77446</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Attorney</i>		13 Employer (See Instructions) <i>Self</i>
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
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		Employer (See Instructions)
Check if personal funds were deposited into political account <input type="checkbox"/>		Amount Guaranteed (\$)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor 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	3 ACCOUNT # (Ethics Commission Filers)
26	Sylvia Pedillo	
4 Date	5 Payee name	
7-17-14	Facebook Advertising USA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
25.09	1 Hacker Way, Bldg. 10 Menlo Park, CA 94025-1156	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

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>7-9-14</i>		5 Payee name <i>Buc-ee's 18</i>			
6 Amount (\$) <i>68.38</i>		7 Payee address; City; State; Zip Code <i>40900 US 290 - Waller, Tx 77484-7318</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>gasoline-travel</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 County Judge</i>	
Date <i>7-10-14</i>		Payee name <i>Vista Print - CA</i>			
Amount (\$) <i>6.00</i>		Payee address; City; State; Zip Code <i>95 Hayden Ave - Lexington, MA 02421-2942</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>Printing</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 County Judge</i>	
Date <i>7-10-14</i>		Payee name <i>Texas Democratic Para Austin Tx</i>			
Amount (\$) <i>125.00</i>		Payee address; City; State; Zip Code <i>4818 E. Ben White Blvd. Ste 104 - Austin Tx 78741-7233</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>membership fees</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 County Judge</i>	
Date <i>7-11-14</i>		Payee name <i>Denny's #8615</i>			
Amount (\$) <i>34.00</i>		Payee address; City; State; Zip Code <i>204 Waller Ave, 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>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		Office sought / 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>7-4-14</i>	5 Payee name <i>Mex Grocer</i>
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6 Amount (\$) <i>166.60</i>	7 Payee address; City; State; Zip Code <i>4060 Morena Blvd. Ste. C San Diego, CA 92117-5264</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>Event Expenses - Watermelon Fast.</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 County Judge</i>	Office held
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Date <i>7-5-14</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>277.85</i>	Payee address; City; State; Zip Code <i>25821 Hwy 290 - Cypress, Tx 77429-1099</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>Printing-Copying 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 County Judge</i>	Office held
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Date <i>7-2-14</i>	Payee name <i>Breakfast Paradise</i>
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Amount (\$) <i>29.48</i>	Payee address; City; State; Zip Code <i>1118 Austin st - Hempstead, Tx 77445-4428</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 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 County Judge</i>	Office held
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Date <i>7-9-14</i>	Payee name <i>The Ranchito Taqueria</i>
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Amount (\$) <i>62.07</i>	Payee address; City; State; Zip Code <i>31317 FM 2920 Rd #25 - 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 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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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 Ceditillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-1-14</i>		5 Payee name <i>T-Mobile</i>			
6 Amount (\$) <i>147.12</i>		7 Payee address; City; State; Zip Code <i>Cypress Towne Center - Cypress, Tx 77429</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>Office Phones</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 Ceditillo</i>		Office sought <i>Waller County Judge</i>	
Date <i>7-3-14</i>		Payee name <i>Whataburger 1059 Cypress</i>			
Amount (\$) <i>11.76</i>		Payee address; City; State; Zip Code <i>28630 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>Food/Burg Expense 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 Ceditillo</i>		Office sought <i>Waller County Judge</i>	
Date <i>7-1-14</i>		Payee name <i>Fuddrucker's 3246 000 Houston</i>			
Amount (\$) <i>23.14</i>		Payee address; City; State; Zip Code <i>13010 NW Hwy Houston, Tx 77040-6306</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 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		Office sought <i>Waller County Judge</i>	
Date <i>7-3-14</i>		Payee name <i>Exxon Mobil</i>			
Amount (\$) <i>35.04</i>		Payee address; City; State; Zip Code <i>East. Serv. Kansas City, Mo 64141</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>gasoline - 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 Ceditillo</i>		Office sought <i>Waller County 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>7-18-14</i>		5 Payee name <i>Katy Times</i>			
6 Amount (\$) <i>20.00</i>		7 Payee address; City; State; Zip Code <i>90 Nassau St. Princeton, NJ 08542-4529</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>Subscription to paper</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>7-19-14</i>		Payee name <i>Las Fuentes Mexican Restaurant</i>			
Amount (\$) <i>21.87</i>		Payee address; City; State; Zip Code <i>401 10th St - Hempstead, Tx 77445-4828</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 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 County Judge</i>	
Date <i>7-19-14</i>		Payee name <i>Corner store #2590</i>			
Amount (\$) <i>50.04</i>		Payee address; City; State; Zip Code <i>9830 Colonnado Blvd, San Antonio, Tx 78230 -2202</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>gasoline - 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 County Judge</i>	
Date <i>9-21-14</i>		Payee name <i>Chipotle 2201</i>			
Amount (\$) <i>36.21</i>		Payee address; City; State; Zip Code <i>9102 W. Sam Houston Pkwy, Houston, Tx 77064</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 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 County 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>7-22-14</i>		5 Payee name <i>Hill Country BBQ</i>			
6 Amount (\$) <i>21.01</i>		7 Payee address; City; State; Zip Code <i>27004 Hwy. 6, Hempstead, Ca 94445-7957</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 Meetings Meals</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>7-23-14</i>		Payee name <i>Pizza Napoletana</i>			
Amount (\$) <i>29.70</i>		Payee address; City; State; Zip Code <i>110 5th St. San Francisco, CA 94103-2918</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 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 County Judge</i>	
Date <i>7-24-14</i>		Payee name <i>Vista Print CA</i>			
Amount (\$) <i>430.96</i>		Payee address; City; State; Zip Code <i>95 Hayden Ave. Lexington, MA 0241-7942</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>Printing T-shirts</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>7-24-14</i>		Payee name <i>Hempstead Seafood + Steak</i>			
Amount (\$) <i>30.00</i>		Payee address; City; State; Zip Code <i>210 Cottonwood, Hempstead, Tx 77445-9226</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 Meetings/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 County 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>7-25-14</i>		5 Payee name <i>Pizza Napoletana</i>			
6 Amount (\$) <i>29.94</i>		7 Payee address; City; State; Zip Code <i>110 5th St. San Francisco, CA 94103-2918</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 Meeting Meals</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 County Judge</i>	
Date <i>7-26-14</i>		Payee name <i>Duc-ee's #18</i>			
Amount (\$) <i>42.10</i>		Payee address; City; State; Zip Code <i>40900 US 290, Waller, TX 77484-7318</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>gasoline-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 County Judge</i>	
Date <i>7-26-14</i>		Payee name <i>Baba Yega</i>			
Amount (\$) <i>59.00</i>		Payee address; City; State; Zip Code <i>2607 Grant St. Houston, TX 77006-2835</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 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 / Office held <i>Waller County Judge</i>	
Date <i>7-27-14</i>		Payee name <i>T-Mobile</i>			
Amount (\$) <i>55.14</i>		Payee address; City; State; Zip Code <i>11950 SW Garden Pl. Vesta Boost WA Portland, OR 97223-8248</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>Other Phones</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 County 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: 9	2 FILER NAME Sylvia Ceditto	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7-27-14	5 Payee name Los Cucos Mexican Food	
6 Amount (\$) 49.00	7 Payee address; City; State; Zip Code 90 Nassau St Princeton, NJ, 08542-4529	
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) Campaigne Meeting/meals <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Ceditto	Office sought Waller County Judge Office held
Date 7-28-14	Payee name Pizza Napoletana	
Amount (\$) 41.11	Payee address; City; State; Zip Code 110 5th St, San Francisco, CA 94103-2918	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Campaigne Meeting/meals <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Ceditto	Office sought Waller County Judge Office held
Date 7-30-14	Payee name Orleans Seafood Kit	
Amount (\$) 55.81	Payee address; City; State; Zip Code 20940 Katy Fwy, Ste G, Katy, TX 77449-6320	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Campaigne Meeting/meals <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Ceditto	Office sought Waller County Judge Office held
Date 7-30-14	Payee name Fry Citco Co	
Amount (\$) 39.95	Payee address; City; State; Zip Code 6100 S. Yale Ave Ste 600, Tulsa, OK 74139-1922	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) gasoline - Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Ceditto	Office sought Waller County 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)
4 Date <i>7-31-14</i>	5 Payee name <i>Face book Advertising USA</i>		
6 Amount (\$) <i>42.96</i>	7 Payee address; City; State; Zip Code <i>1 Hacker Way, Bldg 10, Menlo Park, CA 94025-1456</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>advertising - Face book</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>7-31-14</i>	Payee name <i>Buc EE's #18</i>		
Amount (\$) <i>10.94</i>	Payee address; City; State; Zip Code <i>40900 US Hwy 290, Waller, Tx 77484-7318</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>gasoline - 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 County Judge</i>	Office held
Date <i>08-02-14</i>	Payee name <i>Buc-EE's #18</i>		
Amount (\$) <i>61.10</i>	Payee address; City; State; Zip Code <i>40900 US Hwy 290, Waller, Tx 77484 7318</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>Gasoline - 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 County Judge</i>	Office held
Date <i>8-5-14</i>	Payee name <i>Hill Country BBQ.</i>		
Amount (\$) <i>23.76</i>	Payee address; City; State; Zip Code <i>27004 Hwy 6, Hempstead, Tx 77445-7957</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 - Meetings/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</i>	Office sought <i>Waller County 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>8-9-14</i>		5 Payee name <i>Facebook Advertising</i>			
6 Amount (\$) <i>50.29</i>		7 Payee address; City; State; Zip Code <i>1 Hacker Way. Bldg 10 - Menlo Park, CA 94025-1456</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>Advertising - Facebook</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>8-11-14</i>		Payee name <i>T-Mobile</i>			
Amount (\$) <i>44.24</i>		Payee address; City; State; Zip Code <i>3630 132nd Ave SE #550 - Bellevue, WA 98006</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 Phone</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>8-11-14</i>		Payee name <i>Amsterdam Printing & Lit.</i>			
Amount (\$) <i>503.60</i>		Payee address; City; State; Zip Code <i>166 Wallins Corners Rd. Amsterdam, NY 12010-1817</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>Printing - Pens & Styluses</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>8-12-14</i>		Payee name <i>Las Fuentes Mexican Rest.</i>			
Amount (\$) <i>35.83</i>		Payee address; City; State; Zip Code <i>601 10th St. Hempstead, Tx 77445-4528</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 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 County Judge</i>	

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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 |
| 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 Ceditto</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-14-14</i>		5 Payee name <i>Buc-EE's #78</i>			
6 Amount (\$) <i>30.00</i>		7 Payee address; City; State; Zip Code <i>40900 Hwy US29, Waller, Tx 77484-7318</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>gasoline - Travel</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 Ceditto</i>		Office sought / Office held <i>Waller County Judge</i>	
Date <i>8-15-14</i>		Payee name <i>Hill Country BBQ</i>			
Amount (\$) <i>29.09</i>		Payee address; City; State; Zip Code <i>27004 US Hwy 6, Hempstead, Tx 77445-7957</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 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 Ceditto</i>		Office sought / Office held <i>Waller County Judge</i>	
Date <i>8-16-14</i>		Payee name <i>The Ranchito Taqueria</i>			
Amount (\$) <i>33.71</i>		Payee address; City; State; Zip Code <i>31317 FM 2920 Rd. #25 - 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 - Meetings/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 Ceditto</i>		Office sought / Office held <i>Waller County Judge</i>	
Date <i>8-17-14</i>		Payee name <i>Buc-EE's #78</i>			
Amount (\$) <i>35.04</i>		Payee address; City; State; Zip Code <i>40900 Hwy US290, Waller, Tx 77484-7318</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>gasoline - 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 Ceditto</i>		Office sought / Office held <i>Waller County Judge</i>	

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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 |
| 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) |

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1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-19-14</i>		5 Payee name <i>Costco Gas Co. # 1167</i>			
6 Amount (\$) <i>29.70</i>		7 Payee address; City; State; Zip Code <i>23645 Katy Freeway, Katy, TX 77494</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-travel</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>8-19-14</i>		Payee name <i>Babins Katy</i>			
Amount (\$) <i>72.00</i>		Payee address; City; State; Zip Code <i>21851 Katy Freeway, Katy, TX 77450-1807</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 Meetings/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 County Judge</i>	
Date <i>8-20-14</i>		Payee name <i>Galileos Mexican Rest.</i>			
Amount (\$) <i>34.59</i>		Payee address; City; State; Zip Code <i>90 Nassau St, Princeton, NJ 08542-4529</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 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 County Judge</i>	
Date <i>8-21-14</i>		Payee name <i>Brookshire Brothers</i>			
Amount (\$) <i>24.73</i>		Payee address; City; State; Zip Code <i>300 Hwy 290 E. Hempstead, TX 77445-5563</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 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 County Judge</i>	

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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 |
| 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) |

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1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-22-14</i>		5 Payee name <i>Pizza Napoletana</i>			
6 Amount (\$) <i>48.59</i>		7 Payee address; City; State; Zip Code <i>110 5th St. San Francisco, CA 94103-2918</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 Meeting/meals</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>8-22-14</i>		Payee name <i>Corner Store 2590 Valero</i>			
Amount (\$) <i>45.00</i>		Payee address; City; State; Zip Code <i>9830 Colonnado Blvd. San Antonio, TX 78230-2202</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-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 County Judge</i>	
Date <i>8-25-14</i>		Payee name <i>HEB Gas/carwash</i>			
Amount (\$) <i>30.22</i>		Payee address; City; State; Zip Code <i>Cypress 3rd/646 S. Main Ave. San Antonio, TX 78204</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-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 County Judge</i>	
Date <i>8-26-14</i>		Payee name <i>T-Mobile</i>			
Amount (\$) <i>55.14</i>		Payee address; City; State; Zip Code <i>Vesta Boost WA-11950 SW Garden Pl Portland, OR 97223-8248</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 Phones</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>	

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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 |
| 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) |

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1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-26-14</i>		5 Payee name <i>PappaBeaux 21 Seafood</i>			
6 Amount (\$) <i>59.00</i>		7 Payee address; City; State; Zip Code <i>13080 Northwest Hwy, Houston, Tx 77040-6306</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 Meetings/meals</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>8-28-14</i>		Payee name <i>Hempstead Seafood Restaurant</i>			
Amount (\$) <i>36.00</i>		Payee address; City; State; Zip Code <i>210 Cottonwood, Hempstead, Tx 77445-9226</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 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 County Judge</i>	
Date <i>8-28-14</i>		Payee name <i>Facebook Adv.</i>			
Amount (\$) <i>250.29</i>		Payee address; City; State; Zip Code <i>1 Hacker way, Bldg 10 - Menlo Park, CA 94025</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>Advertising - facebook</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>8-29-14</i>		Payee name <i>Breakfast Paradise</i>			
Amount (\$) <i>36.00</i>		Payee address; City; State; Zip Code <i>1118 Austin st, Hempstead, 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>Campaign Meetings/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>	

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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 |
| 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>8-30-14</i>		5 Payee name <i>RepKA's Hardware + Service</i>			
6 Amount (\$) <i>37.78</i>		7 Payee address; City; State; Zip Code <i>719 12th St Hempstead, Tx 77445-4443</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>Post</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>8-30-14</i>		Payee name <i>Breakfast Paradise Post.</i>			
Amount (\$) <i>23.95</i>		Payee address; City; State; Zip Code <i>1118 Austin St Hempstead, Tx 77445-4428</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 Meeting/meal</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>8-31-14</i>		Payee name <i>Facebook Advertising</i>			
Amount (\$) <i>16.58</i>		Payee address; City; State; Zip Code <i>1 HackerWay Bldg. 10 - Menlo Park, CA 94026-1456</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>Ad Page Promotion</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>9-3-14</i>		Payee name <i>Vista PR</i>			
Amount (\$) <i>80.74</i>		Payee address; City; State; Zip Code <i>95 Hayden Ave, Lexington, MA 02421-7942</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>Printing Push Cards</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>	

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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 |
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| 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) |

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1 Total pages Schedule F:		2 FILER NAME <i>Sylvia Cedillo</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-3-14</i>		5 Payee name <i>Vista Print</i>			
6 Amount (\$) <i>16.50</i>		7 Payee address; City; State; Zip Code <i>95 Hayden Ave. Lexington, Ma 02421-7942</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>Printing - Biz 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 County Judge</i>	
Date <i>9-3-14</i>		Payee name <i>Buc-EE's #18</i>			
Amount (\$) <i>38.27</i>		Payee address; City; State; Zip Code <i>40900 Hwy US 290, Waller, Tx 77484-7318</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 - 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 County Judge</i>	
Date <i>9-4-14</i>		Payee name <i>Hempstead Seafood + Steak</i>			
Amount (\$) <i>26.72</i>		Payee address; City; State; Zip Code <i>210 Cottonwood, 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>Campaign Meeting/meal</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>9-5-14</i>		Payee name <i>Hempstead Dairy Queens</i>			
Amount (\$) <i>32.53</i>		Payee address; City; State; Zip Code <i>442-10th St. Hempstead, Tx 77445-4532</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 Meeting/meal</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>	

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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 |
| 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>9-6-14</i>	5 Payee name <i>Cypress Station</i>	
6 Amount (\$) <i>64.00</i>	7 Payee address; City; State; Zip Code <i>26010 Hwy 290, Cypress, Tx 77429-1050</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 Meetings/meals</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 County Judge</i>
Date <i>9-7-14</i>	Payee name <i>The Lanchito Taqueria</i>	
Amount (\$) <i>22.00</i>	Payee address; City; State; Zip Code <i>31317 FM 2920 Rd., 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-Meetings/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 / Office held <i>Waller County Judge</i>
Date <i>9-8-14</i>	Payee name <i>Buc-EE's #18</i>	
Amount (\$) <i>16.14</i>	Payee address; City; State; Zip Code <i>40900 US Hwy 290, Waller, Tx 77484-7318</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-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 County Judge</i>
Date <i>9-10-14</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>40.31</i>	Payee address; City; State; Zip Code <i>95 Hayden Ave, Lexington, ma 02421-7942</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>Printing - Biz Cards</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 County 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>9-10-14</i>	5 Payee name <i>Shell Oil</i>	
6 Amount (\$) <i>63.56</i>	7 Payee address; City; State; Zip Code <i>12700 Northborough Dr. Houston, Tx 77067 -2552</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-Travel</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 County Judge</i>
Date <i>9-11-14</i>	Payee name <i>Legendary Smoke house</i>	
Amount (\$) <i>20.38</i>	Payee address; City; State; Zip Code <i>52130 Hwy 290 W. 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>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 / Office held <i>Waller County Judge</i>
Date <i>9-11-14</i>	Payee name <i>BacEE's</i>	
Amount (\$) <i>35.26</i>	Payee address; City; State; Zip Code <i>40900 US Hwy 290, Waller, Tx 77484-7318</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-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 County Judge</i>
Date <i>9-12-14</i>	Payee name <i>Legendary Smokehouse</i>	
Amount (\$) <i>43.00</i>	Payee address; City; State; Zip Code <i>52130 Hwy 290 W. 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>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 / Office held <i>Waller County Judge</i>

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- 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 Ceditto</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9-14-14</i>	5 Payee name <i>Popeyes Chicken</i>	
6 Amount (\$) <i>23.79</i>	7 Payee address; City; State; Zip Code <i>31100 FM 2920 Rd, Waller, Tx 77484-8009</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 meeting/meals</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 Ceditto</i>	Office sought <i>Waller County Judge</i> Office held
Date <i>9-14-14</i>	Payee name <i>Breakfast Paradise</i>	
Amount (\$) <i>24.48</i>	Payee address; City; State; Zip Code <i>1118 Austin St, Hempstead, Tx 77445-4428</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 Meeting/Meals</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sylvia Ceditto</i>	Office sought <i>Waller County Judge</i> Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought 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: <u>Sylvia Cedillo</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: <u>8/1/14</u>	5 Payee name: <u>Janet Martinez</u>
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6 Amount (\$): <u>100.00</u>	7 Payee address; City; State; Zip Code: <u>Knebel Rd, Waller, TX 77484</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <u>Contract Labor</u>	(b) Description (If travel outside of Texas, complete Schedule T): <u>Phone Banking</u> <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: <u>Sylvia Cedillo</u>	Office sought: <u>Waller County Judge</u>	Office held:
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Date: <u>9/1/14</u>	Payee name: <u>David Silva</u>
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Amount (\$): <u>100.00</u>	Payee address; City; State; Zip Code: <u>26100 Forestcrest Hockley, TX 77447</u> Waller, TX 77484
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <u>Contract Labor</u>	Description (If travel outside of Texas, complete Schedule T): <u>Phone Banking/Office Staffing</u> <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: <u>Sylvia Cedillo</u>	Office sought: <u>Waller County Judge</u>	Office held:
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Date: <u>9/1/14</u>	Payee name: <u>Walmart</u>
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Amount (\$): <u>150</u>	Payee address; City; State; Zip Code: <u>Bus Hwy 290 Hempstead TX</u>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <u>Other</u>	Description (If travel outside of Texas, complete Schedule T): <u>Gift Cards for Giveaways</u> <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: <u>Sylvia Cedillo</u>	Office sought: <u>Waller County Judge</u>	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) <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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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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/1/14		5 Payee name Darryl Johnson			
6 Amount (\$) 3500.-		7 Payee address; City; State; Zip Code PO Box 356 Prairie View TX 77446			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting		(b) Description (If travel outside of Texas, complete Schedule T) Political Strategy <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 C Judge	
Date 9/1/14		Payee name Darryl Johnson			
Amount (\$) 3500.00		Payee address; City; State; Zip Code PO Box 356 Prairie View TX 77446			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting		Description (If travel outside of Texas, complete Schedule T) Political Strategy <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/1/14		Payee name Darryl Johnson			
Amount (\$) 3500.00		Payee address; City; State; Zip Code PO Box 356 Prairie View TX 77446			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting		Description (If travel outside of Texas, complete Schedule T) Campaign Strategy <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee 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 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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 8/20/14	5 Payee name Monaville VFD
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6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code Will Supplement/Hempstead Dr 77445
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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) Entry Fee to Sponson Tourney <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 Walker County Judge	Office held
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Date 10/4/14	Payee name Stone Star Lodge #85
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Amount (\$) 300.00	Payee address; City; State; Zip Code Will Supplement Hempstead Dr 77445
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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) Entry Fee to Sponsor Golf Tourney <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 Walker County Judge	Office held
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Date 9/1/14	Payee name City of Prairie View
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Amount (\$) 100.00	Payee address; City; State; Zip Code Po Box 817 Prairie View TX 77446
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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) National Night Out Advertising <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 Walker County Judge	Office held
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Date 7/1/14	Payee name Darryl Johnson
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Amount (\$) 3500.00	Payee address; City; State; Zip Code Po Box 356 Prairie View TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Political Strategy <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 Walker 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 Sylvia Cedillo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/21/14		5 Payee name 95 Hayden Ave Vista print			
6 Amount (\$) 589.49		7 Payee address; City; State; Zip Code Lexington, MA 02421			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing		(b) Description (If travel outside of Texas, complete Schedule T) Cards/Shirts <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 9/20/14		Payee name Corner Store/Valero			
Amount (\$) 20.00		Payee address; City; State; Zip Code 9830 Colonnade Blvd San Antonio TX 78230			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Gas/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	
Date 9/21/14		Payee name The Ranchito			
Amount (\$) 22.03		Payee address; City; State; Zip Code 31317 FM 2920 #25 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) Campaign Meeting/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 Waller Co Judge	
Date 9/21/14		Payee name Buc-ee's			
Amount (\$) 21.13		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/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	

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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>9/18/14</i>	5 Payee name <i>Dairy Queen</i>	
6 Amount (\$) <i>13.83</i>	7 Payee address; City; State; Zip Code <i>442 10th St 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>Campaign Meeting/Meals</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>9/18/14</i>	Payee name <i>Corner Store/Valero</i>	
Amount (\$) <i>25.00</i>	Payee address; City; State; Zip Code <i>Austin St, 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-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>9/19/14</i>	Payee name <i>Jos Fuentes</i>	
Amount (\$) <i>15.10</i>	Payee address; City; State; Zip Code <i>601 10th 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>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	Office sought Office held
Date <i>9/20/14</i>	Payee name <i>Legendary BBQ</i>	
Amount (\$) <i>18.00</i>	Payee address; City; State; Zip Code <i>52130 Hwy 290 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>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 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>Sybia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/10/14</i>	5 Payee name <i>Hotline Press</i>
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6 Amount (\$) <i>126.76</i>	7 Payee address; City; State; Zip Code <i>1116 Austin 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</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Newspaper</i> <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 <i>Sybia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>9/15/14</i>	Payee name <i>Gami Vasquez</i>
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Amount (\$) <i>150</i>	Payee address; City; State; Zip Code <i>Fm 359 Hempstead TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract</i>	Description (If travel outside of Texas, complete Schedule T) <i>Outreach/ Publicity</i> <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 <i>Sybia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
--	---	---	-------------

Date <i>9-25-14</i>	Payee name <i>T. Melille</i>
------------------------	---------------------------------

Amount (\$) <i>55.14</i>	Payee address; City; State; Zip Code <i>11950 SW Garden Pl Portland OR 97223</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 Phone</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sybia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date	Payee name
------	------------

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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>9/23/14</i>		5 Payee name <i>Enterprise</i>			
6 Amount (\$) <i>333.41</i>		7 Payee address; City; State; Zip Code <i>24224 NW Fury Cypress TX 77429</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>Truck Rental</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>9/23/14</i>		Payee name <i>Denny's</i>			
Amount (\$) <i>28.00</i>		Payee address; City; State; Zip Code <i>204 Waller Ave, 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>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>9/23/14</i>		Payee name <i>Corner Store Valero</i>			
Amount (\$) <i>35.09</i>		Payee address; City; State; Zip Code <i>9830 Colonnade San Antonio TX 78230</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/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>9/25/14</i>		Payee name <i>Las Fuentes</i>			
Amount (\$) <i>13.87</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>Other</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>	

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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 <i>Sylvia Cedillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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	
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	
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	
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

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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: 1		2 FILER NAME Sylvia Cedillo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/2/14		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) Space; 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 / Office held Waller County Judge	
Date 8/2/14		Business name Sylvia Cedillo - Cedillo Law Office			
Amount (\$) 500.00		Business address; City; State; Zip Code Cedillo Law Office 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) Same as above		
	<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 9/2/14		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 Over head/Rental		Description (If travel outside of Texas, complete Schedule T) Same as above		
	<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 10/2/14		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) Same as above		
	<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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILE NAME <i>Sylvia Cedillo</i>	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

Sylvia Cedillo

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)	

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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

Sylvia Cedillo

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