

**Mr. Ovidio  
Cisneros Jr.**



# 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)

2 Total pages filed:

3

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

O V I O I O  
NICKNAME LAST SUFFIX  
"WOODY" CISNEROS JR

OFFICE USE ONLY

Date Received

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

3:07 PM FEB 22 2016

RECEIVED  
Date Hand Delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

572 CARMELA LN BROWNSVILLE, TX  
78521

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 266-0446

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

VADIKA  
NICKNAME LAST SUFFIX  
HERNANDEZ

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

572 CARMELA LN. BROWNSVILLE, TX 78521

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 639-5039

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    Month Day Year  
01 / 22 / 16    THROUGH    02 / 20 / 16

11 ELECTION

ELECTION DATE

Month Day Year

03 / 01 / 2016

ELECTION TYPE

- Primary     Runoff     Other Description
- General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (If known)

CONSTABLE PCT 7  
CAMERON COUNTY

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME OVIDIO "WOODY" CISNEROS JR 15 Filer ID (Ethics Commission Filers)

16 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT 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.

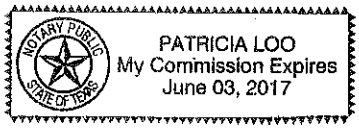
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 671 <sup>25</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1948
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.



[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ovidio Cisneros Jr., this the 22th day of February, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Patricia Loo Printed name of officer administering oath  
Notary Public Title of officer administering oath

# SUBTOTALS - C/OH

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

**19 FILER NAME**

**20 Filer ID (Ethics Commission Filers)**

**21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE**

**SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400 <sup>00</sup>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 671 <sup>95</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100 <sup>00</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 1

2 FILER NAME

Ovidio "Woody" Cisneros Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Martin Cantu

7 Amount of contribution (\$)

\$100<sup>00</sup>

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

2-18-16

Yadira Hdz Cisneros

Amount of contribution (\$)

\$200<sup>00</sup>

Contributor address; City; State; Zip Code

572 Ciruela Ln. Brownsville, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

2-17-16

Freddy Cisneros Jr.

\$100<sup>00</sup>

Contributor address; City; State; Zip Code

7959 Date Dr. Brownsville, TX 78520

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 contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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





# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: 1 of 3	<b>2</b> FILER NAME Ovidio "Woody" Cisneros Sr.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1-29-16	<b>5</b> Payee name The Grafik Spot
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<b>6</b> Amount (\$) \$25 <sup>96</sup>	<b>7</b> Payee address; City; State; Zip Code 74 S. Price Rd. Ste. 2 Brownsville, TX 78521
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-3-16	Payee name The Grafik Spot
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Amount (\$) \$26 <sup>00</sup>	Payee address; City; State; Zip Code 74 S. Price Rd. Ste. 2 Brownsville, TX 78521
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-8-16	Payee name SRS Advertising
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Amount (\$) \$81 <sup>25</sup>	Payee address; City; State; Zip Code 1124 morningside Rd. Brownsville, TX 78521
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 3	<b>2</b> FILER NAME Ovidio "Woody" Cisneros Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-12-16	<b>5</b> Payee name The Grafik Spot	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 74 S. Price Rd. Ste. 2 Brownsville, TX 78521	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-19-16	Payee name The Grafik Spot
Amount (\$) \$122.32	Payee address; City; State; Zip Code 74 S. Price Rd. Ste. 2 Brownsville, TX 78521

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-19-16	Payee name The Grafik Spot
Amount (\$) \$124.25	Payee address; City; State; Zip Code 74 S. Price Rd. Ste. 2 Brownsville, TX 78521

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Ovidio "Woody" Cisneros Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 2-19-16	5 Payee name The Grafik Spot
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6 Amount (\$) \$11042	7 Payee address; City; State; Zip Code 74 S. Price Rd. Ste. 2 Brownsville, TX 78521
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-19-16	Payee name SRS Advertising
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Amount (\$) \$8125	Payee address; City; State; Zip Code 11241 Morningside Rd. Brownsville, TX 78521
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1-of 1	<b>2</b> FILER NAME Ovidio "Woody" Cisneros Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/12/16	<b>5</b> Payee name THE GRAFIKSPOT	
<b>6</b> Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 74 S. PRICE RD Ste. 2 BROWNSVILLE TX 78521	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

