Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

days Before Election (TDD 1-800-735-2989)

# 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	NICKNAME SUNG	MI SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address  5 CANDIDATE/ OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	POBX 3576 Prairie	STATE; ZIP CODE  VILLE X 77446  EXTENSION  MI  SUFFIX	Date Hand and Various Postmaked  Received Handant  Amount  Amount  CORRESSED  Date Maged
7 CAMPAIGN TREASURER ADDRESS (residence or business)		e View of	ZIP CODE 77446
8 CAMPAIGN TREASURER PHONE	832) 731.6463	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 / 25/	Year / 14
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  Waller	County Judge
GO TO PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

		A 1	
14 C/OH NAME	Sylvi	a Cedille	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	NDATE'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	1. TOTAL I	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 257.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2700.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12,023.48
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PRING PERIOD	× \$2036.27
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y OF THE REPORTING PERIOD	# \$ 13,000. CZ
18 AFFIDAVIT			
	NOE DOMINGO MAR	is true and correct and includes all ime under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
	MY COMMISSION EXP November 1, 201	IRES A CIC	didds lidate or Officeholder
AFEIX NOTABLE SELECTION	0.054		
Sworn to and subs	scribed before r	11 -1000	
day	of Crove	, 20, tol-certify which, witness m	y hand and seal of office.
Signature of officer admir	nistering oath	Printed name of officer administering oath	Tub  Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages Schedule A:	
2 FILER NAME Symia Cedillo	ACCOUNT # (Ethics Commission Fil	lers)
	Amount of 8 In-kind cont description (if a	
6 Contributor address; City; State; Zip Code PORX 84 Hempstead W	200.00	
77,445	(If travel outside of Texas, complete So	chedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	tructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contr	
1 2 11 John Leatord	contribution (\$) description (if a	applicable)
Contributor address; City; State; Zip Code 35519	250,00	
more shuild 71423	(If travel outside of Texas, complete Sc	hadula T\
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)		nequie 1)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contr	ibution
, a hasham	contribution (\$) description (if a	ipplicable)
1 -11 - 1220	250,00	
MONOTON OX / 1d2 8	(If travel outside of Texas, complete Sc	hedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tructions)	
Detail Set		
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind control in the con	
Contributor address; City; State; Zip Code		
	(If travel outside of Texas, complete Sci	hedule T)
Principal occupation / Job title (See Instructions)  Employer (See Inst		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution (\$) description (if a	
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schructions)	nedule T)
ATTACH ADDITIONAL CODIES OF THE SOUTH AND		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

PLEDGED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to complete	this form.	1 Total pages Sche	dule B:
2 FILER NAME		3 ACCOUNT # (Eth	hics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES:		<b>→</b> →	\$
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 C	code		
10 Principal occupation / Job title (See Instructions)	11 Employer (See In	1	f Texas, complete Schedule T)
Date  Full name of pledgor out-of-state PAC (ID#	/	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)			f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date  Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir		Texas, complete conedule 1)
Date Full name of pledgor out-of-state PAC (ID#	#:	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City; State; Zip C	ode	(If travel puteids of	The consists Cohodule T
Principal occupation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
Date Full name of pledgor out-of-state PAC (ID#		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)	
ATTACH ADDITIONAL COPIE  If contributor is out-of-state PAC, please see in	S OF THIS SCHEDULE	AS NEEDED ditional reporting r	equirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total page	s Schedule E:
2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:		<b>⇒</b>	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	) §	Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		0 Interest rate
Y N			1	1 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	ateral	15 Check if personal funds were	deposited in	to political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19	Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	on (See Instructions)	21 Employer (See Instructions)	I	
Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited into	o political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEED ruction guide for additional repo	DED orting requi	rements.

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contr	ract Labor	Loan Repayment/Reim	bursement
Accounting/Banking	Legal Services	Solicitation/Fundraisir			ent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	s Made By
Event Expense Fees	Polling Expense	Travel Out Of District			Ider/Political Committee
1 665	Printing Expense	Office Overhead/Ren	1.5	OTHER (enter a categ	ory not listed above)
1 Total same Cabat I. 5	The Instruction Guide	explains how to co	mplete this for	m.	
1 Total pages Schedule F:	2 FILER NAME	( o a 110	`	3 ACCOUNT # (	Ethics Commission Filers)
15:	Solvia	udill	)		
4 Date	5 Payee name	P			
4/27/19	TALLOK Shi	10 010	S.		
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code	, 0		
20 MA	11	2 11	11	OV MI	1201
28010	1911 Skeeler	Dartle	orrlle	CK 119	4004
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (t	b) Description (	If travel outside of Texas, co	emplete Schedule T)
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EXPENDITURE	CHILL		Check if Au	ustin, TX officeholder livin	and general light specific and
9 Complete ONLY if direct	Candidate,/ Officeholdenname,	1	Office sought	V	Office held
expenditure to benefit C/C	H DIALAN (O)	.At	1//~	()// // -	1
	Syma Cla	WW	vva	ller 60.	Juage
Date	Payee name	n D	Λ		0
4/26/14	Duakkas	* Tara	Vial.		
Amount (\$)	Payee address; City; Stat	te; Zip Code			
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PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (	If travel outside of Texas, co	implote Schodule T)
OF	Mall.	, , , , , , , , , , , , , , , , , , , ,	/ V .	· M	nitiplete schedule 1)
EXPENDITURE	When		Checklif Au	M M / ILL ustin, TX, officeholder livin	g expense Mala
Complete ONLY if direct	Candidate / Officeholder name	1	Office sought	0 0 1	Office held
expenditure to benefit C/C	" Duma Codil	(D)	Wallen	6. Juda	0/
Date	Pours name	190	- 0000	40. A vada	
1.165111	Payee name			V	
10/2/14	Shell Wil				1
Amount (\$)	Payee address; City; Stat	e; Zip Code			
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PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (	If travel outside of Texas, co	molete Schedule T\
OF	$\sim$ 10	. *	100		$\varphi$ $\Lambda$
EXPENDITURE	Other		Check if AL	istin, TX, officeholder livin	Mayel
Complete ONLY if direct	Candidate / Office/folder name		Office sought		
expenditure to benefit C/O		<b>€</b>		(C)	Office held
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Date	Payee name			U	0
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PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
OF	(Othor		/ *	parison M	arkitima
EXPENDITURE	01100		Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Λ Λ Λ	Office sought	(i) A	Office held
expenditure to benefit C/C	on symal (e	della	Wa Do	1 (1)	office field
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		FIES OF THIS SCI	MEDULE AS N	EEDED ()	U

A 4		RECATEGORIES FOR BOX 8(a	1)
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 Fees	Polling Expense Travel Out Of District		Candidate/Officeholder/Political Committee
1 003	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Gu	ide explains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME	1.112	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	Breco	
40 00 1-11	7 7 1	1	
09.29.2014.	The hural (	onnection.	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
826.93	2700 Coast F	lue. Mountain	View Ca 94043-1140
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	Oda-linia 8		azine Ad.
			Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nan	ne Office soug	ht Office held
experiordie to beliefit C/C	" Dylvia Cedill	o Waller (¿	s. Tudge
Date	Payee name		
10.04.2014.		to Chadalaia	
Amount (\$)	- 100 CUAR	e Chedours	Casual Cate.
Amount (\$)	Payee address; City;	State; Zip Code	
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51.00	23998 1 100	nwest two Lyo	ress, 1x 77429-6173
PURPOSE	Category (See categories listed at the		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	1.0	Campaid	
EXPENDITORE	Other	1	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder nan		
expenditure to benefit C/C	OH Q. I. O TI		Office field
	241012 Cedille	s Waller Ca	o. vage.
Date	Payee name	0.1	J .
10.05.2014.	Valero Como	r Store	
Amount (\$)	Payee address; City;	State; Zip Code	
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20.01	2001111	ace Plug. Jan	Hintonio, lx 78230-202
PURPOSE	Category (See categories listed at the	top of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	110	Gas	for IRAVEL
EXPENDITURE	Other		Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder nam	ne Office soug	ht , Office held
expenditure to benefit C/C	" Sylvia Codill	0 1,201/05 6	1 400
Date	Payee name	o water t	o. Jode
10	\ \ \	$\alpha$	
10.5.2014.	Valero Corne	r Store.	
Amount (\$)		State; Zip Code	
21.1010	9020 (0)	- 1 DII S	A
J. 1. W. W.	1000 COLONY	hade 131yd. Dar	Hntonio, 1x 78230-2202
PURPOSE	Category (See categories listed at the	top of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	AM	/- ~ ~	for IRAvel.
EXPENDITURE	Other		Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder nam	e Office sough	-1
expenditure to benefit C/C	H Sylvia Codi	110 11201120	Office held
		CODIFICATION CO	). Judge.
	ATTACHADDITIONAL	COPIES OF THIS SCHEDULE AS	NEEDED

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Population Medical Processing Andrews (Page 1997)
Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
	Sylvia Codillo
4 Date	5 Payee hame
10.08.2014	Pizza NAPoletana
6 Amount (\$)	7 Payee address; City; State; Zip Code
n	that a c
25.01	110 5" St., San trancisco Ca. 94103-2918
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	Campaign Meeting Inforts
EXI ENDITORE	Other Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/C	
Date	Payee name
200	1 00 5
10.07.2014.	Las ruentes Mexican
Amount (\$)	Payee address; City; State; Zip Code
10 00	Las 10th Cl 1/2 al 17
28.00	601 10" St., nempstead, 1x 9-1445-4528.
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Campaign Meeting / Meals.
	Other Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	" Sulvia Cedillo Waller Co. Vidae
Date	Payee name
10.06.2014.	BUC-EE'S #18.
Amount (\$)	
·	Payee address; City; State; Zip Code
211 20-	400
39.25	40900 US. 290, Waller, 1x 47484-7318
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Gas for TRAvel.
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held
	Sylvia Cedillo Waller (o. luche
Date	Payee name
10.10.2014.	Vista PR* Vista Print
Amount (\$)	Payee address; City; State; Zip Code
3.	Sity, Glate, Zip Code
530.19	los Hondas On In I al
11.	65 Hayden Ave; Lexington, 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	Printing Eugene
	Candidate (Office holder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
A STATE OF THE STA	Sylvia Cedillo Waller Co. Vidos
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
	Sulvice Coolillo
4 Date	5 Payee name
10.08.2014	Callia and C
1-1-01011	Callingpost Communic Martinez Ga.
6 Amount (\$)	7 Payee address, City; State; Zip Code
1/10,000	
249.99	531 Blackburn Dr., Augusta, Ga. 30907-8202.
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	Campaign Marketing
• • • • • • • • • • • • • • • • • • • •	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held
	" Juluia Cedillo Waller Co. Judge.
Date	Payee name
10.08.2014.	Carron Stars
	Corner Store
Amount (\$)	Payee address; City; State; Zip Code
h .	
21.00	4830 Colonnade Blud., San antonio 1x 48230-2202
PURPOSE	The second of th
OF	, and the second of the second
EXPENDITURE	Gas for travel.
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Office holder name Office sought Office held
expenditure to benefit C/C	" Sylvia Cedillo Waller Co. Vodre.
Date	Payee name
	A Comme
10.13.2014.	Office Depot.
Amount (\$)	Payee address; City; State; Zip Code
, h	
394 56	25921 High 12 1900 1 2000 T 771120 1010
011.50	23821 Mighway 290 Cypress, 1x 77429-1049.
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Supplies
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	H Sulva Codilla (1)
Date	Course S. Jusque.
1- 1	Payee name
10.11.2014.	Whataburger Corner Store
Amount (\$)	Payee address; City; State; Zip Code
48.67	ony, onto, zipode
11000	9920 11 11 21 1 0 0 1 =
10.00	School Colomande Blud, San antonio 1x 78230-2202
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF	Gas for IRAUEL
EXPENDITURE	
Complete ONLY if direct	Candidate / Officeholder name
expenditure to benefit C/C	OH C Office held
	Sylvia Cedillo Waller Co. Judge.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Event Expense	Political Contributions/Donations Made By
Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee  Printing Expense Office Overhead/Rental Expense OTUDE (care of the control of the contro
XXX 100 X 200	OTHER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guide explains how to complete this form.
i Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
	Sylvia Cedillo.
4 Date	5 Payee name
10.11.2014	Legondora Sonotehouse
6 Amount (\$)	7 Payee address; City; State: Zip Code
and the second	ony, outo, zipodde
25.41	52120 How Many ato A To 471115
	130 nay 290, nempstead, 1x 77445
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	Campaign Meals. Meeting
	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder pame Office sought Office held
expenditure to benefit C/C	on State of the Control of the Contr
Date	5 550.0 5 , 500 € .
Date	Payee name
10.15.2014.	Legendary Smokemose.
Amount (\$)	Payee address; City; State; Zip Code
23.00	52130 Husy 290 (0) Homostand Tr 44445
	12 11 193
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Campaign Meeting Moods
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/C	H Sulvia Cadilly 1,201100 A 1 100
Date	100-
1- 17 .	Payee name
10.17.2014.	USPS. Pathson, 1x
Amount (\$)	Payee address; City; State; Zip Code
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91.35	401 FRANKLIN St Ray 310 Houston In 44 november
11100	11317 1. St., 130 1003 10N, 1X. 1120 19901
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Postage for Bulk may L.
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Office holder name Office sought Office hold
expenditure to benefit C/O	H Sylvia Cedillo. Waller Co. Vodose
Date	Payee name
10.17.2014.	USPS. Com EDDM.
Amount (\$)	Payee address; City; State; Zip Code
757.23	475 lenfort Pla Sur I realization
	School 12 3W. Washington DC 20260-0004.
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Postage for Bulk Mail.
	Check if Austin, TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name
expenditure to benefit C/O	H Sylvia Codillo ID allos Co Ida
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Con	tract Labor L	oan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrais		ransportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense	Travel In District	C	ontributions/Donations Made By
Fees	Polling Expense Printing Expense	Travel Out Of Distric	_	Candidate/Officeholder/Political Committee
view Date (State (State )	The Instruction Guide	Office Overhead/Re		THER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	explains now to co	omplete this form	
rotal pages ochequie 1.		11		3 ACCOUNT # (Ethics Commission Filers)
4 Date	Sylvia Codi	110		
	5 Payee name			
10.18.2014	13UC-EES #18.			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
hn 4-1				
33.2+	40900 US 190.	waller.	1x 774	84 4318.
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description (if	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	90000		Gas for	
- LITOIT ONE	Other	'		tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	
expenditure to benefit C/C	OH C 1. A LII		11 1	Office held
Data	Sylvia Cedillo	Wa	ller Co.	juage.
Date	Payee name	1	-	
10.17, 2014.	USYS 13 rool	cshire. I	x.	
Amount (\$)	Payee address; City; St	ate; Zip Code		
<b>u</b>		^	, ,	
710.85	401 Franklin St	Km 310	. Houston	1.1x 772019901
PURPOSE	Category (See categories listed at the top		11.000	travel outside of Texas, complete Schedule T)
OF		1 /		ailings Postage
EXPENDITURE	Other	1'		tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	
expenditure to benefit C/O	HC I .: O III	1.10	1 1	Office held
5.	Sylvia Cedillo	wa	Her Co.	udge.
Date	Payee name			
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Amount (\$)	Payee address; City; Sta	ate; Zip Code		
•		_		1
132.48	401 Franklin St	Bm 310	Haralan	717610001
	Category (See categories listed at the top		Description	1, +12017701
PURPOSE OF	(See Categories listed at the top			ravel outside of Texas, complete Schedule T)
EXPENDITURE	Other	. 1	Solic M	lailing Posting.
Complete ONLY if direct	Candidate / Officeholder name			tin, TX, officeholder living expense
expenditure to benefit C/O	H C 1 . V 1.11		Office sought	Office held
D	Sylvia Cedillo	wa	ller lo.	udge.
Date	Payee name			
10.21-2014.	Cracker Barr	el. 710		1
Amount (\$)	C10001	ite; Zip Code		
9				
17.31	17040 NIW 4500		–	
		usey, Cyr	oress, x	77429
PURPOSE	Category (See categories listed at the top		Description (If	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Athan	C	ampaign	Meeting - meal.
	Other			in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
,	Sylvia Cedill	CC U		lucae.
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P.O. Box 12070

#### SCHEDULE F

(512) 463-5800

1	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Calif. Awards/Memorials Evpansa Calada and C
Accounting/Banking	Legal Services Collected to the Collecte
Consulting Expense	FOOD/Beverage Evolute Tanasia Language Expense
Event Expense	Polling Expanse — Contributions/Donations Made By
Fees	Printing Expense
1	OTHER (enter a category not listed above)
	The instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME
1	3 ACCOUNT # (Ethics Commission Filers)
4 Date	Sylvia Codulo.
	5 Payee name
10/21/2014	11395
6 Amount (\$)	
(0)	7 Payee address; City; State; Zip Code
1	4 ( )
260.58	401 Franklin St R. 210 H. J. T.
8 PURPOSE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OF	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	
	Bulk Mail Postage.
	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name
expenditure to benefit Co	
D-1-	waller (p. locoe.
Date	Payee name
10/22/14	Muschy 1201
A	Murphy 6 to 6.
Amount (\$)	Payee address; City; State; Zip Code
37.02	1000 5 100 00 1
31.02	12911 Fm 1960 Rd W. Houston 1x 77065-4810
PURPOSE	Category (Caracillaria III)
OF	
EXPENDITURE	Chas for TRAvel
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	
expenditure to benefit C/0	OH (') Office held
	Sylvia Cedillo Waller (a lida
Date	Payee name
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10 10 119.	1-mobile.
Amount (\$)	Pouce add
**	Payee address; City; State; Zip Code
1-6 111	
	11950 SW Gordon DI Partland 02
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PURPOSE	Category (See categories listed at the top of this schedule)  Description //fitravel outside of Taxas
OF EVENTURE IN	(
EXPENDITURE	Other Campaign Phone
Complete ONLY if direct	
expenditure to benefit C/C	Office sought
To Dement 6/6	Office held
Date	Walks to hada
10/12/11	Payee name
10111/114.	119 PQ - PCO - 11:
Amount (\$)	DSPS Prairie View Tr
	Payee address; City; State; Zip Code
010 20	
212.28.	21212 FM 1098 / 000 20:
PURPOSE	Category (See categories listed at the top of this schedule)  Description (Manual Control of the
OF	
EXPENDITURE	Other Bulk Mail Postage
Complete Otto	
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political to penefit C/O	Office sought
	Sq tota Certific
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
ww.ethics.state.tx.us	THIS SCHEDULE AS NEEDED

1	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Call Awards Memorials Evanna Outside San Control Contr
Accounting/Banking	Legal Services Catinitation (Transport Repayment/Reimbursement
Consulting Expense	FOOD/Beverage Evnance
Event Expense	Polling Evennes Contributions/Donations Made By
Fees	Printing 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	- Sylvia Centuo
4 Date	5 Payee name
10/17/2014	USPS. Nemostrad TV
6 Amount (\$)	TICH INDIEGO IX
Tanicani (4)	7 Payee address; City; State; Zip Code
CIA	100 ml 01 11 -
862.05	901 12" St., Hempsted 1, 77445 - 9900
8 PURPOSE	(a) Cotogood (b)
OF	( Texas, complete schedule 1)
EXPENDITURE	Bulk mail Postage.
	11146.6
9 Complete ONLY if direct	Check if Austin, TX, officeholder living expense
expenditure to benefit C/	OH C Office held
	Sylvia Cedillo Waller Co. ludge
Date	Payee name
10/17/14	
	work Graphics
Amount (\$)	Payee address; City; State; Zip Code
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	TOTES TO HOUSTON IN TENAN
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel cuteling of Zeura
OF EXPENDITURE	The state of texas, complete Schedule Ti
-XI ENDITORE	Printing & Bolk Mailer
Complete ONLY if direct	Candidate / Officeholder name  Compared to the
expenditure to benefit C/C	Office sought Office held
	Since Held
Date	Payee name
10/15/14	D 11 1
11011	TIZZA HUT
Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE	Category (Santalandary Santalandary Santalan
OF	
EXPENDITURE	Athor
Complete ONLY :	
Complete ONLY if direct expenditure to benefit C/O	Office county
The second of th	Office held
Date	W4.1121 ( ). Volace
10/10/11	Payee name
10 113 114.	Dreak fast Paradise
Amount (\$)	n is is is in the second of th
13	Payee address; City; State; Zip Code
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17.92.	1118 Hustin St Hannel I I
DUDDOO	Category (See colors of the Memostead   x 77445.
PURPOSE	Description (If travel outside of Tower countries
EXPENDITURE	
	Other. Campaign Meeting / Meals.
Complete ONLY if direct	Candidate / Officeholder system Candidate / Officeholder fiving expense
expenditure to benefit C/O	Office sought Office hold
	JULICA ( adulta )
	WHILE CO LUCIO
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS ALLEGE.
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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense	Calli/Awards/Memorials Evpansa Callada Anti-			
Accounting/Banking	Legal Services Solicitation/Fundraising Expanse			
Consulting Expense	rood/Beverage Expense Travel in D	Transportation Equipment & Related Expense Contributions/Donations Made By		
Event Expense Fees	Polling Expense Travel Out	Of District Candidate/Officeholder/Political Committee		
rees	Printing Expense Office Ove	rhead/Rental Expense OTHER (enter a category not listed above)		
1 Total pages Schedule F:	The Instruction Guide explains h	ow to complete this form.		
Total pages schedule F:	2 FILER NAMESUMA Cedi	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payername			
10/1/14	Darryl John	2002		
6 Amount (\$)	7 Payee address; City; State; Zip Ce			
3500.00	Q Q Z =/	ee .		
	10 DX 356 T	Jame View Cl 77446		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	(b) Description (If travel outside of Jexas, complete Schedule T)		
EXPENDITURE	Consulting	Political Strategy		
9 Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense		
expenditure to benefit C/C	or Syma Cedillo	Wallin (1) Anda		
Date	Payee name	The state of the s		
Amount (\$)	Payee address; City; State; Zip Co	de		
	Zip oode			
PURPOSE	Category (See categories listed at the top of this schedule	Description (Heavel autobase)		
OF EXPENDITURE		Description (If travel outside of Texas, complete Schedule T)		
		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name				
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PURPOSE	Category (See categories listed at the top of this schedule)	Description		
OF EVERTURE	soledie)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE				
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OF	Category (See categories listed at the top of this schedule)	Description (If travel outside 1		
EXPENDITURE		Description (If travel outside of Texas, complete Schedule T)		
		Chack if August Tree		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense		
- 10 perient C/OH		Office sought Office held		
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### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

P.O. Box 12070

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund 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  Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee (Rental Expense  Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense		
Date	Payee name			
Amount (\$)	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		
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)		
		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)		
		Check if Austin, TX, officeholder living expense		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	CATEGORIES FO Salaries/Wages/Contr Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Rent explains how to con	act Labor Log Expense Tr	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	oxplains now to con	inplete this form.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10 2 1 4 6 Amount (\$)	5 Business name  7 Business address; City: Sta	te; Zip Code	0	
500.00	728 austin		pstead	17445
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b)	Same	avel outside of Texas, complete Schedule T)  Space Equipment  n, TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	V	aller Cou	office held
Date 10/24/14	Business name	ucs		J verige
1485 <sub>12</sub>	Business address City; Stat	te; Zip Gode	d Hor	roton of
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Bul	vel outside of Texas, complete Schedule T)  What Post Card  TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name	6	Office sought	6 Audol
Date	Business name			
Amount (\$)	Business address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	_	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	, TX, officeholder living expense Office held
Date	Business name			
Amount (\$)	Business address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)		vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Check if Austin, Office sought	TX, officeholder living expense Office held
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Texas Ethics Commissi	sion P.O. Box 12070 Austin, Texas 787	/11-2070 (512)	) 463-5800 (	(TDD 1-800-735-2989)
	ITICAL EXPENDITURES OM POLITICAL CONTRIBU	JTIONS	S	SCHEDULE I
	The Instruction Guide explains ho	ow to complete th	nis form.	
1 Total pages Schedule I:	: 2 FILER NAME		3 ACCOUNT # (I	Ethios 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 (Se required.)	e instructions regarding	g type of information
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Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (Se required.)	e instructions regarding	g type of information
Date	Payee name			2
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (Se required.)	e instructions regarding	g type of information
Date	Payee name			
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (Secrequired.)	e instructions regarding	ι type of information
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P.O. Box 12070

INTERE:	ST EARNED, OTHER CREDITS/GAINS DS, AND PURCHASE OF INVESTMENT	/ ſS		SCHEDULE K
The	Instruction Guide explains how to complete this form.	1	Total pages Sche	edule K:
2 FILER NAME		3	ACCOUNT # (Et	thics 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	8 127 12		
	Purpose for which amount is received	_		
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	8 3		Amount (\$)
	Purpose for which amount is received			
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTION OR POLITICAL EXPENDED FOR TRAVEL OUTSIDE OF TEXAS	OITURE SCHEDULE T
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	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	
Departure city or name of departure location	
9 Destination city or name of destination location	
10 Means of transportation	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule  Schedule H Schedule N COHAIC CONT	Genedale G
Dates of travel  Name of person(s) traveling  COH-T  COH-T	PAC-C PAC-E
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel/including name of conference, semi	inar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Sonedule 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	
Destination dity of name of destination location	
Means of transportation Purpose of travel (including name of conference, semi	nar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH I	NAME	2 ACCOUNT # (Ethics Commission Filers)			
3	SIGN	ATURE				
	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.					
		Signatu	re of Candidate / Officeholder			
4		R WHO IS NOT AN OFFICEHOLDER  nplete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	ck only one:				
		I do not have unexpended contributions or unexpended interest or income earned from po	olitical 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				
	Chec	ck only one:				
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income frouse. I also understand that I must dispose of assets purchased with political contributions in of Election Code, § 254.204.	om political contributions to personal			
		S	Signature of Candidate			
		CEHOLDER uplete 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.				
		Się	gnature of Officeholder			