CANDIDATE	/ OFFICE	HOI DED
CAMDAION		TIOLDER
CAMPAIGN	FINANCE	REPORT
		INC OK

FORM C/OH

The C/OH Instru			COVER SHEET PG
3 CANDIDATE	uction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
OFFICEHOL NAME	DER Sylvia Cedillo	MI	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE OFFICEHOL MAILING	DER PO By 605	STATE; ZIP CODE	2013 MAY
ADDRESS change of addre	0	16	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLI PHONE	AREA CORF	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	M9/MRS/MR FIRST	МІ	Date Imaged
	NICKNAME Cedillo	SUFFIX	
CAMPAIGN TREASURER ADDRESS (residence or busine		CITY: STATE:	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 4	EXTENSION	
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
PERIOD	January 15 30th day before election July 15 8th day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)
PERIOD COVERED	January 15 30th day before election July 15 8th day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)
PERIOD	January 15 30th day before election July 15 8th day before election THROUGH ELECTION DATE Day Year Year Primary	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR) Year
PERIOD COVERED	January 15 January 15 30th day before election But day before election Month Day Year THROUGH ELECTION DATE Day Year Year Primary OFFICE HELD (if any) Walter Co. Commit Rct 3	Exceeded \$500 limit Day	Year Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

14 C/OH NAME		COVER SHEET PO
14 O/OH NAME	5	15
16 NOTICE FROM POLITICAL COMMITTEE(S	CANDIDATE / OFFICEHOLDER TUCOS TO	CCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THIS INFORMATION ONLY IF THEY RECEIVE NOTICE.
	COMMITTEE TYPE COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE IS TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES
	GENERAL COMMITTEE ADDRESS SPECIFIC	
additional pages	COMMITTEE CAMPAIGN TREASU	JRER NAME
	. COMMITTEE CAMPAIGN TREASU	URER ADDRESS
17 CONTRIBUTION	1. TOTAL POLITICAL	
TOTALS	PLEDGES, LOANS, OR GUARANTEES	OF LOANS), UNLESS ITEMIZED \$
EXPENDITURE	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR	GUARANTEES OF LOADS
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF	40.00
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES	\$ \$ 1870 91
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LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD	TSTANDING LOANS AS OF THE \$ MED (20)
AFFIDAVIT		* 750.00
	JONATHON DENARD RANDLE NOTARY PUBLIC State of Texas Comm. Exp. 02/28/2017	and correct and includes all information required to be reported by der Title 15. Election Code.
AFFIX NOTARY STAMP /	SEAL ABOVE	Signature of Candidate or Officeholder
day o		tify which, witness my hand and seal of office.
gnature of officer administe	Jonathon &	Kandle M. +. Dir.
thics.state.tx.us	Printed name of officer admi	inistering oath Title of officer administering oath

Revised 04/19/2013

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	The Instruction Guide explains how to complete	a this for-	1 Total pages S	Schedulo A:	+
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

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'	DGED CONTRIBUTIONS			
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	3			SCHEDULE
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2 FILER NAME	tow to	complete this form.	lotalp	ages Schedule E:
	Sulvia Cedille		3 ACCOL	JNT # (Ethics Commission F
4 TC	OTAL OF UNITEMIZED LOANS:	8 1		
5 Date of loan	7 Name of lender		⇔	\$ 750.00
6 Is lender	Sylva (ed. 14	Out-of-state PAC (ID#:)	9 Loan Amount (\$)
a financial Institution?	8 Lender address; City; State	E; Zip Code		10 Interest rate
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6 GUARANTOR INFORMATION	17 Name of guarantor		-	
	18 Guarantor address; City			9 Amount Guaranteed (\$
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POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITUR	E CATEGORIES FOR BOX 8	(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Event Expense	Food/Beverage Expense Polling Expense	Travel In District	Contributions/Donations Made By
Fees	Printing Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
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4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address: City: .S	TYTT	
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	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	S NEEDED '

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	FYPENDITURE	CATEGORI	
Advertising Expense	Gift/Awards/Memorials Expense	CATEGORIES FOR BOX 8(a	a) /
Accounting/Banking	· Legal Services	Salaries/Wages/Contract Labor	
Consulting Expense	Food/Reverses F	Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Event Expense	Food/Beverage Expense	Travel In District	Transportation Equipment & Related Expens
Fees	Polling Expense	Travel Out Of District	CONTRIBUTIONS/I Innations Made D.
	Printing Expense	Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
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4 Date			(Zames Commission F)
	5 Payee name		/
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6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

Advertisi	EXPENDITURE CAT	ECODIES	
Advertising Expense	Gift/Awards/Memorials Expense Sala	EGORIES FOR BOX 8(a	a) /
Accounting/Banking	Legal Comites	ries/Wages/Contract Labor	
Consulting Expense	Food/Pourses = Solic	Sitation/Fundraising Exposes	Loan Repayment/Reimbursement
Event Expense	Polling Exposes	el In District	Transportation Equipment & Polated F
Fees		el Out Of District	
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1 Total pages Schedule H:	The Instruction Guide expla	ains how to complete this fo	orm.
	THE STATE OF THE S		/
4 Date	5 Business name		3 ACCOUNT # (Ethics Commission
6 Amount (\$)	7 Business address; City: State: 7		
	City; State; Z	Zip Code	
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EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name		
EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Business name	Office sought	
EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name	Office sought	
EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name Business name	Office sought	
EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name Business name	Office sought	
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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1 Total pages Schedu	ile I: 2 FILER NAME	as explains now to complete this form.
	TELLIVAME	3 ACCOUNT # (Ethics Commission
4 Date	F. Douge	
	5 Payee name	
6 Amount (\$)	7 -	
(Ψ)	7 Payee address; City; St	tate; Zip Code
8 PURPOSE OF	(a) Category (See instruction)	
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	- Syco Hairie	
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	Payee address; City; State;	Zip Code
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PENDITURE	categories)	(b) Description (See instructions regarding type of information required.)
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	/	S OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

2 50 50	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER N	AME	3 ACCOUNT # 17
		3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Name of person from whom amount is received	
	3333000	8 Amount
	6 Address of person from the	(\$)
	6 Address of person from whom amount is received; City; State; Zip	Code
	7 Purpose for	
	7 Purpose for which amount is received	
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Date	Name of person from whom amount is received	
		Amount (\$)
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Date		
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Date	Name of porses (
	Name of person from whom amount is received	Amount
	* * * * * * * * * *	(\$)
	Address of person from whom amount is received; City: State; Zip Code	
	/ State; Zip Code	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	

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6 Dates of travel	COH-UC	COH-T PAG-	correctine G
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/		or other event)	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

	 Complete 	nstruction Guide explains how to complete	this form
1 C/C	OH NAME	e only if "Report Type" on page 1 is marked	"Final Report" ••
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3 510	GNATURE		
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