

8 days Before Election

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

NICKNAME

LAST

SUFFIX

Sylvia Cedillo

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Mailed

FILED FOR RECORD
14 OCT 18 PM 4:44
DEBBIE HOLLAN
COUNTY CLERK
WALKER COUNTY, TX
COURT CLERK DEPT

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE

PO Bx 356 Prairie View Tx 77446

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

832 1731. 6463

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Sylvia 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 1 731. 6463

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
9 / 26 / 14 THROUGH 10 / 25 / 14

11 ELECTION

ELECTION DATE: Month Day Year
11 / 4 / 14

ELECTION TYPE:
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Walker 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 | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

| | | |
|--------------------------------|---|---------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>257.00</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>2700.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>—</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>12,023.48</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>2036.27</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>13,000.00</u> |

18 AFFIDAVIT

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

Sylvia Cedillo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sylvia Cedillo, this the 28th 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 Pub
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Sylvia Cedillo</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>10/20/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Janet Fisher</i> | 7 Amount of contribution (\$) <i>200.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>PO Bx 847 Hempstead TX 77445</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>Retired</i> | | 10 Employer (See Instructions) | |
| Date <i>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> | |
| Date <i>10/20/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Al Kashani</i> | Amount of contribution (\$) <i>2250.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>PO Bx 20214 Houston TX 77228</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Construction</i> | | Employer (See Instructions) <i>Self</i> | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

LOANS

SCHEDULE E

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME <i>Syima Cedillo</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>9/24/14</i> | 5 Payee name <i>Book Shoe Bros.</i> | |
| 6 Amount (\$) <i>38.78</i> | 7 Payee address; City; State; Zip Code <i>411 Skeeler Bartlesville Ok 74004</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Other</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Gas for travel</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>Syima Cedillo</i> Office sought: <i>Waller Co. Judge</i> Office held: | |
| Date <i>9/26/14</i> | Payee name <i>Breakfast Paradise</i> | |
| Amount (\$) <i>20.50</i> | Payee address; City; State; Zip Code <i>1118 Austin St Hempstead TX 77445</i> | |
| 8 PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Other</i> | Description (If travel outside of Texas, complete Schedule T) <i>Campaign 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>Syima Cedillo</i> Office sought: <i>Waller Co. Judge</i> Office held: | |
| Date <i>10/2/14</i> | Payee name <i>Shell Oil</i> | |
| Amount (\$) <i>20.65</i> | Payee address; City; State; Zip Code <i>12700 Northborough Dr Houston TX 77067</i> | |
| 8 PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Other</i> | Description (If travel outside of Texas, complete Schedule T) <i>Gas for 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>Syima Cedillo</i> Office sought: <i>Waller Co Judge</i> Office held: | |
| Date <i>9/30/14</i> | Payee name <i>Facebook</i> | |
| Amount (\$) <i>350.67</i> | Payee address; City; State; Zip Code <i>1601 Willow Rd Bldg 10 Menlo PK 94025</i> | |
| 8 PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Other</i> | Description (If travel outside of Texas, complete Schedule T) <i>Campaign Marketing</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>Syima Cedillo</i> Office sought: <i>Waller Co Judge</i> 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>09.29.2014.</i> | 5 Payee name <i>The Rural Connections.</i> |
|------------------------------|---|

| | |
|--------------------------------|---|
| 6 Amount (\$) <i>826.93</i> | 7 Payee address; City; State; Zip Code <i>2700 Coast Ave. Mountain View, Ca 94043-1140</i> |
|--------------------------------|---|

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

| | | | |
|---|--|--|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo</i> | Office sought <i>Waller Co. Judge</i> | Office held |
|---|--|--|-------------|

| | |
|----------------------------|--|
| Date <i>10.04.2014.</i> | Payee name <i>Sylvia Cedillo</i> <i>Cheddar's Casual Cafe.</i> |
|----------------------------|--|

| | |
|-----------------------------|--|
| Amount (\$) <i>51.00</i> | Payee address; City; State; Zip Code <i>23948 Northwest Fwy, Cypress, Tx 77429-6173</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> | Office held |
|---|--|---|-------------|

| | |
|----------------------------|---|
| Date <i>10.05.2014.</i> | Payee name <i>Valero Corner Store.</i> |
|----------------------------|---|

| | |
|-----------------------------|--|
| Amount (\$) <i>20.09</i> | Payee address; City; State; Zip Code <i>9830 Colonnade 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 for TRAVEL.</i> |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|--|---|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo</i> | Office sought <i>Waller Co. Judge.</i> | Office held |
|---|--|---|-------------|

| | |
|---------------------------|---|
| Date <i>10.5.2014.</i> | Payee name <i>Valero Corner Store.</i> |
|---------------------------|---|

| | |
|------------------------------|---|
| Amount (\$) <i>21.66.</i> | Payee address; City; State; Zip Code <i>9830 Colonnade 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 for TRAVEL.</i> |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|--|---|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo</i> | Office sought <i>Waller Co. Judge.</i> | 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 Sylvia Cedillo | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 10.08.2014. | 5 Payee name PIZZA NAPOLETANA | |
| 6 Amount (\$) 25.01 | 7 Payee address; City; State; Zip Code 110 5 th St., San Francisco, Ca. 94103-2918 | |
| 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) Campaign 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 Cedillo | Office sought / Office held Waller Co. Judge. |
| Date 10.07.2014. | Payee name Las Fuentes Mexican | |
| Amount (\$) 28.00 | Payee address; City; State; Zip Code 601 10 th St., Hempstead, Tx 77445-4528. | |
| 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 / Office held Waller Co. Judge. |
| Date 10.06.2014. | Payee name Buc-EE'S #18. | |
| Amount (\$) 34.25 | Payee address; City; State; Zip Code 40900 US. 290, Waller, Tx 77484-7318 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other | Description (If travel outside of Texas, complete Schedule T) Gas for TRAVEL. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Sylvia Cedillo | Office sought / Office held Waller Co. Judge. |
| Date 10.10.2014. | Payee name Vista PR* Vista Print | |
| Amount (\$) 530.19. | Payee address; City; State; Zip Code 65 Hayden Ave, Lexington, MA. 02421-7942 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) T-Shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Sylvia Cedillo | Office sought / Office held Waller Co. Judge. |

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>10.08.2014</i> | | 5 Payee name <i>Callingpost Communic Martinez Ga.</i> | | | |
| 6 Amount (\$) <i>249.99</i> | | 7 Payee address; City; State; Zip Code <i>531 Blackburn Dr., Augusta, Ga. 30907-8202</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 Marketing</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Sylvia Cedillo</i> | | Office sought <i>Waller Co. Judge.</i> | |
| Date <i>10.08.2014</i> | | Payee name <i>Corner Store</i> | | | |
| Amount (\$) <i>21.00</i> | | Payee address; City; State; Zip Code <i>9830 Colonnade 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 for Travel.</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 Cedillo</i> | | Office sought <i>Waller Co. Judge.</i> | |
| Date <i>10.13.2014</i> | | Payee name <i>Office Depot.</i> | | | |
| Amount (\$) <i>397.56</i> | | Payee address; City; State; Zip Code <i>25821 Highway 290 Cypress, Tx 77429-1049</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>other.</i> | | Description (If travel outside of Texas, complete Schedule T) <i>office Supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Sylvia Cedillo</i> | | Office sought <i>Waller Co. Judge.</i> | |
| Date <i>10.11.2014</i> | | Payee name Wataburger <i>Corner Store.</i> | | | |
| Amount (\$) <i>48.67</i> 76.00 | | Payee address; City; State; Zip Code <i>9830 Colonnade 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 for TRAVEL.</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 Cedillo</i> | | Office sought <i>Waller Co. Judge.</i> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|--|--|
| 1 Total pages Schedule F: | 2 FILER NAME <i>Sylvia Cedillo.</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--|--|

| | |
|------------------------------|---|
| 4 Date <i>10.11.2014.</i> | 5 Payee name <i>Legendary Smokehouse</i> |
|------------------------------|---|

| | |
|-------------------------------|--|
| 6 Amount (\$) <i>25.41</i> | 7 Payee address; City; State; Zip Code <i>52130 Hwy 290w, Hempstead, Tx 77445</i> |
|-------------------------------|--|

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

| | | | |
|---|--|---|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo</i> | Office sought <i>Waller Co. Judge.</i> | Office held |
|---|--|---|-------------|

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| Date <i>10.15.2014.</i> | Payee name <i>Legendary Smokehouse.</i> |
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| Amount (\$) <i>23.00</i> | Payee address; City; State; Zip Code <i>52130 Hwy 290 w., Hempstead, Tx 77445</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 Co. Judge.</i> | Office held |
|---|--|---|-------------|

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|----------------------------|---|
| Date <i>10.17.2014.</i> | Payee name <i>USPS. Pathison, Tx</i> |
|----------------------------|---|

| | |
|-----------------------------|---|
| Amount (\$) <i>91.35</i> | Payee address; City; State; Zip Code <i>401 Franklin St., Rm 310, Houston, Tx. 772019901</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>Postage for Bulk mail.</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|---|---|---|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo.</i> | Office sought <i>Waller Co. Judge.</i> | Office held |
|---|---|---|-------------|

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|----------------------------|-------------------------------------|
| Date <i>10.17.2014.</i> | Payee name <i>USPS.COM EDDM.</i> |
|----------------------------|-------------------------------------|

| | |
|------------------------------|---|
| Amount (\$) <i>757.23</i> | Payee address; City; State; Zip Code <i>475 Lentant Plz Sw., Washington Dc 20260-0004.</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>Postage for Bulk Mail.</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|---|--|---|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo</i> | Office sought <i>Waller Co. Judge.</i> | Office held |
|---|--|---|-------------|

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>10.18.2014</i> | 5 Payee name <i>Buc-EE'S #18.</i> | |
| 6 Amount (\$) <i>33.27</i> | 7 Payee address; City; State; Zip Code <i>40900 US 290, Waller, Tx 774847318.</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Other</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Gas for Travel.</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co. Judge.</i> Office held: | |
| Date <i>10.17.2014.</i> | Payee name <i>USPS. - Brookshire, Tx.</i> | |
| Amount (\$) <i>710.85</i> | Payee address; City; State; Zip Code <i>401 Franklin St., Rm 310, Houston, Tx 772019901</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>Bulk Mailings Postage.</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co. Judge.</i> Office held: | |
| Date <i>10/17/2014.</i> | Payee name <i>USPS. - Katy, Tx</i> | |
| Amount (\$) <i>132.48</i> | Payee address; City; State; Zip Code <i>401 Franklin St., Rm 310, Houston, 772019901</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>Bulk Mailing Posting.</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Sylvia Cedillo</i> Office sought: <i>Waller Co. Judge.</i> Office held: | |
| Date <i>10.21.2014.</i> | Payee name <i>Cracker Barrel. 710</i> | |
| Amount (\$) <i>17.31</i> | Payee address; City; State; Zip Code <i>17040 NW Freeway, Cypress, Tx 77429</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Other</i> | Description (If travel outside of Texas, complete Schedule T) <i>Campaign 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 Co. Judge.</i> Office held: | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|--|--|
| 1 Total pages Schedule F: | 2 FILER NAME <i>Sylvia Cedillo.</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--|--|

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| 4 Date <i>10/21/2014.</i> | 5 Payee name <i>USPS</i> |
|------------------------------|-----------------------------|

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| 6 Amount (\$) <i>260.58</i> | 7 Payee address; City; State; Zip Code <i>401 Franklin St., Rm 310, Houston, Tx 772019901</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>Bulk mail Postage.</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|--|---|

| | | | |
|---|--|---|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo</i> | Office sought <i>Waller Co. Judge.</i> | Office held |
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|-------------------------|-----------------------------------|
| Date <i>10/22/14</i> | Payee name <i>Murphy 6706.</i> |
|-------------------------|-----------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) <i>37.02</i> | Payee address; City; State; Zip Code <i>12411 Fm 1960 Rd W., Houston, Tx 77065-4810</i> |
|-----------------------------|--|

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

| | | | |
|---|--|---|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo</i> | Office sought <i>Waller Co. Judge.</i> | Office held |
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| Date <i>10/25/14.</i> | Payee name <i>T-mobile.</i> |
|--------------------------|--------------------------------|

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| Amount (\$) <i>55.14</i> | Payee address; City; State; Zip Code <i>11950 Sw Garden Pl., Portland, OR. 97223-8248</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 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 Co. Judge.</i> | Office held |
|---|--|---|-------------|

| | |
|--------------------------|---|
| Date <i>10/17/14.</i> | Payee name <i>USPS. - Prairie View, Tx</i> |
|--------------------------|---|

| | |
|-------------------------------|--|
| Amount (\$) <i>212.28.</i> | Payee address; City; State; Zip Code <i>21212 FM 1098 Loop, Prairie View, Tx 77446-4100</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>Bulk Mail Postage.</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|---|--|---|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Sylvia Cedillo</i> | Office sought <i>Waller Co. Judge.</i> | Office held |
|---|--|---|-------------|

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>10/17/2014</i> | 5 Payee name <i>US PS. Hempstead, Tx</i> |
| 6 Amount (\$) <i>862.05</i> | 7 Payee address; City; State; Zip Code <i>901 12th St., Hempstead, Tx 77445-9998.</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>Bulk mail Postage.</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>10/17/14</i> | Payee name <i>Alpha Graphics</i> |
| Amount (\$) <i>2578.40</i> | Payee address; City; State; Zip Code <i>13334 Jones Rd, Houston, Tx 77070</i> |

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Printing Expense</i> | Description (If travel outside of Texas, complete Schedule T) <i>Bulk Mailer</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 Co. Judge.</i> |
|---|-------------------------------|---|

| | |
|-----------------------------|---|
| Date <i>10/15/14</i> | Payee name <i>Pizza Hut</i> |
| Amount (\$) <i>24.24</i> | Payee address; City; State; Zip Code <i>637. US. 290 Bus., Hempstead, Tx 77445-5568.</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> |
|---|--|---|

| | |
|-----------------------------|--|
| Date <i>10/15/14</i> | Payee name <i>Breakfast Paradise</i> |
| Amount (\$) <i>17.92</i> | Payee address; City; State; Zip Code <i>1118 Austin St., Hempstead, Tx 77445.</i> |

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>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> |
|---|--|---|

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>10/1/14</i> | 5 Payee name <i>Darryl Johnson</i> |
|-----------------------|------------------------------------|

| | |
|------------------------------|--|
| 6 Amount (\$) <i>3500.00</i> | 7 Payee address; City; State; Zip Code <i>PO Bx 356 Prairie View TX 77446</i> |
|------------------------------|--|

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|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Consulting</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Political Strategy</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>Wallu Co Judge</i> | Office held |
|---|--|--|-------------|

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

| | |
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| 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 |
|------------------------|--|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|------|------------|
| Date | Payee name |
|------|------------|

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| Amount (\$) | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) <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 |
|---|-------------------------------|---------------|-------------|

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

| | |
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| Amount (\$) | Payee address; City; State; Zip Code |
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| | | |
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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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|---------------------|---|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

| | |
|---------------|---------------------|
| 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 |
|------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule H: 1 | 2 FILER NAME Sylvia Cedillo | 3 ACCOUNT # (Ethics Commission Filers) |
|------------------------------------|---------------------------------------|--|

| | |
|--------------------------|--|
| 4 Date 10/2/14 | 5 Business name Cedillo Law Office |
|--------------------------|--|

| | |
|--------------------------------|---|
| 6 Amount (\$) 500.00 | 7 Business address; City; State; Zip Code 728 Austin 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) Share 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 Water County Judge | Office held |
|---|--|--|-------------|

| | |
|-------------------------|---------------------------------------|
| Date 10/24/14 | Business name Alphagraphics |
|-------------------------|---------------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) 1485.12 | Business address; City; State; Zip Code 13334 Gino Road Houston TX |
|-------------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) Bulk Mail Post Cards |
| | <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 Water County Judge | Office held |
|---|--|--|-------------|

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8

Amount (\$)

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

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder