# SILVERIO CISNEROS, JR.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

		4 Elley ID (Ethias Commission Elleys)	2 Total pages file	d·
The C/OH Instruction G	luide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	O.
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  MR. SILVERIO  NICKNAME LAST  SILVER CISNER	suffix  Suffix	Date Received CAM DEPARTME	JSE ONLY  ERON COUNTY ENT OF ELECTIONS REGISTRATION
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	38 W. ARMSTRONG CT	SITY: STATE; ZIP CODE  SVICCE TX 78521	7:92 4 10	L 1 5 2019
Change of Address	DICOWN	150/200, 1× 100C1	Ruy K	TALM I
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 266-3840	Olevanta	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	M!	Receipt #	Amount \$
TREASURER NAME	MRS ORALIA	SUFFIX	Date Processed	
	CISNEROS		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT/SI  38 W. ARMSTRONG	Cr	ZIP CODE	
(Residence or Business)	15.	ROWNSVILLE, TX	78521	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 407-7107	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		15th day afte treasurer api (Officeholder	pointment
10 PERIOD COVERED	Month Day Year 01 / 15 / 19	Month  THROUGH	Day Year / 30 / 19	
11 ELECTION	ELECTION DATE  Month Day Year Primary  O3 / 20 General	ELECTION TYPE  Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known  CAMERON  CONSTABO	•	2
	GO ТО	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		/		<b>15</b> File	er ID (Ethics Commission Filers)
ك	ILVERIO	Cisnersos	JR.		
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			
	GENERAL	NIA			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TE	REASURER NAME		
Additional Pages					
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIC S, LOANS, OR GUARAN	ONS OF \$50 OR LESS (OTTEES OF LOANS), UNLE	OTHER THAN ESS ITEMIZED	\$ ()
		POLITICAL CONTRIBU THAN PLEDGES, LOANS		LOANS)	\$ <i>O</i>
EXPENDITURE TOTALS		POLITICAL EXPENDITURI S ITEMIZED	ES OF \$100 OR LESS,		\$ 90 00
	4. TOTAL	POLITICAL EXPENDIT	URES		\$ 190 00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO ORTING PERIOD	NS MAINTAINED AS OF	THE LAST DAY	\$ 🔷
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A AY OF THE REPORTING I		NS AS OF THE	\$0
18 AFFIDAVIT					
The second secon	RICHARD FL RICHARD FL Rotary Public, Sto Comm. Expires Notary ID 12	nte of Texas 2-09-2019		ludes all informatio	that the accompanying report is on required to be reported by me
			Signati	ure of Candidate	or Officeholder
AFFIX NOTARY STAM		S.,,	venio Cis	Nessel	1 Cth
Sworn to and subsc	10	,			fthis the
day of JUN	, 20_19,	to certify which, witne	ss my hand and seal	l of office.	
	I Knowles	- Richard	Fuentes		Jotany
Signature of officer a	idministering oath	Printed name of	officer administering or	atn li	tle of officer administering oath

#### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	SILVERIO CISNEROS DR. 20 Filer ID (Et	hics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	* <i>O</i>
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>O</i>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ıs \$ <i>O</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$19000
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	с/он \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>O</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>O</i>

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME ILVENIO LISNEROS JR. 4 Date 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME SILVERIO CISNEROS JR.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ , description .
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of In-kind contribution Contribution \$ . description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	

se see instruction guide for additional reporting requirements.

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME SILVERIO CISNEROS SR. 4 TOTAL OF UNITEMIZED PLEDGES \$ . 9 In-kind contribution 5 Date 6 Full name of pledgor \_\_\_ out-of-state PAC (ID#:\_\_ 8 Amount of Pledge \$ description \_ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor \_\_\_ out-of-state PAC (ID#:\_\_\_\_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code \_\_\_ Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor \_\_\_\_ out-of-state PAC (ID#:\_\_\_\_\_ description Pledge \$ Check if travel outside of Texas, Complete Schedule T. 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.

	LOANS			SCHEDULE E	
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2	FILER NAME	i venio Cisnenos	Jæ.	3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS		\$	
5	Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial Institution?		itate; Zip Code	10 Interest rate	
	Y N			11 Maturity date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Colli	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16	GUARANTOR INFORMATION	17 Name of guarantor  18 Guarantor address; City; S	state; Zip Code	19 Amount Guaranteed (\$)	
	not applicable				
20	Principal Occupat	lon (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender □ out-of-state F	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial	Lender address; City; S	State; Zip Code	Interest rate	
	Institution? Y N			Maturity date	
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political	
	GUARANTOR INFORMATION	Name of guarantor  A  Guarantor address;  City;		Amount Guaranteed (\$)	
	not applicable	additation address; Oity, C	, <u></u>		
		on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solioitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

redit Card Payment	The Instruction Guide explains how to o	complete this form.	
Total pages Schedule F1:	2 FILER NAME SILVERIO CISNE	nos Ja.	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name N/A		
Amount (\$)	7 Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name  N/A		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name  N/A		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The Instruction Guide explains how to compl	
Total pages Schedule F2:	SILVERIO CISNEROS IN	3 Filer ID (Ethlos Commission Filers)
TOTAL OF UNITEN	IZED UNPAID INCURRED OBLIGATIONS	\$
Date	6 Payee name	
	NA	
Amount (\$)	8 Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
)	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Office held
Date	Payee name  N/A	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Politica	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		sought Office held

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## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:	
2 FILER NAME	0 0	3 Filer ID (Ethics Commission Filers)	
<u> </u>	SIWERIO CISNEROS dr.		
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code	
	7 Description of investment		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; City	, , , , , , , , , , , , , , , , , , ,	
	Description of investment		
	Amount of investment (\$)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cancilidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	Committee Legal Services Salaries/M  The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	1	
		V EVROS JA.
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CF	REDIT CARD \$
5 Date	6 Payee name	
** 6	8 Payee address; City; State; Zip Code	
7 Amount (\$)	o Fayee address, Oity, Glate, Zip Gode	
9 TYPE OF EXPENDITURE	Political Non-Po	olitical
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE		Check If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		Office sought Office held
Date	Payee name  V/A	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	olitical
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME SILVERIO CISI	venos In	3 Filer ID (Ethics Commission Filers)
4 Date D1- 17- 19	5 Payee name SOLICE TECHNOLO	06163	
6 Amount (\$)  4 9 0 40  Reimbursement from	7 Payee address; City; State; Zip Code 4/1/5 OLA Huy 77 Brown	SEVILLE, TK	78520
political contributions intended		1	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  AOVENTISING  Expense		ie of Texas, Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  Silverio Cisnerios Jr.	and the same of th	MEMON COUNTPILICE Held LE PETZ
Date 02-01-19	Source Technologie	£_S	
Amount (\$) \$ 100	Payee address; City; State; Zip Code 4115 Deo Hwy 77 Br	OUNSVILLE,	Tx 78520
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING  EXPENSE		le of Texas. Complete Schedule T. X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name  SILVENIO CISNENOS U.	Office sought AMERON COUN ONSTABLE F	Office held ア と <sub>ア</sub> て.
Date	Payee name W/A		
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)		le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

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

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order a pategory not listed shows)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME CVERIO 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ☐ Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date NIA City; State; Zip Code Business address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Business name Date NIA Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILERNAME. SILVERIO CISNET	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name  N/A			
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  N/A			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name  N/A			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee паme W/A			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:	
2 FILER NAME	Silvenio Cisnenos Ja.	3 Filer ID (Ethics Com	nmission 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 Check if	political contribution retur	rned to filer
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 Check if	political contribution retur	rned to filer
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 Check if	political contribution retur	rned to filer
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 Check if	political contribution retur	rned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

				d Talahanan Oshadala W			
The Instru	iction Guide exp	1 Total pages Schedule T:					
<sup>2</sup> FILER NAME	ILVERIO	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  M/A							
5 Contribution / Expend	iture reported on:						
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedul	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling  8 Departure city or name of departure location  9 Destination city or name of destination location						
10 Means of transportation  11 Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:							
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule	e F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  // A							
Contribution / Expend	liture reported on:						
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location  Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
					Ravisad 9/8/2015		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME SILVERIO CIENEROS Un.	2 Filer ID (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.						
		Sign	ature of Candidate / Officeholder				
4		R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned	d from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	В.	ASSETS					
	Chec	Check 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 contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
			Signature of Candidate				
5	5 OFFICEHOLDER  Complete this section <i>only</i> if you are an officeholder						
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
			Signature of Officeholder				