CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Sylvia. NICKNAME AST	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT/SUITE#: CITY; P.O. Box 356 Prairie View	STATE; ZIP CODE	Date Hand-deliverenter Postmarked OR Recept # # TELL Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 431 - 6463.	EXTENSION	Date Processed 3: 59
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Sylvice NICKNAME LAST Cadillo	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	P.O. Box. 356. Prairie VI.	city; STATE;	77446
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 431-6463.	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 2 / 22 /	Year / 14 .
11 ELECTION	Month Day Year ELECTION DATE Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Waller Co	funty judge.
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Sylvia (edillo				
16 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S) COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 4412.55			
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ \$000.00			
1 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 COGNICSSION EXPIRES November 1, 2014 Signature of Candidate or Officeholder				
Sworn to and subscribed before me, by the said Sylvic Lectile , this the day of October , 20 14 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A:				
2 FILER NAME	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)				
6 Contributor address; City; State; Zip Code	(If ravel 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)				
Contributor address; City; State; Zip Code					
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date Full name of contributor 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 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	(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#_ Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)				
Contributor address, City, State, Zip Code					
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

	PLEDGED CONTRIBUTIONS SCHEDULE B				
	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule	e B:	
2	FILER NAME		3 ACCOUNT # (Ethics	Commission Filers)	
4	TOTA	AL OF UNITEMIZED PLEDGES: ⇔ ⇔ ⇔) \$ \$ \$	\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:	8 Amount of g pledge (\$)	In-kind description (if applicable)	
		7 Pledgor address; City; State; Zip Code			
10	Principal occu	pation / Job title (See Instructions) 11 Employer (See		xas, complete Schedule T)	
	Date	Full name of pledgor out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)	
		Pledgor address; City; State; Zip Code			
				xas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)		
	Date	Full name of pledgor uut-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)	
		Pledgor address; City; State; Zip Code			
_	VC_9/3			xas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)		
	Date	Full name of pledgor Out-of-state PAC (ID#:) Amount of pledge (\$)	In-kind description (if applicable)	
		Pledgor address; City; State; Zip Code			
-	Principal occu	pation / Job title (See Instructions) Employer (S		xas, complete Schedule T)	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
	Principal occu	pation / Job title (See Instructions) Employer (Se	(If travel outside of Te	xas, complete Schedule T)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

LOANS		SCHEDULE E		
The Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:		
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
TOTAL OF UNITEMIZED LOANS:	: + + + +	⇒ \$		
5 Date of loan 7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)		
6 Is lender a financial Institution?	ate; Zip Code	10 Interest rate		
Y N		11 Maturity date		
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	•		
14 Description of Collateral none	15 Check if personal funds were	e deposited into political account		
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable				
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)			
Date of loan Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)		
Is lender Lender address; City; Staffinancial Institution?	ate; Zip Code	Interest rate		
Y N /		Maturity date		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral none	Check if personal funds were	e deposited into political account		
GUARANTOR INFORMATION Guarantor address; Guarantor address; Ci	ity; State; Zip Code	Amount Guaranteed (\$)		
Principal Occupation (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL	L COPIES OF THIS SCHEDULE AS NE			

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME Sylvia Cedilo 3 ACCOUNT # (Ethics Commission Filers)			
4 Date 2/4/14	5 Payee name Corner Store			
6 Amount (\$) \$56.52	7 Payee address: City; State; Zip Code 946 Austin, Hempstead, 07 77445			
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) Case for Fravel to Meetings Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office bolder name Office sought Office held Sylva Cedillo Waller County Judge			
2/6/14	Payee name Office Depot			
Amount (\$)	25821 NW Tury, Cypress 77 77065			
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Campaign Office Supplying			
Complete ONLY if direct	Check in Austin, TX, officeholder living expense Candidate / Officeholder Inlame Office sought Office held			
expenditure to benefit C/C	OH Sylvia Cidillo Waller County Judge			
2 6 14	Payee name Office Orpot			
\$151.47	25821 nw twy Cypress A 77065			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Campaign Office Supplied Theck if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office hold Waller County Judge			
2/12/14	Garden Cake & Lakery			
# 15.00	Payee address; City State; Zip Code 934 New Orleans, Hempstead 777445			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Campaign Mechine Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)			
4 Date 2/17/11	5 Payee name Buc (ee's			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
24.39	40900 US 290 Waller D 77484			
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 Gas for Campaign Vravel Check inadistin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Sywa ledito Walter County Judge			
2/17/14	Buakfavo Paradisi			
Amount (\$)	Payee address; City; State; Zip Code			
23.00	1118 austin St, Hempetrad Tx 77445			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Josepherrag Campanian Muting expenses			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	OH Sylvia Cedillo Waller County Judge			
2/20/14	Sign 8 N More			
80.00	Pavee addless; City; State: Zip Code. 9215 Solon Rd Ste Cl Itowston 07 7064			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Prunting Expluse Description, (If travel outside of Texas, complete Schedule T) Walter Co. Judge Signs Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held OH Sylva Codilw Walter Caudy Judge			
2122114	Payee name OUC - E E S			
Amount (\$)	Payee address; City; State; Zip Code			
29.08	40900 US 290 Waller 02 77484			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Other Check if Austin, TX, officendider living expense			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Office holder name Office sought Office held Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense	A	ges/Contract Labor Loan Repayment/Reimbursement			
Accounting/Banking	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis	undraising Expense Transportation Equipment & Related Expense			
Consulting Expense Event Expense	Polling Expense Travel Out (
Fees		nead/Rental Expense OTHER (enter a category not listed above)			
	The Instruction Guide explains ho	w to complete this form.			
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
3	Sylvia Cedil	9			
4 Date	5 Payee name	V. 4 -			
1/24/14	Walle Coun	ty dine			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	del A Caracteria			
15.96	FM 362 1	Valle 0x 17489			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Food/Bug	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought			
expenditure to benefit C/O	H Sylvia Cedilla	Wallu Co Guaco			
Date	Payee name	0			
217114	Warrel John	$\mathcal{A}\mathcal{M}$			
Amount (\$)	Payee address; City; State; Zip Coo	de			
	Ω_{\sim} 2 . Ω	1/			
35000	10 bx 356 th	ance View 01 77446			
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Consulting Expens	Check (Yustin, TX) officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
	Symaciairo	volen a juage			
Date	Payee name	7			
Amount (\$)	Payee address; City; State; Zip Cod	de /			
	/				
	/				
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, office holder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/O	н/				
Date	Payee name				
		/			
Amount (\$)	Payee address; City; State; Zip Coo	de			
	/	/			
	Category (See categories listed at the top of this schedule	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF					
EXPENDITURE	/	Check f Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDI IVE AS NEEDED			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense					
Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District	Contributions/Donations Made By			
Fees	Printing Expense Office Overhead/Re The Instruction Guide explains how to o	, , , , , , , , , , , , , , , , , , , ,			
4 Tatal annua Cabadula Co		3 ACCOUNT # (Ethics Commission Filers)			
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filets)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
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		Check if Austin, TX, officeholder living expense			
Date	Payee name				
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)			
EXI ENSITORE	/	Check if Austin, TX, officeholder living expense			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
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					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
LAI LIIDITORE		Check if Austin, TX, officeholder living expense			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED			

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Accounting/Banking	Legal Services	Solicitation/Fundraising Ex		portation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donations Made By		
Event Expense	Polling Expense	Travel Out Of District		andidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/Rental E	xpense OTHE	R (enter a category not listed above)	
	The Instruction Guide	explains how to comple	ete this form.		
1 Total pages Schedule H:	2 FILER NAME	1		3 ACCOUNT # (Ethics Commission Filers)	
	2. 440	01.01.		2	
1	syma ce	aucy			
4 Date	5 Business name	L. I	1.00		
2/2/14	(de de da	1) OMMICI	0.		
6 Amount (\$)	7 Business address; City; Sta	ate: Zip Code			
E CO CO	Dusiness address, City, Oil	11		1	
500.00	128 austr	nSt H.	emps	tead U 77445	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) D	Description (If trave	el outside of Texas, complete Schedule T)	
OF		110 11	1911.	· Eam aming the	
EXPENDITURE	Whater Works hos	ial Kintal -	Mul	- Tuystiens,	
	and the same	The state of the s	Chack Austin, 1	X officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	1-11	ffice sought	Office held	
expenditure to benefit C/C	OH Sulua (10	alls 1	Na Do	1 Cokhida	
	The act	0	ucce	i w jung	
Date	Business hame			0	
Amount (\$)	Business address; City; Sta	ate; Zip Code			
Amount (\$)	Business address; City, Sta	ite; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule) De	escription (If trave	outside of Texas, complete Schedule T)	
OF					
EXPENDITURE		/ _			
			Check if Austin, T.	X, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder pame	0	ffice sought	Office held	
expenditure to benefit C/C	DH /				
Date	Business name				
Amount (#)	Business address: Ott. O	ata: Zin Cada			
Amount (\$)	Business addréss; City; Sta	ate; Zip Code			
(4					
PURPOSE	Category (See categories listed at the top	of this schedule)	escription (If trave	el outside of Texas, complete Schedule T)	
OF	/			, , , , , , , , , , , , , , , , , , , ,	
EXPENDITURE		/_			
			Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	/ 0	ffice sought	Office held	
expenditure to benefit C/C	pA			and the second s	
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
/					
/					
DUBBOOK	Category (See categories listed at the top	of this schedule)	Description //ftraus	el outside of Texas, complete Schedule T)	
PURPOSE OF	Category (See categories listed at the top	or and somedule)	ASSISTANCE (II TRAVE	or outside or rexas, complete scriedule 1)	
EXPENDITURE	/				
	/		Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name		ffice sought	Office held	
Complete ONLY if direct expenditure to benefit C/C		O	co sought	Office field	
Experience to beliefit of					

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. 1 Total pages Scheduler			dule K:		
2	FILER NAME		3 ACCOUNT # (Ett	nics Commission Filers)	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
		6 Address of person from whom amount is received; City; State; Zip Code	/		
		7 Purpose for which amount is received			
		/			
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; State; Zip Code			
		Purpose for which amount is received			
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; State; Zip Code			
		Purpose for which amount is received			
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; State; Zip Code			
		Purpose for which amount is received			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH NAME	2 ACCOUNT # (Ethics Commission Filers)			
3	SIGNATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.				
	A. CAMPAIGN FUNDS				
	Check only one:				
	I do not have unexpended contributions or unexpended interest or income earned fr	om political contributions.			
	I have unexpended contributions or unexpended interest or income earned from polition not convert unexpended political contributions or unexpended interest or income earned. I also understand that I must file an annual report of unexpended contribution contributions or unexpended interest or income earned on political contributions I report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Cooling	rned on political contributions to personal ns and that I may not retain unexpended longer than six years after filing this final ions and unexpended interest or income			
	B. ASSETS				
	Check only one:				
	I do not retain assets purchased with political contributions or interest or other incor	me from political contributions.			
	I do retain assets purchased with political contributions or interest or other income from I may not convert assets purchased with political contributions or interest or other income use. I also understand that I must dispose of assets purchased with political contribution of Election Code, § 254.204.	ome from political contributions to personal			
		Signature of Candidate			
5	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 I am also aware that I will be required to file reports of unexpended contributions if officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	f, after filing the last required report as an			
		Signature of Officeholder			

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 T:	
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G		
Schedule H Schedule N COH-UC CO	OH-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		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
	chedule D Schedule F Schedule G OH-T PAC-C PAC-E	
Dates of travel Name of person(s) traveling		
Dates of travel		
Departure city or name of departure location		
Destination city or name of destination location		
Means of transportation Purpose of trave (including name of conference	ce, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
Schedule A Schedule B Schedule C Schedule C	chedule D Schedule F Schedule G	
Schedule H Schedule N COH-UC C	OH-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)	ce, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

(512) 463-5800

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			