

# 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:

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

RECEIVED  
 2018 OCT -8 AM 11:28  
 CITY SECRETARY'S OFFICE

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST MI  
LUIS A.  
 NICKNAME LAST SUFFIX  
CISNEROS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
110 CENISO LOOP  
LAREDO, TX. 78046

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 337-5300

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST MI  
LUIS A.  
 NICKNAME LAST SUFFIX  
CISNEROS

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
110 CENISO LOOP  
LAREDO, TX. 78046

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 337-5300

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  
07 / 01 / 18                      THROUGH                      10 / 08 / 18

11 ELECTION

ELECTION DATE                      ELECTION TYPE

Month Day Year                       Primary     Runoff     Other Description  
11 / 06 / 18                       General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL  
DISTRICT 1

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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

GENERAL

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 182.83

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

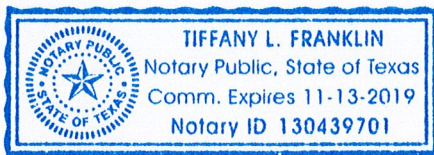
\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.

*Luis A. Cisneros*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Luis Cisneros, this the 8 day of October, 20 18, to certify which, witness my hand and seal of office.

*Tiffany L. Franklin*  
Signature of officer administering oath

Tiffany L. Franklin  
Printed name of officer administering oath

Deputy City Secretary IV  
Title of officer administering oath



# 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  
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.

<b>1</b> Total pages Schedule G: <b>1</b>		<b>2</b> FILER NAME <b>LUIS A. CISNEROS</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>08-21-18</b>		<b>5</b> Payee name <b>MERGENTHALER PRINTING</b>			
<b>6</b> Amount (\$) <b>140.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code <b>1700 SANTA MARIA LAREDO TX 78040</b>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING PRINTING</b>		<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	
Date <b>08-25-18</b>		Payee name <b>HOME DEPOT</b>			
Amount (\$) <b>19.89</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>5710 SAN BERNARDO LAREDO TX. 78041</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>TIE DOWNS OTHER - WOODEN STAKES</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	

Date <b>09-23-18</b>		Payee name <b>LOWE'S</b>			
Amount (\$) <b>22.94</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>16603 SAN JARIO LAREDO TX. 78041</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CABLE TIES OTHER BOLTS/WASHERS</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	

Date <b>09-23-18</b>		Payee name <b>LOWE'S</b>			
Amount (\$) <b>22.94</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>16603 SAN JARIO LAREDO TX. 78041</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CABLE TIES OTHER BOLTS/WASHERS</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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED