# SILVERIO CISNEROS, JR.

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

,		·····			
The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE	USE ONLY	
NAME	Mr. Silverio		Date Received		
	NICKNAME LAST	SUFFIX	on 6 h ar		
:	"Silver" Cisneros	Jr.	DEPARTME	RON COUNTY NO OF <b>ELECTIO</b> NS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	VOTER 2:542JAI	REGISTRATION N	
Change of Address	55 W / William Original Diox	W110VIIIC, 17( 10021	_ ,	monueno.	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	l But (		
OFFICEHOLDER PHONE	( 956 ) 266-3840		Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt #	Amount \$	
NAME	Mrs. Oralia	SUFFIX	Date Processed		
	Cisneros		Date Imaged		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE;	ZIP CODE	
ADDRESS (Residence or Business)	38 W Armstrong Ct	Brownsville	TX	78521	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 407-7107	EXTENSION			
9 REPORT TYPE	X January 15 30th day before	election Runoff	15th day aft treasurer ap (Officeholder		
	July 15 8th day before e	election Exceeded \$500 limit	Final Report	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 07 / 16 / 2019	Month 12 /	Day Year  / 31 / 201	9	
11 ELECTION	ELECTION DATE	Description			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Cameron County		ct 2	
	<b>GO TC</b>	PAGE 2			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/26/2019					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)				
Silve	erio Cisneros .	lr.					
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						
	SPECIFIC	COMMITTEE ADDRESS					
	The state of the s	COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	<sup>AN</sup> \$ 760				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,060				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0				
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 2,503.65				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 6				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	s O				
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.  Notary Public • State of Taxas Commission # 1079477-7 Commission Expires: 11/29/2022  Signature of Candidate or Officeholder							
Sworn to and subscribed before me, by the said SILVERIO (SIVERIS) DR., this the							
day of JANVARY, 20 20, to certify which, witness my hand and seal of office.							
Signature of difficer administering oath  Printed name of officer administering oath  Title of officer administering oath							

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	ımiss	íon Filers)				
	Silverio Cisneros Jr.						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,360			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	700			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0			
4.	SCHEDULE E: LOANS		\$	0			
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	1,354			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	1,149.65			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED	\$	0			
		<del></del>					

#### 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 Silverio Cisneros Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ 08/01/2019 Blanca E. Ramirez \$200 6 Contributor address; City; State: Zip Code 4760 Villa Madrid Ave Brownsville, TX 78521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 09/06/2019 Nidia C. Ruiz \$200 Contributor address; City; State; Zip Code 4237 Las Palmas Cir Brownsville, TX 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 11/03/2019 Sofia C. Benavides \$100 Contributor address; City; Zip Code Brownsville, TX 78521 4090 Retama Dr Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 11/08/2019 Sofia C. Benavides \$100 Contributor address; City; State: Zip Code 4090 Retama Dr Brownsville, TX 78521 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

Tł	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	≡ Silverio Cisneros Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 700
5 Date 11/03/2019 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of 9 In-kind contribution description \$400 Food & Beverages  Check if travel outside of Texas. Complete Schedule T.  er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 11/03/2019	Full name of contributor  out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description \$ 300 Plates, silverware, decorations  Check if travel outside of Texas. Complete Schedule T.	
	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 If contributor is out-of-state PAC, please see Instruction		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Silverio Cisneros Jr. 4 TOTAL OF UNITEMIZED PLEDGES \$ 0 5 Date 6 Full name of pledgor out-of-state PAC (ID#:\_ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code 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 ut-of-state PAC (ID#:\_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_ Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas, Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of pledgor Amount of In-kind contribution out-of-state PAC (ID#: Pledge \$ description State; Zip Code Pledgor address; City; \_\_\_ 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 compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sil	verio Cisneros Jr.					
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0			
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City;	State; 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 Coll	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political tions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
☐ not applicable		State; Zip Code				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate			
Institution?			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political lons)			
GUARANTOR INFORMATION	Name of guarantor	:	Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupation	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment The Instruction Guide explains how				omplete this form.	·	,		
1 Total pages Schedule F1:	2 FILER N	Silverio Cisneros	.lr		3 Filer ID (Ethio	cs Commission Filers)		
4 Date	5 Payee na		<b>.</b>	l				
08/12/2019	Solice							
6 Amount (\$)	7 Payee ac	doress;		City;	State;	Zip Code		
\$330.00	4115 OI	d Highway 77	Brownsville	Tx	78520			
8		y (See Categories listed at the top of this:	schedule)	(b) Description				
PURPOSE								
OF EXPENDITURE	Printin	Printing Expenses Political Sign			s & Push Ca	ırds		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	t, TX, officeholder livir	g expense		
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
08/31/2019	Solice							
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code		
\$80.00	4115 Ol	d Highway 77		Brownsville	Tx	78520		
	Category	(See Categories listed at the top of this so	chedule)	Description				
PURPOSE								
OF EXPENDITURE	Printing	g Expenses		Political Sign	Political Signs & Wire Stakes			
		Charle if travel authids of Toyes Complete Se		Observation of Assertion	TV sets batha the			
		Check if travel outside of Texas. Complete So	nedule I.	<u> </u>	, TX, officeholder livin			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Payee na	ame			· · · · · · · · · · · · · · · · · · ·			
09/30/2019	Solice							
Amount (\$)	Payee ac	ddress;		City;	State;	Zip Code		
\$200.00	4115 C	old Highway 77		Brownsville	Tx	78520		
	Category	(See Categories listed at the top of this so	hedula)	Description				
PURPOSE OF EXPENDITURE	Printing	g Expenses		Political Signs	s & Wire Sta	kes		
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder livin	g expense		
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held		
expenditure to benefit C/OH				_				
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED			

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related E

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME Silverio Cisneros	Jr.		3 Filer ID (Ethio	cs Commission Filers)	
4 Date 09/30/2019	5 Payee na Solice	ime					
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code	
\$404.00	4115 Ol	d Highway 77		Brownsville	Tx	78520	
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description	Ctickers tiel	O munhamed	
PURPOSE OF EXPENDITURE	Printing	g Expenses		Political Signs,	Suckers, ucr	kets & pushcard	
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	ığ expense	
9 Complete ONLY if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held	
Date	Рауее па	me	***************************************			,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,	
11/14/2019	Solice						
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
\$340.00	4115 Ok	d Highway 77		Brownsville	Tx	78520	
	Category	(See Categories listed at the top of this s	schedule)	Description	W		
PURPOSE OF EXPENDITURE	Printing	Printing Expenses Political Signs & Push Cards					
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name	***************************************	Office sought		Office held	
Date	Payee na	ime	***************************************				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
	Category	20 - Only of Water at the ten of the	(ماده دیات	Description			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	ichedulej	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	**	ate / Officeholder name		Office sought		Office held	
New York Control of the Control of t	ATT	FACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

# **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

	Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa		Travel In Travel O	District ut Of District	not listed above)
			The Instruction Guide explain	ins how to co	mplete this form.			
1	Total pages Schedule F2:	2 FILER	NAME Silverio Cisneros	s .lr		3 Filer II	D (Ethics Cor	nmission Filers)
4	TOTAL OF UNITER	IIZED UN	PAID INCURRED OBL		3	\$ 0		
5	Date	6 Payee	name					
7	Amount (\$)	8 Payee	address;		City;		State;	Zip Code
9	TYPE OF EXPENDITURE	F	Political	Non-Polit	ical			
10	PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of thi	is schedule)	(b) Description			
		(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ıstin, TX, office	holder living exp	oense
11	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
		Daves						
	Date	Payee	iatic					
	Amount (\$)	Payee	address;		City;		State;	Zip Code
	TYPE OF EXPENDITURE	F	Political	Non-Poli	ical			
	PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of thi	s schedule)	Description			:
			Check if travel outside of Texas, Complete	e Schedule T.	Check if A	Austin, TX, offic	eholder living e	kpense
	Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder name	Off	ice sought		Office held	
		ATTAC	H ADDITIONAL COPIES (	OF THIS SC	HEDULE AS N	EEDED		

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Silverio Cisneros Jr.					
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	; State; Zip Code				
	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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Silverio Cisnero	os Jr.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	NZED EXPENDITURES CHARGED	O TO A CREDIT CARD	\$ 0
5 Date	6 Payee name		4
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political [	Non-Political	
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
10	(a) Category (coe Categories asted at the top of the	(b) Description	
PURPOSE OF Expenditure			
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	ıstin, TX, afficeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of thi	(s schedule) Description	
OF EVENDITURE			
EXPENDITURE	Check if travel outside of Texas. Complete	e Schedule T. Check if AL	ustin, 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 NE	EDED

# **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 Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awar cal Committee Legal Se		Polling E: Printing E Salaries∧	office Overhead/Rental Expense tolling Expense trinting Expense talaries/Wages/Contract Labor now to complete this form.		Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Sil	verio Cisneros	Jr.		3 Filer	ID (Ethics	Commission Filers)
4 Date	5 Payee name		-	<u> </u>			
07/23/2019	Galxy embroid	dery					
6 Amount (\$) 423.79 Reimbursement from	7 Payee address;			City;		State;	Zip Code
political contributions intended	19 Ruidoso D	r		Brownsvil	lle	Tx	782521
8 PURPOSE	(a) Category (See Categ	gories listed at the top of this s	schedule)	(b) Description			
OF EXPENDITURE	Printing Exper	nses		Campaign T-s	shirts		
	(c) Check if trave	el outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeho	older living ex	cpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name		Office sought			Office held
Date	Payee name						
07/26/2019	Fiesta #2 Adu	It Day Care					
Amount (\$) 150.00	Payee address;			City;		State;	Zip Code
Reimbursement from political contributions intended	4801 Boca Ch	nica Blvd.		Brownsvill	le	Tx	78521
DUPPOPE	Category (See Cate;	gories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expens	es		Venue Rental	l 		
	Check if trave	el outside of Texas. Complete So	chedule T.	Check if Austin,	, TX, officeh	older living ex	kpense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Offi DH	ceholder name		Office sought		+	Office held
Date	Payee name						
07/27/2019	Tractor Supply	y Co.					
Amount (\$) 107.70	Payee address;			City;	;	State;	Zìp Code
Reimbursement from political contributions intended	901 FM 509			San Benit	to	Tx	78586
PURPOSE	Category (See Categ	ories listed at the top of this s	schedule)	Description			
OF EXPENDITURE	Other			T-posts			
	Check if trave	of outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeho	older living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name		Office sought			Office held
	ATTACH ADD	ITIONAL COPIES O	F THIS SC	CHEDULE AS NEED!	ED		

# 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Salaries/Wages/Contract Labor C	ravel Out Of District Other (enter a categor	y not listed above)
1 Total pages Schedule G:		3	Filer ID (Ethics	Commission Filers)
3 4 Date	Silverio Cisneros Jr.  5 Pavee name			
09/26/2019	3 am PUBLICIDAD			
6 Amount (\$) 43.30	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	4215 Southmost Rd.	Brownsville	Tx	782521
8 BUBBOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	Printing Expenses	Invitations		
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX,	, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 09/10/2019	Payee name Fiesta #2 Adult Day Care			
Amount (\$) 150.00	Payee address;	City;	State;	Zîp Code
Reimbursement from political contributions intended	4801 Boca Chica Blvd.	Brownsville	Tx	78521
n innocc	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	Event Expenses	Venue Rental		~~~~
	Check if travel outside of Texas. Complete Schedu	lle T. Check if Austin, TX,	, officeholder living ex	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/22/2019	McCoy's Building Supply			
Amount (\$) 71.92	Payee address;	City;	State;	Zip Code
Reimbursementfrom political contributions intended	5500 South Padre Blvd.	Brownsville	Tx	78521
PURPOSE	Category (See Categories listed at the top of this sched	ule) Description		
OF EXPENDITURE	Other	T-post		
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin, TX,	officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED		

## **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense
Cit/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politi Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	cxpense s/Wages/ContractLabor complete this form.	Travel Out Of Distric Other (enter a catego		
1 Total pages Schedule G:	2 FILER NAME Silverio Cisneros Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		440m - Wartendowski, dagen de kristian men en e		
08/01/2019	Galaxy embroidery				
6 Amount (\$) 202.94	7 Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended	19 Ruidoso Dr	Brownsvil	le Tx	782521	
8 DIEDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expenses	Campaign T-s	hirts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
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			
EAFENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held	
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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# **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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contrac	t Labor Other (en	ut Of District	not listed above)
		The Instruction Guide explai	ns how to complete thi	s form.		
1 Total pages Schedule H;	2 FILER N	AME Silverio Cisneros	Jr.	3 Filer I	D (Ethics	Commission Filers)
4 Date	5 Business	name		<u> </u>		
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule) (b) Descri	ption		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T. Cr	neck if Austin, TX, officeho	lder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office soug	ht	C	Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule) Descrip	otion		
		Check if travel outside of Texas. Complete Sch	nedule T. Ch	eck if Austin, TX, officeho	lder living exp	ense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office soug	ht	C	ffice held
Date	Business	name				
Amount (\$)	Business	address;	<u>,</u>	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	hedule) Descrip	otion		
man an amagin and a section of		Check if travel outside of Texas. Complete Sch	edute T. Ch	eck if Austin, TX, officeho	lder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Office soug	ht	C	ffice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
:	Silverio Cisneros Jr.				
4 Date	5 Payee name				
6 Amount (\$) ()	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	i instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
Date	Payee name	All	_	_	
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ting type of	information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

## SCHEDULE K

			·····	
The	edule K:			
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
	T			
4 Date	5 Name of person from whom amount is received		8 Amount (\$) ()	
	6 Address of person from whom amount is received; City; Star	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta			
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Stat	e; Zip Code		
	Purpose for which amount is received Check if I	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
The state of the s	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if p	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

## SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:			
2 FILER NAME Silve	verio Cisneros Jr.				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	Corporation	or Labor (	Organization / Pledgo	or / Payee		
5 Contribution / Expend	iture renorter	t on:				
	· ·	edule B		Schedule C2		
Schedule A2			Schedule B(J			
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name o	f person(s	) traveling			
	8 Departu	re city or r	name of departure lo	cation		
nu de la companya de	9 Destinat	ion city or	name of destination	location		
10 Means of transportation	on	<b>11</b> Purpo	ose of travel (includin	g name of conference	, seminar, or other event)	
Name of Contributor /	Corporation	or Labor (	Organization / Pledgo	or / Payee		
Contribution / Expend	iture reported	on:				
Schedule A2	Scho	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s	) traveling			
-	Departu	re city or n	ame of departure loc	ation		
	Destinat	ion city or	name of destination	location		
Means of transportation	Means of transportation 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(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
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	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				, seminar, 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 N	NAME	2 Filer ID (Ethics Commission Filers)			
		Silverio Cisneros Jr.				
3	SIGNA					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
	Signature of Candidate / Officeholder					
4		WHO IS NOTAN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned f	rom 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.					
	B. ASSETS					
	Check only one:					
		I do not retain assets purchased with political contributions or interest or other incompanies.	me from political contributions.			
		I do retain assets purchased with political contributions or interest or other income f that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	ner income from political contributions to			
			Signature of Candidate			
5		EHOLDER plete 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 file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an			
	Signature of Officeholder					