P.O. Box 12070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 ACCOUNT #	2 Total pages filed:
The C/OH Instruction (Guide explains how to complete th	is form.	(Ethics Commission Filers)	
3 CANDIDATE /	MS/MRS/MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Silvi	G		Date Received
TAXINE	NICKNAME LAST	14	SUFFIX	1.25
	Cedi	110		FILE 14 SE
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE	SET SET
OFFICEHOLDER MAILING ADDRESS	PO BOX 356	Prairie	View IX	Date Hars deligorated of Postmerked
change of address			9 1446	Receion Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 131.6463	3	EXTENSION	Date Processed X
6 CAMPAIGN	MS/ MRS / MR FIRST		MI	Date Ima ge d
TREASURER NAME	Sylvia	a	<u></u>	
	NICKNAME LAST	0	SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT/SUITE#;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS (residence or business)	PO 6x 356 F	rairie	View Ix	77446
8 CAMPAIGN	AREA CODE PHONE NUMBER	3	EXTENSION	
TREASURER PHONE	8321 731.66	460		
9 REPORT TYPE	January 15 30th day b	pefore election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day be	efore election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Your		Month Day	Year
COVERED	Month Day Year	THROUGH	06/30	
11 ELECTION	ELECTION DATE	CTION TYPE		
	Month Day Year	Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)
	C	GO TO PAG	SE 2	
1				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Syln	a Cedillo	15 ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY II	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE NAME				
	GENERAL						
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1825.00				
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 30,169.66				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 8000.00				
18 AFFIDAVIT		Lewear, or affirm, under penalty of	of perjury, that the accompanying report				
-		is true and correct and includes a	Il information required to be reported by				
	NOE DOMINGO MAR)				
	November 1, 20		colello				
2 de la constant de l		Signature of Cal	ndidate or Officeholder				
AFFIX NOTARY STAM	MP / SEAL ABOVE	- 1 0					
Sworn to and sub	C .		this the				
day	of Septem	, to certify which, witness	my hand and seal of office.				
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME Sylvia Cedillo		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#_ 3/8/11 Belky Gage		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/8/14 Bucky Gage 6 Contributor address; City; State; Zip Code 4/230 Kelly Rd		B100.04	
Hempstead, IX 7	7445	(If travel outside of	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date Full name of contributor out-of-state PAC (ID#_ Butha Tibb S		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code	1	\$100.00	
Hempstead 9x 77	142	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/2 H/14 Contributor address; City; State; Zip Code PO Bx 95 6		\$100,00	
Prairie View TX 776	146	(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/24/14 Kathryn Red Contributor address; City; State; Zip Code		\$ 50.00	
34706 Owens Rd	15		
Principal occupation / Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule T)
Juacher- Hetired			
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		\$25.00	
Prairie View OX 774	146	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	AND	rexas, complete schedule 1)
netired			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	te	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Hempstead TX T	7445	(If travel outside	of Texas, complete Schedule T)
1 1	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Oavid allen		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/11/14	Contributor address; City; State; Zip Code	11.	\$100.00	
	Prairie View IX 7741	+ 10	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 6/5/14	Full name of contributor out-of-state PAC (ID#_ Or: A Prasaa Kolly Contributor address; City; State; Zip Code	LY.W	Amount of contribution (\$)	In-kind contribution description (if applicable)
. ,	94 Hathaway In	479	\$100.00	 of Texas, complete Schedule T)
	pation*/ Job title (See Instructions)	Employer (See	Instructions)	
engi	neer	Hmani &	ngineer	ing
10/6/14	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code 9800 NW Freewarm	#51/2	Amount of contribution (\$)	া description (if applicable)
, ,	Houston DR 7209	1		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Right o	& Way acquisitions	Crosslar	. (sition
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Fill cipal occup	oddon / Job title (Oee mandenons)	Linployer (See		

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

	PLEDGED CONTRIBUTIONS		SCHEDULE B
	The Instruction Guide explains how to complete this form.	1 Total pages Sche	edule B:
2	FILER NAME	3 ACCOUNT # (Et	thics Commission Filers)
			/
4	TOTAL OF UNITEMIZED PLEDGES:	\$ \$ /	\$
5	Date 6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
40	Principal occupation / Job title (See Instructions) 11 Employer (See	1	of Texas, complete Schedule T)
10	Frincipal occupation / 500 title (See Instituctions)	,	
	Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside	of Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
	Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
			of Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
	Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
_	Principal occupation/ Job title (See Instructions) Employer (See		of Texas, complete Schedule T)
	Finicipal occupation/ 300 title (See Instructions)	man denoma)	
	Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 -
			of Texas, complete Schedule T)
/	Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI If contributor is out-of-state PAC, please see instruction guide for ac		requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pag	ges Schedule E:
2 FILER NAME			3 ACCOUN	NT # (Ethics Commission Filers)
4 ТОТА	L OF UNITEMIZED LOANS:)	⇒	\$
5 Date of loan	Sylvia Cedito	out-of-state PAC (ID#:)	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 2 PO Bx 416 Pro	wire View 1x 77	146	10 Interest rate 11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	.]	
14 Description of Coll		15 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Z	Zip Code		Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited i	nto political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	•	
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEE		uirements.

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont		n Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundraisi	5 15	nsportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District		tributions/Donations Made By Candidate/Officeholder/Political Committee	l
Event Expense Fees	Printing Expense	Office Overhead/Ren	Video na Caracteria de Caracte	HER (enter a category not listed above)	
	The Instruction Guide	explains how to co		• • • • • • • • • • • • • • • • • • • •	
1 Total pages Schedule F:	2 FILER NAME	2/1/2		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	101,110			
1/11/14	Corner Sta	ore			
6 Amount (\$)	7 Payee address; City; State	te; Zip Code			
\$14.98	Hempstead	774	45		
8 PURPOSE	(a) Category See categories listed at the top of	of this schedule) ((b) Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Other-		Check if Austin	TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	44 /	Office sought	Office held	
expenditure to benefit C/C	H Sylvia Cedillo	Nal	ber Coun	by Judge	
Date	Payee name	pot		ů j	
Amount (\$)	Payee address; City; Sta	te; Zip Code			
\$157.41	NW Fwy Housto	nth 7	7065		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Other-Campaign	Office sup	O Tomeckiraustin	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	1	Office sought	Office held	
expenditure to benefit C/O	H Syma Cedill	∞ W	aller Cou	My Judge	
Date	Payee name			0 0	
1/17/14	17 EB 6a	1			
Amount (\$)	Payee address; City; Stat	te; Zip Code			
P31.24	ynw Fwy Ho	nuoton of	77065)	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
OF	alan-	(-	sas for	travel to Meetings	Event
EXPENDITURE	CHIEL				- 10100
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	lo Wa	Office sought	office held	
Date	Payee name			7 3	
126/14	Waller Ca	sundy L	ine		
Amount (\$)	Payee address; City; Stat	1	7777	/CL/	
\$15.96	Fm 362	Waller	-, 0× 11	484	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)	
OF	1 .	1210	Volun	rteer Meals	
EXPENDITURE	- 100d	DVG	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sought	Office held	
experience to benefit C/C	agina ca.	ID N	Jaller Cour	The Judge	
	ATTACH ADDITIONAL CO	OPIES OF THIS SO	CHEDULE AS NEE	:DED ⁾	

Advertising Expense	EXPENDITURE Of Gift/Awards/Memorials Expense	SATEGORIES F Salaries/Wages/Con) Loan Repayment/Reimburseme	nt
Accounting/Banking		Solicitation/Fundrais Travel In District	ing Expense	Transportation Equipment & Rel Contributions/Donations Made E	100
Consulting Expense Event Expense	, cod Borolago Expense	Travel Out Of Distri	ct	Candidate/Officeholder/Politi	
Fees	Printing Expense	Office Overhead/Re	A 200 CAMPA - 1 A 200 A 200 A 200 A	OTHER (enter a category not list	sted above)
	The Instruction Guide 6	explains how to co	omplete this fo		
1 Total pages Schedule F:	2 FILER NAME Sylvia	edillo		3 ACCOUNT # (Ethics Co	mmission Filers)
4 Date	5 Payee name	,			
2/4/14	7 Payee address; City; State	tore e; Zip Code			
6 Amount (\$)	7 Payee address; City; State 946 Austin, Hemps		77744	5	
456.52	*				
8 PURPOSE OF	(a) Category (See categories listed at the top o	f this schedule)	()	(If travel outside of Texas, complete Sci	1)
EXPENDITURE	other		_	Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name		Office soug		held
expenditure to benefit C/C	OH Sylva Cedillo	Wal	ler Cour	Sty Judge	
Date	Payee name	4			
2/6/14	Office Depel	*			
Amount (\$)	Payee address; City, Stat	e; Zip Code		9777716	
\$15.13	25821 NW 7	-wy, a	ypreos	77065	
PURPOSE	Category (See categories listed at the top o	f this schedule)	<u> </u>	(If travel outside of Texas, complete Sci	hedule T)
OF EXPENDITURE	alle		ampaig	n Othice Duy	palue
	orner			Austin, TX, officeholder living expens	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	¥4.1	Office sough	/	e neia
	Sylvia Callo	VV	aller Cou	ing Judge	
Date	Payee name				
2/6/14	Office Depot				
Amount (\$)	Payee address; City; State	e; Zip Code		\ .	
\$151.91	25821 MW7	wy Cy	gress ?	77065	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Λ ,	(If travel outside of Texas, complete Sci	hedule T)
OF EXPENDITURE	10 Maa =		ampau	Austin, TX, officeholder living expens	pplus
	Candidate / Officeholder name		Office soug		0 0
Complete <u>ONLY</u> if direct expenditure to benefit C/C		1No		a de Tidas	. Held
	- Syvia Contro	0 0 0	any lo	unory surge	
2 /12 /14	Payee name	& L. ha			
112/17	Pavee address: City State	e: Zip Code	щ		
Amount (\$)		1/	- 001	1977 771116	
\$15.00	934 new Orle	ans, Her	npstea	d N 1144)
PURPOSE	Category (See categories listed at the top of	of this schedule)	(1000	(If travel outside of Texas, complete So	chedule T)
OF EXPENDITURE	- Frank	Bovernoo	Canypou Checkif	Austin, TX, officeholder living expens	e
	Candidate / Officeholder name	DEVITAGE	Office sough		
Complete ONLY if direct expenditure to benefit C/					
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS	NEEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out of D Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Iraising Expense t Contributions/Donations Made By Candidate/Officeholder/Political Committee If/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
· rotal pages contents		
4 Date 2/17/14	5 Payee name Buc Cee S	
6 Amount (\$)	7 Payee address; City; State; Zip Code	422
24.39	40900 US 290 Wa	Mer D 77484
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Gas for Campaign Travel Check in Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	OH SULLO CONITO 11	Valler County Judge
	agovia acción v	variet county junge
Date	Payee name	
2/17/14	Bunkland Passal	· ·
	Juakjust Jaradis	
Amount (\$)	Payee address;	
23.00	1118 austin St, H.	empstead Tx 77445
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	1	(an - 1)
EXPENDITURE	trad Burrano	Carupaign Meeting
	- Jougher oug	Check if Austin TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Waller County Judge
Date	Payee name	
2122/11	Sin- S NI M- OF	
2/20/14	Sign 3 11 More	
Amount (\$)	Payee address; City; State; Zip Code	
80.00	9215 Solon Rd 5	teCl
DUDDOOF	Category (See categories listed at the top of this schedule)	Description, (If travel outside of Texas, complete Schedule T)
PURPOSE OF	0	Waller Co. Judge Signs
EXPENDITURE	Printing Tropano	Check if Austin, TX, officeholder living expense
	Touring agense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Walter County Judge
Date	Payee name	
2122111	Rua Golo	
2/00/14	DUC - 8 5 3	
Amount (\$)	Payee address; City; State; Zip Code	11 07 -21/6//
29.08	40900 US 290 W	Valler TR 77484
DUETOGT	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	DII	Gan las Tia
EXPENDITURE	1 Sthon	Check if Austin, TX, officeholder living expense
	- 1001	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/0	DH Sulvia Cidillo	Waller La Judas
		S SCHEDULE AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS	O SCHEDULE AS NEEDED

SCHEDULE \mathbf{F}

(512) 463-5800

	EXPENDITURE C	ATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By			Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		Office Overhead/Re		OTHER (enter a category not listed above)
	The Instruction Guide e	explains now to c	complete this for	
1 Total pages Schedule F:	2 FILER NAME Sylvia Cedil	16		3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/28/14	5 Payee name Big Frog Cu	wtom 0	7	
6 Amount (\$)	7 Payee address; City, State	e; Zip Code	11 -1	97 77 0
257.61	7073 Hwy6	, <i>N</i>	Howster	1 CL 1 1095
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expe	nal	7- 8M ☐ Check if Ai	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	10	Office sough	t Office held
experientare to benefit 6/0	- Syma Cedillo	V	Valley Co	Judge
Date 3/1/14	Payee name			0
Amount (\$)	Payee address; City; State	e; Zip Code		
40.00	20070 Hwy 50	9 N, Hu	mbled	777338
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	· food	Bug	Check if A	Daugn Muting expense
Complete ONLY if direct expenditure to benefit C/O	H Candidate / Officeholder name	Wa	Office sought	t Office held
Date	Payee name			J
3/2/14	Cherry Fas	St Der	ve	
Amount (\$)	Payee address; City; State	; Zip Code		
20.13	Huml	ble of		
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other		Check if A	ustin, TX, officeholder living expense Trave
Complete ONLY if direct	Candidate / Officeholder name		Office sought	t Office held
expenditure to benefit C/O	" Dyma adillo		Waller	Co Judge
Date 313114	Payee name Office Office	ot		
Amount (\$)	Payee address; City; State	e; Zip Code		\-
11.45	25821 Hwy	290, C	ypus	DR 77429
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Office	(If travel outside of Texas, complete Schedule T) ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	office held
	ATTACH ADDITIONAL COL	PIES OF THIS S	CHEDULE AS I	NEEDED

P.O. Box 12070

SCHEDULE ${f F}$

(512) 463-5800

	EXPENDITURE CAT	EGORIES FOR BOX 8(a	a)	
Advertising Expense		ies/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	9	tation/Fundraising Expense	Transportation Equipment & Related Expense Contributions/Donations Made By	
Consulting Expense Event Expense		el Out Of District	Candidate/Officeholder/Political Committee	
Fees		e Overhead/Rental Expense	OTHER (enter a category not listed above)	
	The Instruction Guide expla	ins how to complete this t	form.	
1 Total pages Schedule F:	2 FILER NAME	160	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	C , 1		
35/14	7 Payee address; City: State; 2	Stafood		
6 Amount (\$)	7 Payee address; City; State; 2	ip code //	977 774/12	
26.41	210 Cotton wo	oa, themps	stead of 11445	
8 PURPOSE	(a) Category (See categories listed at the top of this	schedule) (b) Descriptio	on (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	- 1 Frod/R	everage can	WDCUSM //LLSMG ffAystin, TX, afficeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	Office held	
expenditure to benefit C/C	H Sylvia Cedillo	Waller	-Co Judge	
Date	Payee name	200		
3/1/19	Hill Country	DRQ	and the same of	
Amount (\$)	Payee address; City; State;	Zip Code	977775	
17.48	27004 Hwyl	, Hempst	-100 N 11413	
PURPOSE	Category (See categories listed at the top of this s	chedule) Descriptio	n (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	5-0/6	200 Cany	Dayon Mustine	
	- 210001 K		Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate Officeholder name	Office sough	office held of the control of the co	
Date	Payee name			
3 714	ExxonMobil			
Amount (\$)	Payee address; City; State; Z	Cip Code		
48.68	Waller	D8 - 17489		
PURPOSE	Category (See categories listed at the top of this s	chedule) Descriptio	n (If travel outside of Texas complete Schedule T)	
OF	TOLLIA.	(20	o des Trans	
EXPENDITURE	Other	Checki	fAustin, TX officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sou	Office held	
expenditure to benefit C/O	" Syma Cedillo	Watter	Lo Judge	
Date	Payee name	3 1	0 0	
3110114	(FAY DEM	Cape		
Amount (\$)	Payee address; City; State; Z	ip Code		
26.00	2105 134	St Herry	stead IX 77445	
nunna	Category (See categories listed at the top of this	chedule) Descriptio	on (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	1	a Camer	- 1 00 11	
EXPENDITURE	- Jozel	16110	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office soug	Office held	
expenditure to benefit C/C	Dyma Cedillo	Waller	Courdy Glidge	
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(512) 463-5800

POLITICAL EXPENDITURES

	EXPENDITURE CA	ATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By			
Event Expense	Polling Expense Tra	avel Out Of District	Candi	date/Officeholder/Political Committee
Fees	• 1	fice Overhead/Rent		enter a category not listed above)
	The Instruction Guide ex	plains now to con		
1 Total pages Schedule F:	2 FILER NAME Syma (edito	3 /	ACCOUNT # (Ethics Commission Filers)
3/12/14	5 Payee name Subrul	y		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	· On	
29.71	Hwy 290 E	themp	stead of	77445
8 PURPOSE OF	(a) Category (See categories listed at the top of the	nis schedule) (b	Description (If travel out	tside of Texas, complete Schedule T)
EXPENDITURE	Lood/Be	everage	Check if Austin, TX, o	officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	Dylvia ledillo	W.	Mer Co Jua	Xge.
Date	Payee name	0.00		
3/15/14	thill Countr	y BBQ		
Amount (\$)	Payee address; City; State;	Zip Code	1	7 1
21.77	27004 Huy	o Hem	pstrad 1	X 17445
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description (If travel out	tside of Texas, complete Schedule T)
OF EXPENDITURE	to dipo	verage (ampaign	Muting
		verage		officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	1.0	Office sought	Office held
expenditure to benefit 0/0	Sylva Cedito	Wa	ller to Jua	5°C
Date 313114	Payer name	#259	70	
Amount (\$)	Payee address; City; State;	Zip Code		
49.26	Hemps	trad 0	77445	
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description (If travel out	tside of Texas, complete Schedule T)
OF	Allen		Gas Yus	Travel to Meeting
EXPENDITURE	Other		/	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	101	Office sought	Office held
expenditure to benefit C/O	Sylvia Cedillo	VVai	Her Co Gua	SC
3/16/14	Payee name HEBGas	# 656	0	
Amount (\$)	Payee address; City; State;	Zip Code		
22.18	Houston TR 7	7065		
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description (If travel ou	tside of Texas, complete Schedule T)
OF	m Han	1	tas der	Maril
EXPENDITURE	OT MEN			officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate Officeholder name Sym a Cedi III	Wo	Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCI	HEDULE AS NEEDE) ·

	EXPENDITURE CA	ATEGORIES FOR BOX 8(a	a)
Advertising Expense		alaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		olicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense		ravel In District ravel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		ffice Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide ex	plains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Sulvia ledil	16	555
4 Date	5 Payee name		
3118/14	The Kanchit	O	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	/ /
21.57	31317 FM 292	o Waller D	177484
8 PURPOSE	(a) Category (See categories listed at the top of t	his schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	- Joud Ber	rerage Can	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sour	V -
expenditure to benefit C/O	H Sulva Cedillo	Waller	CoJudge
Date	Payee name		
1119114	000000	4	
Amount (\$)	Payee address; City: State:	7 Code	
1 0 0 0 1 1 1	Payee address; City; State;	Zip Code	
389.71	25821 Hwy	290 Cypres	o 0x 77429
PURPOSE OF	Category (See categories listed at the top of t	his schedule) pescription	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ht Office held
expenditure to belieff C/O	Sylva Cidillo	Waller	County Gudge
Date	Payee name		J ()
1/25/14	Niko Nikos		
Amount (\$)	Payee address; City; State;	Zip Code	
52.61	2520 Montro	se Blod -	Howston W. 17006
PURPOSE	Category (See categories listed at the top of ti	nis schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	1 1/2		11 /1 /1
EXPENDITURE	Joseph Joseph)everage Checkin	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office soug	Office held
expenditure to benefit C/OI	Sylva (edillo	Walber (o Chidel
Date	Payee name	21.00	1
1/29/14	Sulphin		
Amount (\$)	Payee address; City: State:	7:-0-1-	
MMA	Payee address; City; State;	- //	
21.06	Higway 290 E	= Henrys	tead & 77445
PURPOSE	Category (See categories listed at the top of t	his schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Jood/	Bvg Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ht Office held
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	dillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	Restaurant	
6 Amount (\$)	7 Payee address; City; Sta	ayln brent	ram of 77833
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	AlBia Cany	n (If travel outside of Texas, complete Schedule T) Out and Western Austin, TX officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Valler Co	nunty gudge
Date 2/6/14	Payee name		9/ 0
Amolint (\$)	Payee address; City; Sta 204 Wallu A	ve, Brookshu	re a 77423
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	Revenue Camy	(If travel outside of Texas, complete Schedule T) Austin, TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Waler C	office held
Date 3 2 14	Payee address; City: Sta	ites	
8,12	Payee address; City; Sta	te: Zip Code Hempste	ad a 17445
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	OBVA Campa	(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officebolder name	Office soug	office held
Date 3 2 1 1 4 Amount (\$)	Payee name Payee address; City: Sta		
32.01	Payee address; City; Sta	te; Zip Code	· .
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	6ag	n (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Syrva Cedi 16	Office sough	o Gudge
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	S NEEDED C

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide	explains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date 3125114	5 Payee name		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
34.00	2105 139M S	t Hengstee	ed a 17445 (bulling
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	1	Beverage Checkir	Austin, TX, officeHolder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	OH Suma (ed.)	Office sough	Office held Dudge
3/27/14	Payee name	2	0
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
15.91	Brooksh	ne 0x 77423	
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other -	G Check	Austin, TX, officeholder Hving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug Walle	Office held
3 28 14	Payee name Cafe)	
38.00	Payee address; City; USta	te; Zip Code Olians, He	impstead of 71445
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Flood	18v9 Check if	Marin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	office held
Date 3 29114	Payee name Hypli Park Ba	r & Enll	9 8
Amount (\$)	Payee address; City; Star 452 West 60	te: Zip Code Blvd austr	in 02 78745
PURPOSE	Category (See categories listed at the top	of this schedule)	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food	1Bug Campa	Austin JX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office hold			
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SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense		
1 Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)		
	Sulvia (14:16)		
4 Date 3/31/14	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
102.48	95 Hayden Ave, Lyington, MA D2421		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Printing Expense Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Office holder name Office sought Office held		
expenditure to benefit C/O	- Symaledillo Waller Co. Judge		
Date	Payee name		
3131/14	Earden (ad)		
Amount (\$)	Payee address; City; State; Zip Code		
32.00	934 New Orleans Hempstead at 77445		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule, T)		
OF EXPENDITURE			
EXPENDITURE	any and I let the // Weal		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Office holder name H Shim a Latin Wallu a guase		
Date	Payee name		
531.89	Du - 9 E S		
Amount (\$)	Payee address; City; State; Zip Code		
4/1/14	40,900 US 290 Waller # 77484		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF	OIL		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held		
Date	Payee name		
4/2/14	El Kanchito		
Amount (\$)	Payee address; City; State; Zip Code		
2112	Sign Galler, Zip Gode		
01.60	31317 7/1 2920 Wallut 77484		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Sandidate (Office holder 1) Sa		
Complete ONLY if direct			
	Syna cedilo Wally to Judge		
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
4 Date +13114	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code 936 Quotin St Hempstead Ol 77445
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Beverage any an Meals Medicine of Check & Austin, TR) office holder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Payee name Or S Bar B Que
Amount (\$)	Payee address; City; State; Zip Code 3(3) 5 FM 2929
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Campung Metry Meals Check if Austin/TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date 4 4 4 4	Payee name
Amount (\$)	Payee address; City; State; Zip Code
32.15	40900 45290 Waller X 77484
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Check if Auştin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Wallu Condse
Date Amount (\$)	Payee name Breakfast Paradisé Payee name
10.50	Payee address; V City; State; Zip Code 1118 Quotus St Hempstead TX 77445
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete, Schedule T) One of the complete of Texas, complete, Schedule T) One of the complete of Texas, complete, Schedule T) One of the complete of Texas, complete, Schedule T) One of the complete of Texas, complete, Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
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P.O. Box 12070

	EXPENDITURE 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 Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee 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)		
	Dalmaldillo		
4 Date	5 Payee name		
4/8/14	Endou Corpo		
6 Amount (\$)	7 Payee address; City; State; Zi Code		
21101	021-00 11 St 110 11 PM		
24.81	936 Cluster It Hempstead DR		
B PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE			
	1 Joseph Beverage amougn Nueting/Meals		
Omplete ONLY if direct	Candidate / Office holder name Office sought Office held		
expenditure to benefit C/C	H Symacedillo Mally (1) Grider		
Date	Payeename		
4191111	Mr. Ranglish		
Amount (\$)	Payer address:		
Amount (4)	Payee address; City; State; Zip Code		
10000	3121M FM 200 101 M 97		
1000	5151 1 FN 2920 Waller 1x 77484		
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Donal Ruca (amoraina Miti /M. 10)		
	Check TrAustin, TX, efficeholder Itving expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held		
	Dylia Cedillo Waller (x/hdc		
Date	Payer name		
4/10/14	Chief + OA		
Amount (\$)	Payee address; City; State; Zip Code		
	111 2		
13.10	19 314 FM 2920 Jona 10 77 77200		
	Colonia Coloni		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	The all hollows of the second		
Complete ONLY if direct	Candidate / Office halder and		
expenditure to benefit C/O	Cince held		
	" Syma Cedillo Walter Co Gudge		
Date	Payee name		
4/12/14	McAlisters Dol.		
Amount (\$)	Payee address; City; State; Zip Code		
10 00	1101 001		
29.78	4810 Calhorin; Heriston Ok 17004		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF	all had by Campaign Mit Man		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held			
expenditure to benefit C/OH Syma Cedi Lb Wally Co Judge			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	o dillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/12/14	5 Payee name Nand Lux	Cake	
6 Amount (\$)	7 Payee address; City; Sta		Houston I 77056
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	Borrago Canio	(If travel outside of Texas, complete Schedule T) Mutany Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Co Qudge
Date 4 14 14 Amount (\$)	Payee name Out don Payee address; City; Sti	ate: Zip Code) 0
29.00	936 austin	St Hempst	ead, A 77445
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	- tow	UBV9 Camp	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	9
Date Amount (\$)	Payee name	\mathcal{A}	
157.16	Payee alddress; City; Sta	ite: Zip Code Wy 290 Cyp	2ress, IX 77429
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Description Check if	(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ht Office held
Date Amount (\$)	Payee name HEBGa	0	
57.91	Payee address; City; Sta Howoton 77	77065	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	6as-	(If travel outside of Texas, complete Schedule T) Augustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	
	ATTACH ADDITIONAL CO	DPIES OF THIS SCHEDULE AS	NEEDED Judge

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

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Fees Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 Symaledilla 3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	
4/17/14	Cypross Station (200)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
33.00	26010 Hwy 290 Cypress Tx 77429	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Food Beverage Campaign Mesting M	
9 Complete ONLY if direct	Candidate / Office holder name Office sought Office held	
expenditure to benefit C/C	Tyma Codillo Walter Country Gudge	
Date	Payee name	
4118114	Dreak Last taradira	
Amount (\$)	Payee address; City; State; Zip Code	
\$17.60	1118 austen Tx, Hempstead Tx 77445	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	1 1/2 (amoraign Mostino Moald	
	Check of Austin, (X), officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office hold Waller County Judge	
Date 4 2 1 1 4	Payee name Anden Code	
Amount (\$) ¹	Payee address; City; State; Zip Code	
30.00	936 New Orleans Hempstrad Tx 471445	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	tood/Blierage Campaian Newtons Meals	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
4121114	Bur - 86'S	
Amount (\$)	Payee address; City; State; Zip Code	
24.25	40900 US290 Waller 07 77484	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Canpagn Javel Checklif Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate/ Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 4/23/14	5 Payee name Breakfast Paradise		
6 Amount (\$)	7 Payee address: City; State; Zip Code		
19.01	1118 austin St Hempstead Tx 77445		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Lood Beverage Campaign Mesting Me		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name H Office sought Waller Co Gudge		
Date 4 25/14	Payee name Suakjast Paradust		
Amount (\$)	Payee address, City; State; Zip Code		
28,00	1118 austin St Hompstead Tx 47445		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Jood Beverage Comparan Meters Meals		
Complete ONLY if direct expenditure to benefit C/O	Sandidate / Office holder name H Office sought Office held		
Date H2614 Amount (\$)	Payee name But- EE'S Payee address; City: State: Zin Code		
36.70	Payee address; City; State; Zip Code 40900 US 290 Waller 1x 17484		
DUDDOOF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule X)		
PURPOSE OF EXPENDITURE	Canyaran Javel - Canyaran Javel - Canyaran Javel - Checklif Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held		
Date 4 28 14	Payee name J- Mobile		
Amount (\$)	Payee address; City; State; Zip Code		
55.14	11950 SW Garden Pl, Portland, OR 97223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Check if Austin TX officebodder living expresses		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Transp Food/Beverage Expense Travel In District Contrib Polling Expense Travel Out Of District Can		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 29/14	5 Payee name Store	_		
6 Amount (\$) 25,07	7 Payee address; City; Sta HampSta	te; Zip Code ad, 17 1740	45	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Other	Check ii	Austin, IX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ght Office held	
Date 4/28/14	Brakyast Par	adist	0 0	
Amount (\$)	Payee address; City; Sta	te; Zip Code		
19.68	1118 austin	I Hemps	tead Tx 77445	
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Trood Bevera	Check it	Austin, TX, office holder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office south	oht Office held	
Date H 30 114 Amount (\$)	Payee name	Fuel	0 0	
44.35	Payee address; O City; Sta	te; Zip Code Mont Houst	on DI 17429	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	Can	(If travel outside of Texas, complete Schedule T) A CONTROL TO THE SCHEDULE T	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	Office held	
Date 5 2 / 4 Amount (\$)	Payee name Ranchi	to	0 8	
11.44	Payee address; City; Sta	te; Zip Code 2920 Waller	Q 77484	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	Campo	n (If travel outside of Texas, complete Schedule T) (Austin) TX, officeholder living expérise	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/F	
	The Instruction Guide explains how to	,
1 Total pages Schedule F:	2 FILER NAME Syma Cidella	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 6 1 1	5 Payee name	2 1.00
6 Amount (\$)	7 Payee address; City; State; Zip Code)/(200
24.60	26010 Huy 290, Cyp	ness 0x 77429
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Beverage	Campan an Mutungo Check of Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held Waller Co Gudge
515114	Payee name Number	Q D
Amount (\$)	Payee address; City; State; Zip Code	^
32.13	2208 Buarciest,	Dr, Bujan R 77802
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Check if Adstin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Symia Call	Office sought Office held Walley Co Audce
Date 5 8 14	Payee name Fice Dupot	
Amount (\$)	Payee address; City; State; Zip Code	
189.56	25821 Huy 290,	Cypuss 07 77429
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Check if Austin, TX, officeholder Iving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held Waller Co Audge
519114	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
43.00	40900 US 290 Wa	eller 02 77484
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Check if Austin, TX, Officeholder living expense In ave
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead	/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains how t	o complete this for	m.
1 Total pages Schedule F:	2 FILER NAME Symia Cidilla		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 1 10 / 1 4	5 Payee name Hill Country BBC	\mathcal{L}	
6 Amount (\$)	7 Payee address; City; State: Zip Code		
46.74	27004 Hwy6, 7	Learning St.	ead 01 77445
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Dord Bug	Campou Check if Au	istip, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	
expenditure to benefit C/C	Symia Lidillo	Waller (o guace
Date	Payee name		- O
Amount (\$)	Payee address; City; State; Zip Code		
33.85	936 New Orlean	15	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Bug	CheckifAu	istin, TX) officeholder living expense)
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5/15/14	Payee name Driakfast Parao	List	0 0
Amount (\$)	Payee address; City; State; Zip Code		/
23.05	936 New Orlean	s Hen	upstead TX 77445
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Frood Brg	Check if Au	Lan Mutture ustin, TX, officeholder living expense
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5 814	Payee name		6
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381.71	415 Stry Rd, t	Cote OL	77450
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Campa	$h \cap h \cap h$
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

(512) 463-5800

Transportation Equipment & Related Expense Contributions/Donations Made By 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 Syma Cedullo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/21/14	5 Payee name	· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	7 Payee address; City; State; Zip Code	
15.00	936 austin St, H.	empstead of 17445
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food/Beverage	Campon on Vlettus
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/23/14	Garden Cerfe	
Amount (\$)	Payee address; City; State; Zip Code	
35.00	936 austen St, H.	empstead of mus
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food/Byg	Checkif Austin, TX, officeholder living expense
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Date 5/23/14	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
40.22	40900 US 290, Wall	17484
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Check if Austin, TX, officeholder living expense
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	Sama le allo	Waller G Gudge
5/27/14	Payee name Stork	
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45.14	Hempstead OX	11445
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Check if Austin, TX, office holder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

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	EXPENDITURE O	CATEGORIES FOR BOX 8(a	a)
Advertising Expense Accounting/Banking		Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense		Solicitation/Fundraising Expense Travel In District	Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense Fees	- '	Travel Out Of District	Candidate/Officeholder/Political Committee
rees		Office Overhead/Rental Expense explains how to complete this f	OTHER (enter a category not listed above) form.
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6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
27.00	130 . pos oci .	eans Hemps	stead 1x 77445
8 PURPOSE OF	(a) Category (See categories listed at the top of	f this schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Shood Brg	Checki	Austin, TX, officeholder living expense
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- The second of	Syma light	o VValle	1 to Gudge
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5/30/14	Office Dup 8	P	
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141.78	25821 Hwy	290 Cypress	17 77429
PURPOSE	Category (See categories listed at the top of	f this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other		argon Office Supplies
		Check it	Austin, FX, officeholder living expense
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Date 5/28/14	Payee name	Paradisi	
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OF EXPENDITURE	Lord / Bug	Cang ☐ Che¢kjir	Austin, TX, officeholder living expense
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	CATEGORIES FOR BOX Salaries/Wages/Contract Labo Solicitation/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Exper explains how to complete t	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee se OTHER (enter a category not listed above)
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6 Ambunt (\$) 1	7 Payee address; City; State	1920, Tom	rall 97 77377
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	Can	iption (If travel outside of Texas, complete Schedule T) Which is a superior of the complete Schedule T) Which is a superior of the complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		sought Office held
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Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office :	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE C	ATEGORIES FOR BOX 8(a	a)
Advertising Expense		alaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services S	olicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense T	ravel In District	Contributions/Donations Made By
Event Expense		ravel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense C	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
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4 Date	5 Payee name)	
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6 Amount (\$)	7 Payee address; City: State	Macuse	
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8 PURPOSE	(a) Category (See categories listed at the top of	this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
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	Payee address; City; State	; Zip Code	
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EXPENDITURE	Y100011019	Check if	Austin, TX, officeholder living expense
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	EXPENDITURI	E 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)
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4 Date	5 Payee name		
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6 Amount (\$)	Turku lap	outana	
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8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
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۸: ۵	Payee address; City; St	ate; Zip Code	9
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P.O. Box 12070

SCHEDULE F

(512) 463-5800

Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out O	ges/Contract Labor Loan Repayment/Reimbursement undraising Expense Transportation Equipment & Related Expense strict Contributions/Donations Made By
The Instruction Guide explains ho	w to complete this form.
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1118 Questin St	Hempstead Tx 77445
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Candidate / Officeholder name	Office sought Waller Co Judge Office held
Payee address; City; State; Zip Code	е
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Vista Dunt	Description (If travel outside of Texas, complete Schedule T) August 1 to motion of Texas
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P.O. Box 12070

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 86 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date (4) 25 1 4 6 Amount (\$)	5 Payee name		
45.03	7 Payee address; City; Sta 40900 US 290	ete; Zip Code , Waller 77	7484
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	GiOG -	on (If travel outside of Texas, complete Schedule T) Campau's Tavel if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officebolder name	lo Walter	office held
Date 0 2614	Payee name Ravenna		0 0
39.00	Payee address; City; Sta	ate; Zip Code Dallas A	15202
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	Camp	on (If travel outside of Texas, complete Schedule T) Outside Total Complete Schedule T) if Austin, Total Officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date (4 2 6 1 4	Payee name Donalo	l's	0
Amount (\$)	Payee address; City; Sta		fuld Tx 75840
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	(am	on (If travel outside of Texas, complete Schedule T) If Austin, TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholdername	Office sou	ght Co Quality
Date (27/14	Payee name Pallas CC	Cencission	
21. 25	Payee address; City; Sta	te; Zip Code fun St. Dall	as D. 75202
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	Cany	on (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name	n Office sou	

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expenditure to benefit C/OH

P.O. Box 12070

Advertising Expense		EGORIES FOR BOX 8(a	50 .
Accounting/Banking	Gift/Awards/Memorials Expense Salar Legal Services Solici	ies/Wages/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense	- 110	tation/Fundraising Expense	Transportation Equipment & Related Expense
Event Expense	Delling Francisco	Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
OI.	Syma Cedillo		(Edites Commission Filers)
4 Date	5 Payee name		
6127114	I-Malale		
6 Amount (\$)	7 Payee address; City; State: Z	ip Code	
a 111	112	p code	. 60 -
55.19	11950 5 W barde	n Pl, Tollan	d OR 97223
8 PURPOSE	(a) Category (See categories listed at the top of this so		
OF	(A)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other.	carry	aign Other
9 Complete ONLY if direct	Candidate / Officehølder name		Austin, TX, officeholder living expense
expenditure to benefit C/0	DH S I I	Office soug	ht Office held
P	Dyma Cedullo	VVall	er County Judg
Date /- 10 C 1 1	Payee name		V 8
6/28/14	Jams Krstau	1000	
Amount (\$)	Payee address; City; State; Zi	p Code	
250	Tura	•0 (sociotosto	
03.00	1-428 US84		
PURPOSE	Category (See categories listed at the top of this sol	hedule) Downstation	
OF EXPENDITURE	1 DON IP	Description	(If travel outside of Texas, complete Schedule T)
-AI ENDITORE	2000 Deverage	anypo	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Checking	Austin, IIX, officeholder living expense
expenditure to benefit C/O	H Derm'a Cedill	Office sough	Office held
Date		v Val	les CoLpridge
10178114	Payee name	< ·	0
4/201.	Tempsuad	20 a Lood	
Amount (\$)	Payee address; City; State; Zip	Code	
Je 100	210 Cottonwood	+ 40 MRS-	trad X
10.00	0010 001101100000	1, nergs	caa or
PURPOSE	Category (See categories listed at the top of this sch	edule) Description	Michael Control of the Control of th
OF	7	. 1/1	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Jood Byg	ChecklifA	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name 4	↑ ∧Office sough	
expenditure to benefit C/OI	Dervia Codilla	1/70 1/4	Office held
Date	Payee name	- valle	i co-juicel
6126114	ayee hame		9
Amount (\$)	Muron	2.	
ranount (4)	Payee address; City; State; Zip	Code	
38 (1.	2003 1	1 21 1 0	1 . 0
00.66	wood wamon	e Blud, Fl	2, Conced CA 9452
PURPOSE	Category (See categories listed at the top of this sche	edule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	OHIO	A500- (V	2 M Oor a Solida Complete Schedule T)
	o rel	Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	
experience to benefit C/OI	eyina Cedilo	Na 116	V Co Qui d'ac
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P.O. Box 12070

0	EXPENDITURE	CATEGORIES FOR	P POV 9/p)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract		5
Accounting/Banking	Legal Services	Solicitation/Fundraising		n Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Travel In District		nsportation Equipment & Related Expense
Event Expense	Polling Expense Travel Out Of District		Con	tributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental		HER (enter a category not listed above)
	The Instruction Guide			(enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	1		2 40000007 11 17 11
	Serma Cedil	1/2		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	100		
101001111	3 de hame	7 1/2		
6 29/19	Homewood	unes		1
6 Amount (\$)	7 Payee address; City; Star	te; Zip Code	_	
445,48	1025 Elm St	, Dalla	OX 70	5202
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b)	Description ///	
OF EXPENDITURE	MIL	, is		rel outside of Texas, complete Schedule T)
EXPENDITURE	Other	9	ravel/Ho	2
9 Complete ONLY if direct	2 1111		Check if Austin,	TX, officeholder living expense Convert
expenditure to benefit C/C	Candidate / Officeholder name	Al S	Office sought	Office held
	syma (od	ille V	Valler	2 ander
Date /	Payee name		VIII (a joings
6/30/14	Duna Na	0.1		
Amount (\$)	ruma Napi	oterana		
25.01	Payee address; City; Stat	te; Zip Code		
ATTO AT TOOM	936 austin S	St Hemp	stead	77445
PURPOSE	Category (See categories listed at the top of	discount of the		3
OF	1 0	or this schedule)	Description (It trave	el outside of Texas, complete Schedule T)
EXPENDITURE	Stood Byg		Checkif Austin, 7	Cofficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	17).9	Office sought	Office held
expenditure to benefit C/O	Derma led	illo W	selli Co	And a
Date	Payee name		o-cuc Co	7)VI-UZ
1/2/10	Constant Cons	1		
10/11	141 3 410	HIN871		
Amount (\$)	Payee address; City; State	e; Zip Code		
\$3500.00	PO BX 354 Pro	risie Vi	ew OX-	77446
	Category (Societation line)			
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (If trave	l outside of Texas, complete Schedule T)
EXPENDITURE	Consulting Ex	pense (UMADIAC	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	. 0	ffice sought	Office held
Date	Payee name			
210114	Thru 050d			
02 17	Jury S FOR	man		
Amount (\$)	Payee address; City, State	; Zip Code		
3500.00	POBX 35% P	David 1/	111	751/1/1
Duppes	Category (See categories listed at the top of	and v	ww ox	11446
PURPOSE OF	(Gee categories listed at the top of	this schedule)	Description (If travel	outside of Texas, complete Schedule T)
EXPENDITURE	ensulting Exp	zense Ci	ampai	Strates Kefficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	A LOT	fice sought	Office held
	a col	UO VI	aller O	Dylider
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P.O. Box 12070

	EXPENDITURE CA	ATEGORIES FOR BOX 8(a)
Advertising Expense		salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services S	olicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense		ravel In District	Contributions/Donations Made By
Fees		ravel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
	1 3	xplains how to complete this fo	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	A 11	
	Symia	ledi llo	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
3/1/14	Darryl Johns	Sin	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$3500.00	10 Bx 356 P	nairie View	DX 77446
8 PURPOSE OF	(a) Category (See categories listed at the top of the	his schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Consulting Expe	Campa	Austin, fx, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	
expenditure to benefit C/C	H Sonhaledillo	Wali	Office held
Date	Payee name		at a first
4/1/14	Darry John	n S0M	
Amount (\$)	Payee address; City; State;	Zip Code	
3500.00	PO BX 356	Prairie 1/	
PURPOSE	Category (See categories listed at the top of the	nis schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	0	, decompositi	(If travel outside of Texas, complete Schedule 1)
	Consulting Exp	enso ChecklifA	oustin, TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	, Office sough	9 -
expenditure to beliefit C/O	Derla Cidal	to Walker	(a Chida
Date	Payee name	7 7 7	7009
SINU	Darrel Toh	25,00	
Amount (\$)	Payee address; City; State;	Zip Code	
3500.00	PO By 366	Po or ill	97 -77(1)
- 30000	Category (See extraorded listed of the	Mayre vie	W U 11946
PURPOSE OF	Category (See categories listed at the top of thi	is schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	0111104 Sv 01	Valle	4 Coffredge Straller
Complete ONLY if direct	Candidate / Office holder name		ustin, TX, officeholder living expense
expenditure to benefit C/OI	d Saladate / Officertoider harne	Office sough	t Office held
D	syna could	Wall	1 D- pidge
6/1//4	Payee name	for San	9 8
Amount (\$)	Payee address; City; State;	Zip Code	
2000 M	O state,	Zip Code	
5300.00	10 Bx 356.	Prairie Vie	w DX 77446
PURPOSE	Category (See categories listed at the top of thi	is schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	(1000 M) C	n Campa	
EXPENDITURE	Corbulting Ex	Pense CheckifAL	ustin/TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	
	an hia lidello	Wally (D. Judge
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS A	IEEDED)

SCHEDULE G

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Gift/Awards/Memorials Expense Advertising Expense Accounting/Banking Legal Services Consulting Expense Food/Beverage Expense Polling Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/R The Instruction Guide explains how to o	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) 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) Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) 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) Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) 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) Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) 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) Check if Austin, TX, officeholder living expense
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Austin, Texas 78711-2070

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES I	FOR BOX 8(a))
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrais	sing Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Distr		Candidate/Officeholder/Political Committee
1 665	The Instruction Guide	Office Overhead/Re	10 10 100 000 000 000 000 000 000 000 0	OTHER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	explains now to c	complete this to	
)	S. Jun Carl	/>		3 ACCOUNT # (Ethics Commission Filers)
4 Qate	5 Business name	W		
702/14	Cedillo Law O	Pfice.		3
6 Amount (\$)	7 Business address; City; Star	te; Zip Code		7 - 1110
\$500.00	728 austin St.	Hemps	stead o	0X 77445
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T).
OF EXPENDITURE	1000	0. 10.	Office	Campany atitution
EXI ENDITORE	Office Overhead/	Kental	Chack if	Austin TV office holder living aurana
0.0	Condidate / Office helders			Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	
	Sylva ad: 16		Wall4	er w guage
Date	Business name	1 6	^ 0	
2/2/14	St Cedillo	Law O	ffice.	
Amount (\$)	Business address; City; State	te; Zip Code		2
\$500.00	728 auchin S	st, Hen	ngstead	1 A 77445
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T).
OF EXPENDITURE	0 0 1	10	Olfice.	De a tat
EXI ENDITORE	Office Overhead/	Kental	Chackita	equipment, utilities
Complete ONLY if direct	Candidate / Officeholder name,	10		ustió/TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Office sough	ht Office held
	Syma udily	2	Waller	- Co Gudg
Date	Business name	1 1.	11 1	000
3/2/14	Sulvia (dillo	/ (edi	llo Lai	1) Office
Amount (\$)	Business address; City; Sta	te; Zip Code	110	O THE
50000	728 austin St.	Henry	ostiaa	1 Tx 77445
PURPOSE	Category (See categories listed at the top of	of this echadula)	Description	Miles of the Co.
OF			I A / /	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Office Overhead,	lental	1117000	Lauf Ment, utilities Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	1	Office soug	ht, Office held
expenditure to benefit C/O	H Shina ledel	X	Wal	lin Co Guda
Date	Business name			a fortige
4/2/14	Cedillo Law	Office		
Amount (\$)	Business address; City; Star	te; Zip Code		
500.00	128 austin S	t He	mpsted	rd 07 77445
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T),
OF EXPENDITURE	Office Overhead	Rental	Oppue,	eguipment utilitie
Complete ONLY if direct	Candidate / Officeholder name	,	Office sough	ht O _ Office held
expenditure to benefit C/O	+ Sylvia Cedillo		Malle	r Co Judge
	ATTACH ADDITIONAL CO	DDIES OF THIS S	CHEDITE	NEEDED

Austin, Texas 78711-2070

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	• • • • • • • • • • • • • • • • • • • •			Loan Repayment/Reimburse	
Accounting/Banking Consulting Expense		olicitation/Fundraisin ravel In District	0 .	Transportation Equipment & Contributions/Donations Mad	
Event Expense		ravel Out Of District		Candidate/Officeholder/P	
Fees	Printing Expense Of	ffice Overhead/Rent	tal Expense	OTHER (enter a category no	ot listed above)
	The Instruction Guide ex	plains how to cor	mplete this for	m.	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics	Commission Filers)
4 Date	Sylva Call	δ			
4 Date	5 Business name	M		\$	
5 12 14 6 Amount (6)	Ledillo Law	Uttice			
6 Amount/(\$)	7 Business address; City; State;			90 -7.	
200.00	728 austin S		ostead		
8 PURPOSE OF	(a) Category (See categories listed at the top of t	his schedule) (t	b) Description (If travel outside of Texas, complete	
EXPENDITURE	Office Over head	1 Prental	Check if Au	estin, TX, officeholder living expe	t utilitie
9 Complete ONLY if direct	Candidate / Officeholder name	11	Office sought	t o Off	fice held
expenditure to benefit C/O	+ Sylvia Cedi	16	Walle	r G Judg	e
Date	Business name	000		J	
6/2/14	Claillo Law	Office			
Amount (\$)	Business address; City; State;	Zip Code			
500.00	728 austin	St He	mosteo	d 17 774	+5
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description (I	f travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	020	110.10	Office	: equipment	: utilities
	Office Overhead	Kental	☐ Check if Au	stin, TX, officeholder living expe	1
Complete ONLY if direct	Candidate / Officeholder name	-	Office sough	t a Off	fice held
expenditure to benefit C/O	" Suma Cedillo		Walle	r Co Judgo	ic.
Date	Business name)	
8 99					
Amount (\$)	Business address; City; State;	Zip Code			
,		•			
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description (If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE					
			Check if A	ustin, TX, officeholder living exp	ense
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t Of	fice held
expenditure to benefit C/O	Н	£		*	
Date	Business name				
Amount (\$)	Business address; City; State;	Zip Code			
	, 23, 344				
·					
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description (If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE					
	*		Check if A	ustin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t Of	fice held
	ATTACH ADDITIONAL COP	IES OF THIS SC	HEDULE AS I	NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how		
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.)	
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INT RE	FUND	ST EARNED, OTHER CREDITS/GAINS OS, AND PURCHASE OF INVESTMENT	/ s	SCHEDULE K
	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILE	R NAME		3 ACCOUNT # (Eth	nics 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 (\$)
		Purpose for which amount is received		
Date	,	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
	,	Purpose for which amount is received		
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P.O. Box 12070

IN-KIND CONTRIBUTION OR POLITICAL EXPENDED 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:	
Schedule A Schedule B Schedule C Schedule	e D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C 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	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Schedule N COH-UO COH-T	☐ PAC-C ☐ PAC-E
Dates of travel Name of person(s) traveling	
Dates of traver	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, sen	ninar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C 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, sen	ninar, or other event)
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		/ / / / / / / / / / / / / / / / / / /
		The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH I	JAME 2 ACCOUNT (Ethics Commission Filers)
3		expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a
		s a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER olete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k 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
	Chec	k 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		EHOLDER Delete 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