

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

| | | | | | | |
|---|--|----------------------|--|---|--------|----------|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) 00090207 | 2 Total pages filed: 6 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Crystal A. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Sedillo | SUFFIX | Date Received ELECTRONICALLY FILED 01/15/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 4217 Noralee St. | | | Date Hand-delivered or Date Postmarked | | |
| | Bay City, TX 77414 | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Angelica D. | MI | | | |
| | NICKNAME | LAST Hernandez | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 2306 Matthew St. | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | Bay City, TX 77414 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (979) 267-9848 | PHONE NUMBER | EXTENSION | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | |
| 9 PERIOD COVERED | Month 10/20/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 03/03/2026 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) None | | | 12 OFFICE SOUGHT (if known) State Representative District 30 | | |

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

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| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Sedillo , Crystal A. (Mrs.) | | 14 Filer ID (Ethics Commission Filers) 00090207 |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 850.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 766.24 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 18.76 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |

17 AFFIDAVIT

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

Mrs. Crystal A. Sedillo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | |
|--|--|
| 18 FILER NAME Sedillo , Crystal A. (Mrs.) | 19 Filer ID (Ethics Commission Filers) 00090207 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | |
| 11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |
| SUBTOTAL AMOUNT | |
| \$ 850.00 | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ 766.24 | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ 45.00 | |
| \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6 |
| 2 FILER NAME Sedillo , Crystal A. (Mrs.) | | | 3 Filer ID (Ethics Commission Filers) 00090207 |
| 4 Date 10/28/2025 | 5 Full name of contributor Sedillo, Crystal 6 Contributor address; City; State; Zip Code Bay City, TX 77414 | 7 Amount of Contribution (\$) \$100.00 | |
| 8 Principal occupation / Job title (See Instructions) Student | | 9 Employer (See Instructions) N/A | |
| Date 11/10/2025 | Full name of contributor Texas Majority PAC Contributor address; City; State; Zip Code Houston, TX 77266 | Amount of Contribution (\$) \$750.00 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/6 | 2 FILER NAME Sedillo , Crystal A. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00090207 |
| 4 Date 11/14/2025 | 5 Payee name Coastal Signs N More | |
| 6 Amount (\$) \$16.24 | 7 Payee address; City; 2016 Avenue I Bay City, TX 77414 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/10/2025 | Payee name Texas Democratic Party | |
| Amount (\$) \$750.00 | Payee address; City; 314 E Highland Mall Blvd Suite 508 Austin, TX 78752 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense filing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6 | 2 FILER NAME Sedillo , Crystal A. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00090207 |
| 4 Date 11/14/2025 | 5 Payee name Woodforest National Bank | |
| 6 Amount (\$) 15.00 | 7 Payee Address; City; State; Zip 4600 7th Street Bay City, TX 77414 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) bank account maintenance fee |
| Date 12/31/2025 | Payee name Woodforest National Bank | |
| Amount (\$) 15.00 | Payee Address; City; State; Zip 4600 7th Street Bay City, TX 77414 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) bank account maintenance fee |
| Date 10/31/2025 | Payee name Woodforest National Bank | |
| Amount (\$) 15.00 | Payee Address; City; State; Zip 4600 7th Street Bay City, TX 77414 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) bank account maintenance fee |