CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SIRST	MI	DATE DELIVED		
	NICKNAME LAST Cedillo	SUFFIX	FILED FOR 14 OCT -7 DEBBIE HO COUNTY COUNT		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	PO Bx 356 Prairie	e View 1x77446	Date Jeno-deliverator Postalistiked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 8321731.6463	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS) MRS / MR FIRST NICKNAME AST	MI 	Date Imaged		
	Cedillo				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	PO By 605	rairie View	DX 77446		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 8321731.6463	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day / 25	Year		
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Waller C	ounty Judge		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Syl	ma Cedillo 15	ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID. IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 325.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7959.00		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 22,369.71		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 3959.00				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$13,000.00		
18 AFFIDAVIT		- 11			
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. NOE DOMINGO MARTINEZ MY COMMISSION EXPIRES November 1, 2014 Signature of Candidate or Officeholder					
AFFIX NOTARY STAN	1P / SEAL ABOVE		14		
$\neg cm$	Sworn to and subscribed before me, by the said Sylva (d), this the				
day	day of <u>October</u> , 20 1 , 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		

SCHEDULE A

9	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME	SylmaCedi	llo	3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/27/14	6 Contributor address; City; State; Zip Code PO Bx 583 HenrySt	ead N	(If travel outside	 of Texas, complete Schedule T)
9	Principal occup	pation Hob title (See Instructions)	10 Employer (See I		
	Date	Full name of contributor out-of-state PAC (ID#_	'n	Amount of contribution (\$)	In-kind contribution description (if applicable)
	8/9/14	Contributor address; City; State; Zip Code		160.00	
		Waller 18 11984		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation AJob title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID#:_	y	Amount of	In-kind contribution
9	59/14	Contributor address; City: State; Zip Code 37728 Meadowrw		contribution (\$)	description (if applicable)
		thempstlad of 1)	445	(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
		hetired			
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
(8/9/14	Contributor address; City; State; Zip Code 26311 Kukapo		contribution (\$)	description (if applicable)
		Hockley of 77447-	6209		
-	Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	· ····cipai ccca	Retired	Limpleyer (ede	mon deticne)	
-	Date		1	Amount of	In-kind contribution
<	819/14	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
		3211 Edloe St 100		500.00	
L		Houston ox 77027		(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See		
L		Httorney	De	4	
		J		ν	
		ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED	

SCHEDULE A

	1				
The	Instruction Guide explains how to complete this	1 Total pages Sch	edule A:		
2 FILER NAME	Symaledillo		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
7/23/14	Andrea Joan Do 6 Contributor address; City; State; Zip Code	uglas	contribution (\$) 25.00	description (if applicable)	
	Wally 77 77484		(If travel outside of	of Texas, complete Schedule T)	
9 Principal occup	Dation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor put-of-state PAC (ID#:	D ₃	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/9/14	Contributor address; City; State; Zip Code		25.00		
' /	70604	>			
	Droot Shull of 1142)		of Texas, complete Schedule T)	
Principal occup	pation, Job title (See Instructions)	Employer (See I	nstructions)		
		,	A	In hind contribution	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/4/14	Contributor address; City; State; Zip Code		25,-		
	Maurie View Ox 1	7446	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	Keturia				
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/9/14	Contributor address; City; State; Zip Code + S29		40.00		
	Brook Shure Ox 774.	13	(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
8/9/14	Contributor address; City; State; Zip Code 20810 Pine Dak Ln		contribution (\$)	description (if applicable)	
	Mockey 0/ 7744	1	(If travel outside	of Texas, complete Schedule T)	
Principal occu	Principal occupation / Job title (See Instructions) Teacher A Employer (See Instructions) HOUGITS				
20		J			

P.O. Box 12070

SCHEDULE A

(512) 463-5800

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 contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)			
9/16/14 6 Contributor address; City; State; Zip Code 9800 MW Frequency #5/14	100.00			
()	(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)/			
Agent Cross	and aguisitions			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)			
9/16/14 Contributor address; City; State; Zip Code 29503 Fm 1488	200.00			
100 DD AT 17484				
Walle Us	(If travel outside of Texas, complete Schedule T)			
Principal occupation Job title (See Instructions) Employer (See	Instructions)			
County Commission Walle	r county			
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution			
Dr. M. Garit	contribution (\$) description (if applicable)			
9/16/14 Contributor address; City; State; Zip Code Rd	400			
Hockely of 11441	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See	Instructions)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution			
Manuela Rivas	contribution (\$) description (if applicable)			
9/16/14 GONT KINGS Walk Round	100.00			
Howstm X 1010	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See	Instructions)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution			
G/16/14 Contributor address: City: State: Zip Code	contribution (\$) description (if applicable)			
19060 Walnut Hills Kill	100.001			
Conroe tx 77302	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code	100.00
Howston 1 77019	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
9/26/14 Contributor address; City; State; Zip Code	100.00
POBX 1231 Waller XT	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
9/24/4 Contributor address; City; State; Zip Code 9	100.001
Prairie View DX 77446	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	2500.00
Hockly of M447	(If travel outside of Texas, complete Schedule T) (See Instructions)
Principal occupation / 300 title (See Institutions)	(See Insulations)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
10-314 Contributor address; City; State; Zip Code 35519 Pontal	250,00
Brookshire TX 77423	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer Employer Employer	(See Instructions)
	/
ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	3			
The	Instruction Guide explains how to complete this	1 Total pages Sch	edule A:	
2 FILER NAME	Sylvia Cedil	lo	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
9/4/14	Or CL Propst 6 Contributor address; City: State; Zip Code 4731 Od Howston	wy	50.00	description (if applicable)
	The Map St Cool of	445		l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		slimented
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
8/1/14	Waller News Cutt	nen	contribution (\$)	description (if applicable) Advert(S)'ng
1 /	Hempstead a	17745	144.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
496/14	Oliver W. Sprott Contributor address; City, State; Zip Code 2323 Carvene How	oton IX 77004	250.00	description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
8/22/14	Across the Track Pac Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	4418 Headher walde St		1000.00	1
	Sugarland of 7747	1	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Andre Me + o	η	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2/14	Contributor address; City; State; Zip Code		1500.00	
/ . /	1.6			1
Principal occur	pation /Job title (See Instructions) /	Employer (See		of Texas, complete Schedule T)
, incipal occu	Nill be Supplemented	Employer (See	au dedolis)	
	ATTACH ADDITIONAL COPIES O			
lf (contributor is out-of-state PAC, please see instri	uction guide forade	ditional reporting	requirements.

P.O. Box 12070

SCHEDULE A

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#:_	Λ_{α}	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/16/14	6 Contributor address; City; State; Zip Code	G. C.	300.00	
	Houston th 770	17	(If travel outside o	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	tood S	
Date	Full name of contributor	0	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		į	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
			l a	1
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or rexas, complete conedate 1)
- Timespan Good,				
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			
*			(If travel outside of	I of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:		8
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	If travel outside of	of Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions) 11 Employer (See In	nstructions)	
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 In	nstructions)	
Date Full name of pledgor out-of-state PAC (00#:) 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 In	nstructions)	
Date Full name of pledgof out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code	(If travel outside o	 of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I	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	(If travel outside	 of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		or rayas, complete scriedule 1)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for ad		requirements.

P.O. Box 12070

(512) 463-5800

	LOANS				SCHEDULE E
	The	Instruction Guide explains how to comple	ete this form.	1 Total pa	ges Schedule E:
2	FILER NAME	Sylvia Cedill	U	3 ACCOU	NT # (Ethics Commission Filers)
4	TOTAI	\$			
5	Date of loan	7 Name of lender Out-of-state PAC (ID#:) Sylvia Cadillo			9 Loan Amount (\$) \$5,000.00
6	Is lender a financial Institution?	8 Lender address; City; State; Z POBX 416 Prairie	View Tx 7744	6	10 Interest rate 11 Maturity date
	Y N				11 Maturity date
12	144	on / Job title (See Instructions)	13 Employer (See Instructions)		
83 83	Description of Colla	ateral	15 Check if personal funds were	e deposited	into political account
	none	47 None of the second			19 Amount Guaranteed (\$)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; S	State; Zip Code		
20	Principal Occupati	on (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	c .			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal funds were	deposited	into political account
	none				
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	not applicable	Guarantor address; City; S	State; Zip Code		
	Principal Occupati	on (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.				

P.O. Box 12070

EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Legal Services Solicitatio Food/Beverage Expense Travel In Polling Expense Travel Ou Printing Expense Office Ov	n/Fundraising Expense Transp District Contrib to of District Car erhead/Rental Expense OTHER	Repayment/Reimbursement fortation Equipment & Related Expense outions/Donations Made By indidate/Officeholder/Political Committee R (enter a category not listed above)
		ACCOUNT # (Ethics Commission Files)
Sylvin Cedil	10	ACCOUNT # (Ethics Commission Filers)
Facebook Advert	ising USA	
7 Payee address; City; State; Zip C	Code	
1 Hacker way, Bld	g. 10 Menlo Bari	t, CA 94025ANS
(a) Category (See categories listed at the top of this sched	(b) Description (If travel	outside of Texas, complete Schedule T)
	Check if Austin, TX	K, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		*
Payee address; City; State; Zip (Code	
Category (See categories listed at the top of this sched		outside of Texas, complete Schedule T)
Candidate / Officeholder name		Office held
	Office sought	Office field
Payee name	5	
Payee address; City; State; Zip (Code	
Category (See categories listed at the top of this sched	dule) Description (If travel	outside of Texas, complete Schedule T)
	Check if Austin, T	X, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address; City; State; Zip (Code	
Category (See categories listed at the top of this sche		ol outside of Texas, complete Schedule T) X, officeholder living expense
	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Fravel In Travel In Travel Out Office Ove The Instruction Guide explains 2 FILER NAME Face book Face b	Legal Services Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense Office The Instruction Guide explains how to complete this form. 2 FILER NAME Travel Out Of District Office Overhead/Rental Expense Office The Instruction Guide explains how to complete this form. 3 2 FILER NAME Travel Out Of District Office Printing Expense Travel Out Of District Office The Instruction Guide explains how to complete this form. 3 5 Payee name Payee address; City: State; Zip Code Candidate / Officeholder name Payee name Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Payee name Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Payee name Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Payee name Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Payee name Payee name Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Description (if travel Category (See categories listed at the top of this schedule) Payee name Payee address; City: State; Zip Code

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out 0	Of District Candidate/Officeholder/Political Committee nead/Rental Expense OTHER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER MAME VIA Cedill	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 7-9-14	5 Payee name Buc-Res 18			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	te		
68.38	40900 US 290 - N	aller, Tx 77684-7318		
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	other	9950/ine - trave/ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Sylvin Cedi7/0	Waller County Judge		
7-10-14	Payeéname Vista Print - CA			
Amount (\$)	Payee address; City; State; Zip Co	de		
6.00	95 Hayden Ave - Le	xington, MA 02421-7942		
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Sylvia Cedillo	Office sought Waller County Judge		
7-10-14	Payername Texas Democrati	c Para Austin Tx		
Amount (\$)	Payee address; City; State; Zip Co	de 723		
125,00	4818 E. Ben Whitel	3(sd. Ste 104-Austin Tx 78741-		
PURPOSE	Category (See categories listed at the top of this schedule			
OF EXPENDITURE	other	Mem Persh Fees Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholdername OH Sylvin edillo	Waller County Judge		
Date 7-11-14	Denny's #8615	26		
Amount (\$)	Payee address; City; State; Zip Co	de		
34,00	204 Waller Ade, K	Brootshire, Cx 17423		
PURPOSE OF	Category (See categories listed at the top of this schedul	a to m		
EXPENDITURE	OTh or	Eheck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Complete ONLY if direct			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor raising Expense Contributions/Donations Made By Strict Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	Sylvia Cedillo	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-4-14	5 Payee name Mex Grocer		
6 Amount (\$)	7 Payee address; City; State; Zip Code	526	
166.60	4060 Movene Blud.	Ste. C San Diego, CA 92117-	
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	other	Event Expenses - Watermelan (Check if Austin, TX, officeholder living expense Fest.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Sylvia edillo	Office sought Waller County Judge	
7-5-14	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
221.85	25821 HWY 290 -	Cypress, Lx 11829-1099	
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	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Sylvia Ledillo	Waller County Judge	
7-2-14	Breaktast Paradis.		
Amount (\$)	Payee address; City; State; Zip Code		
29.48	1118 Austin str - 7	empstead, Tx 77445-4428	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting - Meals	
OF EXPENDITURE	other	chungagen / leting - // La/S check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Sylvia Cedello	Valler County Judge	
7-9-14	The Ranchito Taquer	ia	
Amount (\$)	Payee address; City; State; Zip Code	1	
62.07	31317 FM 2920 Rd #2	5-Waller, Tx 77484	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Other	Campa, igne Meeting/Mea 15	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/	ОН		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

200.01 020 02		CATEGORIES FOR		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract		epayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising E		ortation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		utions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District		didate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental		(enter a category not listed above)
	The Instruction Guide	explains how to comp		
1 Total pages Schedule F:	2 FILER NAME Sylvia	ledillo	3	ACCOUNT # (Ethics Commission Filers)
4 Date /-/-/4	5 Payee name 1 - Mobile	•		
6 Amount (\$)	7 Payee address; City; Stat			
147.12	Cypress Town	re Center	-Cypre	ss, & 77429
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b)	Description (If travel of	outside of Texas, complete Schedule T)
OF EXPENDITURE	Nes		Office	phones
	Condidate / Office helder			, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Sylvia Cadi		office sought aller	ounty Judge
Date	Payee name			
7-3-14	Whataburger	1059 (4	ress	
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
11.74	28630 Hwy 2	90 - Cyp.	Tress (x 77829
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I travel	outside of Texas, complete Schedule T)
OF EXPENDITURE	other	٦	Check #Austin, TX	g Expense conficeholder languages gas Me
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholdername Sylvia e d	14, 1.	Office sought	Dunty Judge
Date 7-1-14	Payee name Fuddruckers	3246 00	Houst	n
Amount (\$)	Payee address; City; Sta	ate; Zip Code		5
23.14	13010 NW HW	y The	ouston,	Cx 77040-63
PURPOSE	Category (See categories listed at the top			outside of Texas, complete Schedule T)
OF EXPENDITURE	ather	C	upaigne!	meeting/mews
	Condidate / Office helder			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name / · /	1		
7-3-14	Exton Mobil			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
35,04	Cust, Serv, Kans	es City, M	0 6414	4/
PURPOSE	Category (See categories listed at the top	p of this schedule)		outside of Texas, complete Schedule T)
OF EXPENDITURE	19 ther		gasolin Checkif Austin T	c - Travel K, officeholder living expense
	Candidate / Officeholder same			
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Lillo ()	Office sought	Junty Judge
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	EDULE AS NEED	ED

SCHEDULE F

(512) 463-5800

	POLITICAL	EXPENDITORES		SOMEDOLE
_		EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wag Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C	ges/Contract Labor Loa fundraising Expense Tra strict Co of District lead/Rental Expense OT	an Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1	Total pages Schedule F:	2 FILER MAME Sulvia Cedillo		3 ACCOUNT # (Ethics Commission Filers)
4	7-11-14	S Payee name Katy Times	-	
6	Amount (\$) 20, 50	90 Massau St. P	inceton, N	J 08542-4529
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule	Subscrip	avel outside of Texas, complete Schedule T) That To Paper n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office spught	County Judge
	Date 7-19-14	Las Fuentes Me	xican Resta	ausant
	Amount (\$) 21. 87	Payee address; City; State; Zip Co. (e0110H St. Wen	as tead, 1	1x 17445-45-28
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Campaia	ravel outside of Texas, complete Schedule 1) n o Meeting / Meeting / Med
	Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder pame Sylving e 1/0	Office sought	County Judge
	7-19-14	Corner Store 25	90	
	Amount (\$) 50.04	9830 Colonnado B	111 50 /	ntonio, Tr 78230
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	gesoli	ravel outside of Texas, complete Schedule T) Performance of Texas, complete Schedule T) in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/C	OH Sylvin edillo	Office sought Walle	County Judge
	Date 9-21-14 Amount (\$)	Payee name Payee address; City; State; Zip Co	de	
	36,21	9102 W. Sam Woo	eston PKwy,	Houston Tx 17065
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Campaig.	travel outside of Texas, complete Schedule T) Me Hong / Mea/s tin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officebolder name OH Sylvia Cadillo	Office sought	Courty Judg +

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Advertising Expense Accounting/Banking Consulting Expense Event Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising 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)		
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. Codillo 3 ACCOUNT # (Ethics Commission Filers)		
4 Date 7-22-14	5 Payer name BBQ.		
6 Amount (\$)	7 Payee address; City: State; Zip Code		
21.01	27004 Hwy. 6, Hempstead, Ca M445-795.		
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 Check if Addstin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	H Sylvia Cheditlo Waller County Judge		
7-23-14	Parename Tapoletana		
Amount (\$)	Payee address; City; State; Zip Code		
29,70	110 5th St. San Francisco, CA 94103-2918		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Ohe Cangaigne Meeting/Meals		
Complete ONLY if direct expenditure to benefit C/C	Scandidate / Office holder name Office sought County Judge		
7-24-14	Payee name Vista Print CA		
Amount (\$)	Payee address; City; State; Zip Code		
430,96	95 Hayden Ave, Lexington, MA 0241-1942		
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 Alestin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder hame Waller County Judge		
7-24-14	Nempstead Soutod + Steak		
Amount (\$)	Payee address; City; State; Zip Code		
30,00	210 Cottonwood, Henrystead, Px 77445-9226		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule f)		
OF EXPENDITURE	Other Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Office holder name / Office sought County Judge		
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Texas Ethics Commission

POLITICAL EXPENDITURES

Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimburseme	ent i
Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimburseme Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Rel Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Polit	lated Expense By
Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not li	isted above)
The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F: 2 FILER NAME De dillo 3 ACCOUNT # (Ethics Co	ommission Filers)
1-25-14 Pizza Napoletana	
7 Payee address; City: State; Zip Code 110 5th St. San Francisto, QA 94103-	2918
8 PURPOSE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete So	chedule T)
OF EXPENDITURE Wandagno Mesting Check if Adstin, TX, officeholder living expense	-Meals
9 Complete ONLY if direct expenditure to benefit C/OH Sylvin Cedilla Walls County	a de
1-26-14 Puc-ee's #18	
Amount (\$) Payee address; City; State; Zip Code	
42,10 40900 US 290, Waller, Tx 77484-	7318
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete S	Schedule T)
EXPENDITURE Off Grand Check if Austin, TX, officeholder living expensions Off Check if Austin, TX, officeholder living expensions Officeholder living exp	nse
Complete ONLY if direct candidate / Officeholder, name country office sought country office expenditure to benefit C/OH	udge
7-26-14 Papa Yega	
Amount (\$) Payee address; City; State; Zip Code	
59.00 2607 Frantst. Houston La 22006	6-2835
PURPOSE Category (See categories listed at the top of this schedule) Pescription (If travel outside of Texas, completes	
EXPENDITURE Office Offi	ng/Meals
Complete ONLY if direct expenditure to benefit C/OH Sylvia Ce Lilla Waller County T	indge
2-27-14 Payee name 1-Mobile	
Amount (\$) Payee address; City. State: Zip Code Garden PL. 55, 14 Vesta BOOST WA Portland, OR 972	223-8248
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete soft) Check if Austin, TX, officeholder living exper	
	ce betd Judge
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

		CATEGORIES FOR BOX 8(a	8
Advertising Expense		Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense		Travel In District	Contributions/Donations Made By
Event 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 fo	orm.
1 Total pages Schedule F:	2 FILER NAME	1 11	3 ACCOUNT # (Ethics Commission Filers)
lotal pages Schedule F.		17/1	2 //COOCH # (Elinos Commission / Hors)
7	Sylvia Co	aire	
4 Date	5 Payee name	7	1
1-21-14	Los Cucos 1	Moxxxx XXXX	
		revican 100	
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
110 00		_/ () ~ /	1- 44512
91.	90 Massau	50 Vanceto	NJ. 08146-4529
			7
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		(ampa	ione Meeting/mea/s
EXPENDITURE	2 ther		Austin, TX, officeholder living expense
	U//C		
9 Complete ONLY if direct	Candidate / Officeholdername	Office spy	ght Office held
expenditure to benefit C/C	H JUIVA CEN	ollo Wall	Wount Zoudge
Date do 11/	Payee name	1	
7-28-14	11224 /apole	Tena	1
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Amount (\$)	Payee address, City, Sta	te, zip Code	1
2/1 1/	4 +	7	0. 9.4.2 29.0
71,"	110 573 81, 0	an trancisco	CA 94103-2918
	0-1		Andrew and the second s
PURPOSE	Category (See categories listed at the top		n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	011	Cana	igae Meeting/meas
EXPENDITORE	The	Checki	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder pame	Office spur	
Complete <u>ONLY</u> if direct expenditure to benefit C/C			
	- 991VIA CEX	mo Wall	21 County Judge
Date	Payee name		
734 11		n 1 Lit	
1-50-19	Means slat	OOJ KIT	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
•		1	
CC 81	Danua // 1/. 1	- 546	11 1 22416122
33.2	209401X att4 F	-WY Cled, 1)	atu. Tx 17449.6320
	Cotogon /Constant		
PURPOSE	Category (See categories listed at the top	of this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF	104	Canon	igge Med ting/Meals
EXPENDITURE	OTher	Check	f Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sous	
expenditure to benefit C/C		,,	Un Tilled
	DH DYVIA (edi	110 Walle	county Judge
Date	Payee name		
0 20 11/	A ALL	\mathcal{D}	
100.19	Yry CITCO C	-0	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
	1		,
2995	1100 - 11 /	1. 14 1	1 0100000
01.1	6100 S. Yale A	weSta 600, Tu	USA, DK 24/39-1922
	Category (See categories listed at the top	of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top	or this scriedule)	(If travel outside of fexas, complete scriedule 1)
OF	Alla	Zasi	In Iravel
EXPENDITURE	Aner	Checki	f Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office soul	ght Office held /
expenditure to benefit C/		la lila II	(Que to Tudos
			y wuniy July
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE A	SNEEDED
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SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e 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) form.
1 Total pages Schedule F:	Sylvin Ce Lil	10	3 ACCOUNT # (Ethics Commission Filers)
4 Date 71-31-14	Face book Adva	ertising us A	
42,96	7 Payee address; City; S 1 Hacker Way	tate; Zip Code . Bldg 10, Men	lo Part, ep 94025-1456
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Othe	adjett Check	7 in 9 - face book if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	1-11- 11-11	er County Judge
7-31-14	Buc It's #	18	
Amount (\$)	Payee address; City; S	State; Zip Code	
10,94	40900 USH	by 290, Wall	lar, Tx 77484-7318
PURPOSE OF	Category (See categories listed at the t	op of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other	y Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Sylvin Ced	ello Wall	er County Judge
08-02-14	Payee name Buc-Ets T	78	
Amount (\$)	Payee address; City; S	State; Zip Code	
61.10	40900 US HOW	4 290, Wall	er, lx 77484 1318
PURPOSE	Category (See categories listed at the t	op of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other		if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	Pillo Wall	er County Judge
8-5-14	Payee name	BRO.	
Amount (\$)	Payee address; City;	State; Zip Code	
23.76	27004 Hay	6, Hempstea	d. Cx 77445-7957
PURPOSE	Category (See categories listed at the		on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other		Plais no - Mesting Meals
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam	e Office sou	ight Office held
		V V V V Y	court - uug-

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P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense		es/Wages/Contract Labor Loan Repayment/Reimbursement	
Accounting/Banking		ation/Fundraising Expense Transportation Equipment & Related Expense In District Contributions/Donations Made By	
Consulting Expense Event Expense	, see en e	Out Of District Candidate/Officeholder/Political Committee	
Fees		Overhead/Rental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
	Sylvia Co	dillo	
4 Date	5 Payee name		
8-9-14	treebook Hover	Tising	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code 1456	
50.21	1 Hacker Way.	Bldg 10- Menlo Park, CA 94025-	
8 PURPOSE	(a) Category (See categories listed at the top of this s		
OF EXPENDITURE	other	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candiglate / Officeholder name	Office sought Office held /	
expenditure to benefit C/C	/ / // // / //	6 Waller Courty Judge	
Date	Payee name	-	
8-11-14	1-1nobile		
Amount (\$)	Payee address; City; State; 2	Zip Code	
44.26	3630 132 nd Ar.	eSE#550-Bellevue, WA 98066	
PURPOSE	Category (See categories listed at the top of this s		
OF EXPENDITURE	4.14	Office Phone	
EXPENDITORE	Other	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office/sought Office held	
expenditure to benefit C/C	- Sylvin Ledille	Waller County Judge	
Date	Payee name	1	
8-11-14	Amsterdam Tin	ting &Lit.	
Amount (\$)	Payee address; City; State; 2	Zip Code	
503,60	166 Wallins Corner	s Rd. Amsterdam, NY 12010-1819	
PURPOSE	Category (See categories listed at the top of this s	chedule) Description (If travel outside of Texas, complete Schedule T)	
OF		Printing- Pers & Stuluses	
EXPENDITURE	Other	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH OH OH OH OH OH OH OH OH O	Office sought Office held on the Tudge	
Date	Payee name		
8-12-14	The Tunton	hoxia D.A	
Amount (\$)	Payee address; City; State; 2	Ip Code	
- V2	, distribution of		
35,00	@601 104st.	Hengstead, Tx 77445-4528	
PURPOSE	Category (See categories listed at the top of this		
OF EXPENDITURE	other	Church if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Sylvin Cedil (2)	Office sought County Judge	
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEEDED	

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(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 FILERNAME Dedi	110	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-14-14	5 Payee name Buc-EE's #18	-	1
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	0
30.00	40900 Hwy US:	29, Waller,	Ta 17484-7318
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	other	Gard, Check	if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Wo Wall	er County Judge
8-15-14	Payee name Hill Country	BB.P	
Amount (\$)	Payee address; City; Stat	te; Zip Code	
29.09	27004 USTH	wy6, Henry	tead, Tx 11445-795;
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	Can	Pargn lesting/Meals If Austin, ax, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	Mer County Judgo
8-16-14	The Ranchito	Taqueria	
Amount (\$)	Payee address; City; Stat	te; Zip Code	
33,7/	31317 7M 292	20 Rd. 25 - Wa	Ner & 17484
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	Cango	on (If travel outside of Texas, complete Schedule) Original — Mouting 5/Meals if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	1/0 Walls	County Judge
Date 8-17-14	Payee name Bue-EE's #1	8	
Amount (\$)	Payee address; City; Stat	te; Zip Code	
35.04	40900 Hwy US	290, Wall	er, Ex 17484-7318
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	gasi	on (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sou	ight Office held
The ce affer aug county Judge			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Advertising Expense		CATEGORIES FOR BOX Salaries/Wages/Contract Labor	B(a) Loan Repayment/Reimbursement
Accounting/Banking		Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting 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 e	explains how to complete thi	s form.
1 Total pages Schedule F:	2 FILER NAME	e dillo	3 ACCOUNT # (Ethics Commission Filers)
8-19-14	Costco Gas	Co.#1167	
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
29.20	23645 Katy	Freeway, Kar	ty, & 27494
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) Descrip	otion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Ja. O Che	ck if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office ş	ought Office held
expenditure to benefit C/C		. // /.	er County Judge
Data	Payee name /		
Date 7 - 19 1 U	Bals		
8-11-19	Babins Mary		
Amount (\$)	Payee address; City; Stat	te; Zip Code	
12.00	21851 Katy 7	Treeway Katy	1, Cx 17450-1807
PURPOSE	Category (See categories listed at the top of	of this schedule) Descrip	otion (If travel outside of Texas, complete Schedule T
OF EXPENDITURE	athan	Can	paigne Meetings/meal
	OVNE		ok if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	otlo Wal	ler County Judge
Date	Payee name	D D	,
8-20-14	Jali leas Mex	i can Kest.	*
Amount (\$)	Payee address; City; Stat	e; Zip Code	
34,51	90 Massau S	T. Prince ton	-, NJ.08592-4529
PURPOSE	Category (See categories listed at the top of	of this schedule) Descri	otion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	Chry	Paigne Meeting/Mea/S ack if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Sylva Cedi	1/0 Wall	er County Office held ge
Date	Payee name		
8-21-14	Brookshire Bro	thers	
Amount (\$)	Payee address; City; Stat	te; Zip Code	
24,73	300 Hwy 290	E. Hempste	ead, Cx 77445-5563
PURPOSE	Category (See categories listed at the top	of this schedule) Descri	ption (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other		paigne Meeting/Mea/5
Complete ONLY if direct	Candidate / Officeholder name	Office s	ought / Office held
expenditure to benefit C/		o Walle	r County Judge
		OPIES OF THIS SCHEDULE	AS NEEDED

	EXPENDITURE	CATEGORIES FOR BOX 8(a	a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Rental Expense	A CONTRACTOR OF THE CONTRACTOR
Fees	Printing Expense	The state of the s	OTHER (enter a category not listed above)
		explains how to complete this f	
1 Total pages Schedule F:	2 FILER NAME YIA CE	Sillo	3 ACCOUNT # (Ethics Commission Filers)
8-22-14	5 Payee name Mapole	tana	
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
48.59	110 5th St. S	an Francisco	, CA 94103-2918
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	Other	Canasa	igne Meeting/Meals If Alustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held
	SYIVIA CEG	wood (or country suage
8-22-14	Payee name Corner 5%	re 2590 Vals	ero
Amount (\$)		ate; Zip Code	2202
45,00	9830 Coloni	nada Blod. San	Antonio & 20230_
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF	-11	Gas	-Travel
EXPENDITURE	Other	Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	1/0 Wall	er County Judge
8-25-14	Payee name HEB Gas/Caru	vash	
Amount (\$)	Payee address; City; St	ate; Zip Code	1
30.22	Cypress 3rd/646	5, Main Ave. S	San Antonio, Go 78204
PURPOSE	Category (See categories listed at the to		on (If travel outside of Texas, complete Schedule T)
OF	011	Gas	- Travel
EXPENDITURE	Other	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		er County Judge
8-26-14	Payee name 1-Mobile	Š.	
Amount (\$)	Payee address; City; Si	tate; Zip Code	2-772-
55.14	A .		rden Pl Portland, OR
DIIDDOSE	Category (See categories listed at the to		on (If travel outside of Texas, complete Schedule T)
PURPOSE OF	- H	Off	ree Phones
EXPENDITURE	Other		if Austin, TX, officeholder living expense
Complete ONLY # d?+	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/		110 Walls	10.
	ÁTTACH ADDITIONAL (COPIES OF THIS SCHEDULE A	SNEEDED

SCHEDULE \mathbf{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	
	The Instruction Guide	e explains how to complete this	form.
1 Total pages Schedule F:	2 FILER NAME	1.11	3 ACCOUNT # (Ethics Commission Filers)
	SILVIA CE	della	
4 Date	5 Payee name		
8-26-14	//	160061	
	Vappa Deaux 2	-1 Starood	
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	6306
Ta 00	S 2 . VI	111	1 1 000110
51.	13080 766th	vest Hay 1 Ha	des ton 0x /1840-
o DIIDDOSE	(a) Category (See categories listed at the to	n of this schedule) (b) Descript	ion (If travel outside of Texas, complete Schedule,∄)
8 PURPOSE OF	Carry Coop datagories instead at the to		an' May h
EXPENDITURE	SH a	ceny	wigh rettings mae (5
	UTIL	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office so	ught Office held
expenditure to benefit C/C	DH Sylvib Cen	Lilla Wa	ler County Judgo
	11011	1100	
Date	Payee name	7 100	4
8-28-14	Henrystead De	eatood Kestan	rant
Amount (\$)	Payee address; City; St	tate; Zip Code	
Allount (\$)	. ayou address, Oity, Si	Lip oods	
3600	212 014	, 7/	od Tx 27445-9226
06.	210 Cottonwood	d, Hemps/a	ed, 12/1475-1266
PURPOSE	Category (See categories listed at the to	p of this schedule) Descript	ion (If travel outside of Texas, complete Schedule T)
OF	1.	Char	mia Martha Ina le
EXPENDITURE	Other	□ Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	1-11	ught Office held
expenditure to benefit C/C	JY/DIA Ce	dillo Wal	Ly County Judge
Date	Payee name	,	(
Q 201 111	7 1 1	11	
8-28-14	tace book H	au.	
Amount (\$)	Payee address; City; St	ate; Zip Code	
221	111	21/	, 0 ,
250,	1 Hacker Was	Black Max	12 Vark CA 94025
~ - '	, Li, I way	iolay 10 -1. / Sen	10.
PURPOSE	Category (See categories listed at the to	p of this schedule)	tion (If travel outside of Texas, complete Schedule T)
OF	1046	H. 40.	ertising - Taco book
EXPENDITURE	UTTE	Chec	ck if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		ough) Office held
expenditure to benefit C/C	OH SHILL OF	dillo Wo	Mer County Judge
	- IIVIA	1,00	- Juniy Jacy
Date	Bayee name	1.	
8 29-14	Breakfast Var	a dise	
Amount (\$)	10100	tate; Zip Code	
, another (ψ)	l ayou address, Oity, Si	. /	MD.
31.00	1110 n. to +	11 +	, H.
26,-	ILLE HUS'IN SI	Hempslead	1 1X .
	Category (See categories listed at the to		tion (If travel outside of Texas, complete Schedule 7)
PURPOSE		and	Diam Meitine (looks
OF EXPENDITURE	C Thos		1001 711.
EXPENDITURE	- TIWC	. 1	k if Austin, PX, officeholder living expense!
Complete ONLY if direct	Candidate / Officeholder name	Office so	ught Office held
expenditure to benefit C/	OH DIAMAG (III VIIa	Her Cochidos
	ATTACUADDITIONAL	ODIES OF THIS SCHEDULE	ACNEEDED
	ATTACH ADDITIONAL O	COPIES OF THIS SCHEDULE	AS NEEDED 0

Austin, Texas 78711-2070

SCHEDULE F**POLITICAL EXPENDITURES**

	EXPENDITURE	CATEGORIES FOR BOX 8(a	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)
		explains how to complete this f	
		2 /	
1 Total pages Schedule F:	2 FILER NAME	edillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
8-30-14	RepKA's H	ardware +S	prvice
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
37.78	719 1275 5	Hempstead,	Cer 17445-4443
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF		1 -	Posts
EXPENDITURE	Other	Checki	fAustin, TX, officeholder living expense
	Opendidate / Office to address		
9 Complete ONLY if direct	Candidate / Officeholder name	Office/soug	ght Office held
expenditure to benefit C/C	Dylvin Ced	and van(a	rounty Judgo
Date	Paveename	Δ 1	
8-30-14	Breakfast ta	and is a test	
8-50-14		rause !	
Amount (\$)	Payee address; City; St	ate; Zip Code	
23,95	1118 Austin	sh Hempsted	ed, 1x 77445-4428
PURPOSE	Category (See categories listed at the to	p of this schedule) Pescriptio	n (If travel outside of Texas, complete Schedule T)
OF	- 1A	Camo	ain Mee The Meal
EXPENDITURE	Other	Checki	f Austin, TX, officeholder living expense
Complete CNI V if direct	Candidate / Officeholder name	Office squ	ght Office held
Complete ONLY if direct expenditure to benefit C/C		dillo Wall	er County Judge
Date	Payee name		(
C2-1 11/	track + Add	tring	
8-31-14	INCEDOON HEV.	erusing	
Amount (\$)	Payee address; City; St	ate; Zip Code	-1456
11, 58	1 t/a. t. 11)a	4 B(J. 10-M)	1. Park (294121
10	Hackerwa	7 Nay. 1 //	10 1-17 -11026
PURPOSE	Category (See categories listed at the to	1	n (If travel outside of Texas, complete Schedule T)
OF	Other	Ad- Pa	age fromotion
EXPENDITURE	UTTET		if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Cillo Wal	Per County Judge
Date	Payee name		
9-3-14	Vista PR-		
Amount (\$)	Payee address; City; St	ate; Zip Code	
80.24	95 Haydon Alo.	Lexinator M	A 02421-7942
	Category (See categories listed at the to	on of this schedule)	on (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the to	Description of this scriedule)	0 1 0
OF	Other	Vrintes	ing Presh Cards
EXPENDITURE	- 11037	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C		(11 11	County Judge
		OPIES OF THIS SCHEDULE A	
i .			9999-015-017-017-017-017-017-017-017-017-017-017

SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loai e Trar Con	n Repayment/Reimbursement nsportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The Instruction Guide	e explains how to complete th	nis form.	
1 Total pages Schedule F:	2 FILER NAME	Cedillo	, ,	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-3-14	5 Payee name Vista Print			
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code		
16.50	95 Hayden H	be, Lexing	ton.	ma 02421-794
8 PURPOSE	(a) Category (See categories listed at the to	on of this schedule) (b) Descri	intion (If tra	vel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	Other	Pain	ting-	- Bas Cards TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	lillo Wal	sought (Downty Judge
Date 9-3-14	Buc-Et's #1	8		
Amount (\$)	Payee address; City; S	tate; Zip Code		
38,27	40900 HWY U.	5290, Wa	ller	Cx 77484-7318
PURPOSE	Category (See categories listed at the to	op of this schedule) Descr	iption (If tra	vel outside of Texas, complete Schedule T)
OF	1.0	60	(Tours
EXPENDITURE	other		eck if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		sought	County Judge
9-4-14	Payee name Hompstead	Seafood + Stea	et	
Amount (\$)	Payee address; City; St	tate; Zip Code		
26.72	210 Cottonwood	d. Hempste	ad,	1x 11445-
PURPOSE	Category (See categories listed at the to	op of this schedule) Descr	iption (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	Can	eck if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Sylvia Ce 1	100	sought	County Tudge
Date 9-5-14	Hempstoad D	airy Queen		
Amount (\$)	Payee address; City; S	tate; Zip Code		
32.53	442-1011 st.	Hempstead,	Px	77445-4532
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule) Pescr Cand	Paign	avel outside of Texas, complete Schedule T) Meeting Meals 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	. 1/2	sought	ounty Judge
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Texas Ethics Commission

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense		ages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
Event Expense Fees	9 ,	rhead/Rental Expense	OTHER (enter a category not listed above)
rees	The Instruction Guide explains h		TO COMPANY OF THE PROPERTY OF
4 Tatalanana Oabadala Fa		27	
1 Total pages Schedule F:	2 FILER NAME Sylvia Cedu	110	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
9-6-14	Cypress Station	~	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	0 221/22 117
64.00	26010 Huy 290	Cypres	s. tx 17429.1010
8 PURPOSE	(a) Category (See categories listed at the top of this schedul	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Canya Checkiff	Augn Mestings/Meal Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/C	H Sylvin Cedillo	Walls	or County Jordge
Date 1 14	Payee name		
4-1-17	me tanchilo lag	uena	
Amount (\$)	Payee address; City; State; Zip &	oae	
22.00	31311 Fm 2920	Rd., Wal	ler Cx 17484
PURPOSE	Category (See categories listed at the top of this schedul	le) Description	(If travel outside of Texas, complete Schedyle T)
OF EXPENDITURE		Canepa	ugn-Meetings/Mea(s)
EXPENDITURE	Other	Check if	Austin, TX, officeholder living expertse
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held
expenditure to benefit C/C	H Salvin Cedillo	Walls	County Judge
Date	Payee name		
9-8-14	Buc-Et's #18		
Amount (\$)	Payee address; City; State; Zip Co	ode	
. 14			0
16.7	40900 US Havy 291	O, Waller	- Lx 27484-7318
PURPOSE	Category (See categories listed at the top of this schedul		(If travel outside of Texas, complete Schedule T)
OF	821	695-	Travel
EXPENDITURE	OTher	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Soul V 14 (e 4 / ()	Office sough	ounty Judge
Date	Pavee name		
0 10 416	115 % Pai +		·
410-14 Amount (\$)	Payee address; City; State; Zip Co	ode	
1/4 -1	5.17 Suns, 219 O	1	7
40. 4	95 Haylen Ave, L	exing to	, ma 02421-794.
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Checkif	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office spugl	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED Judge
	ATTACTIADDITIONAL COPIES OF	THIS SCHEDULE AS	NELDED

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE (CATEGORIES FOR BOX	(8(a)
Advertising Expense		Salaries/Wages/Contract Labor	
Accounting/Banking Consulting Expense	-	Solicitation/Fundraising Expens Travel In District	
Event Expense		Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expen	se OTHER (enter a category not listed above)
	The Instruction Guide 6	explains how to complete t	nis form.
1 Total pages Schedule F:	2 FILER NAME SYLVIA CO	Lillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-10-14	5 Payee name Shell Oil		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	0 - 2552
63,56	12100 Northbo	rough Dr.	Lous for tx 77067
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) Descr	iption (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	9 a	S-/rave/ eck if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office	squght O Office held
expenditure to benefit C/C	" Sylvin Cedi	110 Wa	lle County Judge
Date	Payee name	. 4 1	
9-11-14	Legendary In	ioto house	
Amount (\$)	Payee address; City; Stat	te; Zìp Code	
20,38	52/30 Huly 29	OW. Henry	pstead, 1 x 77445
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	iption (If travel outside of Texas, complete Schedule T)
EXPENDITURE	other		eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH Sylvia Cedi//	o Wa	ller County Judge
Date	Payee name		
9-11-14	Buc-EE's		
Amount (\$)	Payee address; City; State	e; Zip Code	
35.26	40900 US HWY	290, Wal	ler, Cx 77484-7318
PURPOSE	Category (See categories listed at the top of		iption (If travel outside of Texas, complete Schedule T)
OF	other		5-Travel
EXPENDITURE			eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	10 Wa	le County Judge
Date	Payee name	/ /	
9-12-14	Legendary Sm	okehouse	
Amount (\$)	Payee address; City; State		
1/200		11	1 . O marine
43. =	52130 Huy 29	10 W. Hem	psteed, tx 111445
PURPOSE	Category (See categories listed at the top of	of this schedule)	ription (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Chr	Pargn / lee ting / Meals leck if Adstin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	/ Qffice	spyght / Office held /
expenditure to benefit C/0	Say VIII - E CIT	10 Wa	Mer County Judge
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
		explains how to complete this f	
1 Total pages Schedule F:	2 FILERNAME COD	illo	3 ACCOUNT # (Ethics Commission Filers)
9-14-14	5 Payee hame PDA eyes Ch	icken	
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
23.79	31100 FM292	20 Rd, Wall	er, 1x 77484-800
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	other	Chinit	LSn Flee Tring/Meal S f Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/O	Sylvin Cka	4/10 Wall	ounty Judge
9-14-14	Breakfast Par	a diso	•
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
24.48	1118 Austin Si	t Hempster	a. Cx 77445-4428
PURPOSE	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T
OF EXPENDITURE	other	Can	Paign Meeting/Meals
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name.	illo Wa	le County Judge
Date	Payee name	/	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	(If travel outside of exas, complete Schedule T)
EXPENDITURE		Check	if Austin, TX, office holder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee name		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
PURPOSE	Category (See categories listed at the top	of this schedule) Description	on (If vavel outside of Texas, complete Schedule T)
OF EXPENDITURE			
-	Candidate / Officeholder name		if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	он /	Office sou	
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE A	SNEEDED

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

		TEGORIES FOR BOX 8(a	•
Advertising Expense		laries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	-	licitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense		avel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	• • • • • • • • • • • • • • • • • • • •	avel Out Of District fice Overhead/Rental Expense	
rees	10.00 0 0 180 55 WHI I	plains how to complete this f	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	1	3 ACCOUNT # (Ethics Commission Filers)
Total pages Schedule F.	Syma Ced	· (h.	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
8/1/14	Janet Martine	2	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	977711611
100.00	KnebelRd	, Waller	, 07 77484
8 PURPOSE	(a) Category (See categories listed at the top of the	is schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	α	Phone	Canking
EXPENDITURE	Contract Lav	2-2	fAustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name, /	Office sou	ght Office held
expenditure to benefit C/O		Malla	Course Tudas
	- Jula Calla	volue	country surge
Date	Payee name		
7/1/14	David Silva		
Amount (\$)	Payee address; City; State;	Hunging	77447
1 O.	26100 Forester	not Walter	77184
100.00	Sta too toustou		
PURPOSE	Category (See categories listed at the top of the	is schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF		Phone	Banking Office Sto
EXPENDITURE	Contract Labor	Checki	f Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/O		Wall	er County Todas
	J. T. C. C. C. T.	V. 0011	The course
Date	Payee name		
9/1/14	Walmart		
Amount (\$)	Payee address; City; State;	Zip Code	4
1 (-7)	Bus Hwy 290	Hom and a	and OX
150	us rwg and	Itempste	aci on
PURPOSE	Category (See categories listed at the top of the		n (If travel outside of Texas, complete Schedule T.)
OF	colle a	Gitte	aids ger Gweawai
EXPENDITURE	Other	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sou	
expenditure to benefit C/O		Walle	1 - 1 -
		VVICTIE	r County Judge
Date	Payee hame		9/
Amount (\$)	Payee address; City; State;	Zip Code	
	/	/	/
	/		
	Category (See categories listed at the top of the	his schedule) Description	on (If trave) outside of Texas, complete Schedule T)
PURPOSE OF			/
EXPENDITURE /	/	Check	if Austin, TX, officeholder living expense
	Candidate / Officeholders		/
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sou	office held
expenditure to beliefft C/C	/	/	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE A	SNEEDED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	
Accounting/Banking	Legal Services Solicitation/Fundr	
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis	strict 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)
1 Total pages selledule F.	A TIELLY INCHIL	7.000011 # (Ethios Commission Filera)
4 Date	5 Payee name	2.1
0/1/14	Darry John Si	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
		7 22111
3500.	10 bx 354 Prairie V	iew 0x 77446
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF		De total State
EXPENDITURE	1 Dury Oting	Check if Austin, TX, officeholder living expense
	Control 1 and	
9 Complete ONLY if direct	Candidate / Officeholder name	Office solught Office held
expenditure to benefit C/O	" Sulma Cedillo	Mally () Smad
Data	Pavee name	0
Date	rayee Harrie	
9/11/14	Darry Johnson	
Amount (\$)	Payee address; City; State; Zip Code	
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3500.M	POBx 356 Pranu	i Vilw UX 77446
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	0 11	Palitical Strategy
EXPENDITURE	Limbulghing	Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	
Complete ONLY if direct		Office sought Office held
expenditure to benefit C/C	···	
Date	Payee name	1 1
Date	D V Tologo	
10/1/14	Darry Johnson	
Amount (\$)	Payee address, City; State; Zip Code	
,	06 - 00	
2500 (17)	Wyby 35th Know	10 1/ 60) XX 77441
5500.00	Ty on our fille	ue yeur / / / / /
PURPOSE	Category (See categories listed at the tep of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	011/	Campaign Stratocu
EXPENDITURE	Le noutina	Check if Austin, TX, office holder living expense
Complete CHLV if dis-	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office field
experience to beliefit C/C		
Date	Payee name	/ /
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE /	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF /		
EXPENDITURE		Check if Austin, TX, officeholder, living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/		/ Since field
Zangaria to bonont or		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE CA	ATEGORIES FOR BOX 8(a)
Advertising Expense		alaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	7	olicitation/Fundraising Expense ravel In District	Transportation Equipment & Related Expense
Event Expense		avel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Of	ffice Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide ex	plains how to complete this for	orm.
1 Total pages Schedule F:	Sylvia Colib		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	\wedge	
8/20/14	Monaville VA	\square	
6 Amount (\$)	7 Payee address; City; State;		
400.00	Will Supplement Henry.	istead of T	7445
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	Other	Entry Cheeking	ther to spenson lowney Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/O	H Dyma Udi	illo Walle	County Gudge
Date	Payee name) 1 7	30,0
10/4/14	Some Star &	odge #x5	
Amount (\$)	Payee address; City; State	, Zip Code	
30000	Will Supplement Her	upstoad or	77495
PURPOSE	Category (See categories listed at the top of t	this schedule) Description	n (If favel outside of Texas, complete Schedule T)
OF EXPENDITURE	Othor	Checkin	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sous	ght Office held
expenditure to benefit C/9	# Sylvia Gaille	Walk	er Canadae
Date	Payee name	1 /	7900
9/1/14	City of Prairi	e View	
Amount (\$)	Payee address; City; State;	Zip Code	
. 100.00	PO Bx 8117 Pr	airie View	tx 77446
PURPOSE	Category (See categories listed at the top of t		n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other	Notion Checki	al Night Out Advertising Expense
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/C	on Sylvia Lidill	0 Waller	County Judge
Date	Payee name		
7/1/14	Daniel Tob	mem	
Amount (\$)	Payee address; City; State;	Zip Code	
350000	Po Bx 356	Prairie Vien	X
0.00	Category (See categories listed at the top of		on (If travel outside of Texas, complete Schedule T)
PURPOSE	(See categories listed at the top of	, Description	(in wave outside of rexas, complete scriedule 1)
OF EXPENDITURE	Consultine	Checki	fAustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ght Office held
expenditure to benefit C/	OH Sylvia ledi	lo Wall	er Co. Tudge
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(512) 463-5800

SCHEDULE F

POLITICAL EXPENDITURES

Advantining	EXPENDITURE CATE		No. 19 No
Advertising Expense Accounting/Banking	**************************************	s/Wages/Contract Labor tion/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By		
Event Expense		Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office The Instruction Guide explair	Overhead/Rental Expense as how to complete this f	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	•	3 ACCOUNT # (Ethics Commission Filers)
	Dyln'a adillo		
4 Date	5 Payee name	ista prino	€
9/21/14	95 Hayden	MYE.	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
589 49	Lever notes N	1A 0242	
B PURPOSE	(a) Category (See categories listed at the top of this sch	nedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Q. C.	Car	ds/Shirts
EXPERIENCE	runting	Check	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/C	+ Syria Cedillo	Wall	er Co Judge
Date Or 1 O	Payee name	/ \	9
7/20/14	Corner Stoul V	alero	
Amount (\$)	0 0 1	o Code Blvd	
20.00	9830 Colonnado	2 78737	
PURPOSE	Category (See categories listed at the top of this sol	nedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	- 1.1	(5a	s/Travel
EXPERIENCE	aller		f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	N T I
expenditure to benefit ore	ylvia Cedillo	VVall	er G Judge
Date	Payee name		
9/2//4	The Kanchito		
Amount (\$)		o Code	
22.03.	31317 FM 2	920#a	5 Waller DR 7748
PURPOSE	Category (See categories listed at the top of this sol	hedule) Descriptio	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Othor - 3	Check	aion Meeting Mulls
Complete ONLY if direct	Candidate / Officeholder name	Office sou	
expenditure to benefit C/C	or Sylvia Cedilla	\mathcal{W}_{0}	aller Co Judge
Date	Payee name		,
4/21/14	Buc-ees		
Amount (\$)	Payee address; City; State; Zi	p Code	
21.13	40900 US 290	Waller	77484
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Chan-	720	is/ Travel
	Candidate / Officeholder Ame	Office sou	ght Office holder living expense
Complete ONLY if direct expenditure to benefit C/		Wa	Her Co Judge
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sal Legal Services Sol Food/Beverage Expense Tra Polling Expense Tra Printing Expense Off	TEGORIES FOR BOX 8(a laries/Wages/Contract Labor licitation/Fundraising Expense livel In District livel Out Of District lice 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)
	ine instruction Guide exp	plains how to complete this f	oriii.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
13.83.	442 108h St	N	stead Ox 77445
8 PURPOSE	(a) Category (See categories listed at the top of th	0	n (If travel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	Other	Campo	00 1 10
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	dillo Wall	ght Office held ver Co Gudge
Pate 9/18/14	Payee name Corner Stock Vo	alero	7 0
Amount (\$)	Payee address; City; State;	Zip Code	
25.00	austin St, H	empsteadl	77445
PURPOSE	Category (See categories listed at the top of th	is schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF	0.1	600	TARANA
EXPENDITURE	Other	Checki	f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date 9 19 14	Payee name + uente		
Amount (\$)	Payee address; City; State;	Zip Code	
15.10	601 10th	Hempstead	DX 77445
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	Campo	in (If travel outside of Texas, complete Schedule T) Man Mill Ling Me als If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee name		
9/20/14	Legendary BB	Q Track	
Amount (\$)	Payee address; City; State;	Zip Code	
18.00	52130 Hwy 291	1 Hemps	kad 0x 77445
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	Nany	on (If travel outside of Texas, complete, Schedule T) Ocu'gn Mutry Meals if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sou	ght Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE A	SNEEDED
	V		

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	ATEGORIES FOR BOX 8(a 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 ex	xplains how to complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME Syma(edillo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/10 / 14	5 Payee name Hotline Pre	255	
6 Amount (\$)	7 Payee address; City; State	; Zip Code	
126.76 8 PURPOSE	(a) Category (See categories listed at the top of	this schedule) (b) Descriptor	Stead 77445
8 PURPOSE OF	A to the top of	D All A	L. I.A. O
EXPENDITURE	Havertising		Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate,/ Officeholder name	walls Wal	lu Co Gradge
Date 9/15/14	Payee name Vasq	ulh	0 8
Amount (\$)	Payee address; City; State	; Zip Code	
150	FM 359	Hempstead	1 7744S
PURPOSE	Category (See categories listed at the top of	this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	H Candidate / Officeholder name	Office soug	er Co gude
9-25.14	Payee name Mobile	į.	V
Amount (\$)	Payee address; City; State	den Pl Par	tland Or 97223
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	OK	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehofder name	Office soug	ont Composition held
Date	Payee name		/ /
Amount (\$)	Payee address; City. State	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of		n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office soug	Austin, TX, office holder living expense of the hold
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	The second secon	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai	sing Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Distr Office Overhead/Re		OTHER (enter a category not listed above)
1 000	The Instruction Guide			A MARIE CON CONTROL CON CONTROL
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	Sulvia Cedilly	b		
4 Date	5 Payee name			
9/23/14	Entermoral			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		
333.41	24224 NWF	eury Ci	ypress	08 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	Folds on	1	Huck	Rental
EXPENDITURE	CANCEL		Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder pame	11	Office sough	ht Office held
expenditure to benefit C/O		ille	Wall	er Co Gridge
Date	Payee name			0
9/23/14	Dennis			
Amount (\$)	Payee address; City Sta	ite; Zip Code		
28.00	204 Waller	Ave , fo	rook shu	u 07 77423
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	10.10.	(ango	wion Martine March
EXPENDITURE	Other		Check if	Austla, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholde/ name	,1	Office sough	ht Office held
expenditure to benefit C/O	+ Sulvia Cedi	160	Mallen	Co andol
Date	Payee name		, vacer	co go ge
Date Old DailU	Tayle Haine	Malin		
010011	Course Sioce	racere)	
Amount (\$)	Payee address; City; Sta	te; Zip Code	1 -1	CTV 7:5732
35.09	9830 Colonno	rde So	anthita	onw 02 182 30
DI IDDOS-	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	$\mathcal{O}(1)$		/ /	1 havel
EXPENDITURE	Aller		Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate (Officeholder name)	1	Office spug	ht Office held
expenditure to benefit C/O	H Selvia ledil	6	Walle	er Coando
Date	Payee name	-	- 110	1000
012=111	Los Zus	Ana		
7 9 119	rus Juen	CO		
Amount (\$)	Payee address; City; Sta	te; Zip Code		
13.80	Le01 10th St	L Hs	empst.	ead ox 77445
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other		anya Checkif	Men Metry Meals Austin, TX, officeholder living experise
Complete ONLY if direct	Candidate / Office rolder name	i	Office sough	ht P Office held
expenditure to benefit C/0	Sylvia Cedillo		Walter	Lapidge
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		,		
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ro	sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By rict Candidate/Officeholder/Political Committee		
	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
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 (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this/schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended		2		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Dete	Payee name			
Date	Payee Harrie			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
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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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense		Salaries/Wages/Con		Loan Repayment/Reimbursement	
Accounting/Banking Consulting Expense	Participation of the Control of the	Solicitation/Fundraisi Travel In District	ing Expense	Transportation Equipment & Related Expense	
Event Expense		Travel Out Of District	ct	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees		Office Overhead/Ren	ntal Expense	OTHER (enter a category not listed above)	
	The Instruction Guide e	explains how to co	omplete this fo	orm.	
1 Total pages Schedule H:	2 FILER NAME	((3 ACCOUNT # (Ethics Commission Filers)	
	Sylha Udi	16			
4 Date	5 Business name			2	
7/2/14	ledillo Law Office	e		*	
6 Amount (\$)	7 Business address; City; State; Zip Code				
500.00	728 austin St	Henry	stead	D 77445	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office Hoverhead	(Rental	Space	; Equipment; Utility	
		/		Austin, TX, officeholder living expense ht Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate Officeholder name	\	Office soug	C A T 1-0	
	3 you a ceard	D	voaler	county suage	
Date	Classiff Color				
8/8/14	Business address: City: Stat	e; Zip Code	110 Fa	WOTTICE	
Amount (\$)	Business address; City; Stat	e, Zip Code		11445	
500.00	Cedillo Law O	HICE	128 a	ustin St, Hempstead TX	
PURPOSE	Category (See categories listed at the top or	f this schedule)		(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	- 6 6		Same	e as above	
	Office Overhead	l Kental	Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	1 11	Office soug	ht Office held	
expenditure to benefit C/C	Suria Le	dillo	Wally	er County Judge	
Date	Business name	1.0		J . Je	
9/0/14	C. dillo La	w 0++	ice		
Amount (\$)	Business address; City; Stat				
500.00	00 728 austin St, Hempstrad I 17445				
PURPOSE	Category (See categories listed at the top of			n (If travel outside of Texas, complete Schedule T)	
OF			San	1	
EXPENDITURE	Office Overhead	/Kental		Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	/	Office soug	oht Office held	
expenditure to benefit C/C	DH Dylba Cedille	0	Walle	er Lounty Judge	
Date	Business name				
10/2/14/	Co della hava	Office)	1	
Amount (\$)	Business address; City; Stat	te; Zip Code			
500 00	729 h C	/ 11		1977/1/2	
500.00	Cotogon (See asternica listed at the land		pstepo	C DX 11975	
PURPOSE OF	Category (See categories listed at the top	or this scriedule)	6	n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Office Overhead / K	Pental		Austin, TX, officeholder living expense	
Complete ONLY if direct	gandidate / Officeholder name	1	Office soug	Office held	
expenditure to benefit C/OH Euly a Cidillo Walter County Andron					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
to 50	/ ATTACHADONIAL COPIES OF THIS SCIPEDULE AS NEEDED 1				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILERNAME Ma Cedillo	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

P.O. Box 12070

SCHEDULE K

The Instruction Guide explains how to complete this form.			dule K:
2 FILER NAME	Sy hia Cedillo	3 ACCOUNT # (Eti	hics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State, Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
/	Purpose for which amount is received		
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P.O. Box 12070

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule	эТ:		
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 Schedul	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 11 Purpose of travel (including name of conference, s	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedul	e D Schedule F	Schedule G		
Schedule H Schedule N OH-UC COH-T	PAC-C	PAC-E		
Dates of travel Name of person(s) traveling				
Departure city or name of departure location	Departure city or name of departure location			
Destination city or name of destination location	Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedul	e 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, seminar, or other event)				
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_					
The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	AME	2 ACCOUNT # (Ethics Commission Filers)		
3	SIGNA	TURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions				
		any campaign expenditures without a campaign treasurer appointment on file.	by not accept any campaign contributions		
		Signat	ture of Candidate / Officeholder		
4	FILER	WHO IS NOT AN OFFICEHOLDER			
	· Comp	elete A & B below only if you are not an officeholder. ••			
		CAMPAIGN FUNDS			
	A.	CAMPAIGN FUNDS			
	Check	only one:			
		I do not have unexpended contributions or unexpended interest or income earned from	political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended				
	contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	_				
	В.	ASSETS			
	Check	conly one:			
		I do not retain assets purchased with political contributions or interest or other income	from political contributions.		
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
			Signature of Candidate		
5 OFFICEHOLDER •• Complete this section only if you are an officeholder ••					
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
			Signature of Officeholder		