

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	<input checked="" type="checkbox"/> MS / MRS / MR FIRST: Sylvia MI NICKNAME: Cedillo LAST: Cedillo SUFFIX:	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received: 14 SEP 8 AM 4: 10</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED FOR RECORD</p> <p style="text-align: center; font-size: 0.8em;">DEBORA HOLLAN COUNTY CLERK WARRANT COUNTY, TX.</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 356 Prairie View TX 77446 <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 731.6463		
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MS / MRS / MR FIRST: Sylvia MI NICKNAME: Cedillo LAST: Cedillo SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Bx 356 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 type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 01 / 01 / 2014 THROUGH 06 / 30 / 2014		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

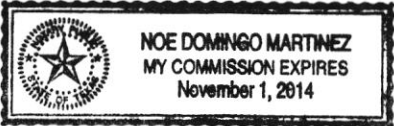
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <u>Sylvia Cedillo</u>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

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

18 AFFIDAVIT



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

Sylvia Cedillo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Noe D. Martinez
Signature of officer administering oath

Noe D. Martinez
Printed name of officer administering oath

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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 1/2/14	7 Name of lender Sylvia Ceditto <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code PO Bx 416 Prairie View TX 77446	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	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: 28	2 FILER NAME Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/11/14	5 Payee name Corner Store	
6 Amount (\$) \$14.98	7 Payee address; City; State; Zip Code 946 Austin St Hempstead, TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other-	
	(b) Description (If travel outside of Texas, complete Schedule T) Gasoline for Travel <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought / Office held Waller County Judge
Date 1/11/14	Payee name Office Depot	
Amount (\$) \$157.41	Payee address; City; State; Zip Code 25821 NW Fwy Houston TX 77065	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other-Campaign Office supplies	
	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought / Office held Waller County Judge
Date 1/17/14	Payee name HEB Gas	
Amount (\$) \$31.24	Payee address; City; State; Zip Code NW Fwy Houston TX 77065	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	
	Description (If travel outside of Texas, complete Schedule T) Gas for travel to Meetings & Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought / Office held Waller County Judge
Date 1/26/14	Payee name Waller County Line	
Amount (\$) \$15.96	Payee address; City; State; Zip Code Fm 362 Waller, TX 77484	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) = food / Bvg	
	Description (If travel outside of Texas, complete Schedule T) Volunteer Meals <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Cedillo	Office sought / Office held Waller County Judge

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

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

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

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>3/5/14</i>	5 Payee name <i>Hempstead Seafood</i>
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6 Amount (\$) <i>26.47</i>	7 Payee address; City; State; Zip Code <i>210 Cottonwood, Hempstead TX 77445</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</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>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>3/7/14</i>	Payee name <i>Hill Country BBQ</i>
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Amount (\$) <i>17.48</i>	Payee address; City; State; Zip Code <i>27004 Hwy 6, Hempstead TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</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>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>3/7/14</i>	Payee name <i>ExxonMobil</i>
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Amount (\$) <i>48.68</i>	Payee address; City; State; Zip Code <i>Waller TX 77484</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas for Travel</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>Sylvia Cedillo</i>	Office sought <i>Waller Co Judge</i>	Office held
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Date <i>3/10/14</i>	Payee name <i>Garden Cafe</i>
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Amount (\$) <i>26.00</i>	Payee address; City; State; Zip Code <i>2105 13th St Hempstead TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bvg</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Meeting</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>Sylvia Cedillo</i>	Office sought <i>Waller County Judge</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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