

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 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX Robert Bobby Cisneros	OFFICE USE ONLY Date Received FILED FOR RECORD AT 3:30PM JAN 15 2016 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY DEPUTY Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE #; CITY; STATE; ZIP CODE 729 Crown Harbor Corpus Christi TX 78402		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 888-0503		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX HARRY STE ELIZONDO JR.	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7518 Elizondo Dr. Corpus Christi TX 78414		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 765 5431		
9 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year Jan / 01 / 2015 THROUGH Jan / 10 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Nueces County Constable Pct. 1	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Robert Bobby Cisneros 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.

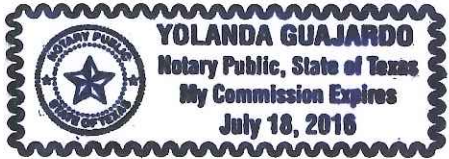
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 2,000 ⁰⁰ X
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,400 ⁰⁰ X
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 600 ⁰⁰ X
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 Robert M. Cisneros, this the 15 day of January, 2016, to certify which, witness my hand and seal of office.

Yolanda Guajardo Notary
Signature of officer 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

Robert Bobby Cisneros

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000 ⁰⁰ X
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	\$ 1,000 ⁰⁰ X
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,400 ⁰⁰ X
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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:

2 FILER NAME

Robert Robby Cisneros

3 Filer ID (Ethics Commission Filers)

4 Date

09/15/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Embassy Suites

6 Contributor address;

City; State; Zip Code 78041

110 Calle Del Norte Laredo TX

7 Amount of contribution (\$)

150⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/02/15

Full name of contributor

out-of-state PAC (ID#: _____)

Batek & Robinson

Contributor address;

City; State; Zip Code 78401

102 N. Staples Campus Christi TX

Amount of contribution (\$)

\$200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/04/15

Full name of contributor

out-of-state PAC (ID#: _____)

Sun Rise Foods

Contributor address;

City; State; Zip Code 78404

1301 S. Staples Campus Christi TX

Amount of contribution (\$)

\$150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2015

Full name of contributor

out-of-state PAC (ID#: _____)

El Mercado Bongo Halls

Contributor address;

City; State; Zip Code 78415

6110 Axers Campus Christi TX

Amount of contribution (\$)

\$200⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Robert Bobby Cisneros</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/29/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Rosas</i>	7 Amount of contribution (\$) <i>300.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

2 FILER NAME <i>Robert Bobby Cisneros</i>		1 Total pages Schedule E:
		3 Filer ID (Ethics Commission Filers)

1 TOTAL OF UNITEMIZED LOANS	\$
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Date of loan <i>11-05-2015</i> <i>01-11-2016</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Bobby Cisneros</i>	9 Loan Amount (\$) <i>\$1,000.00</i>
Is lender a financial Institution? <i>Y</i> <input checked="" type="checkbox"/> <i>N</i> <input type="checkbox"/>	8 Lender address; City; State; Zip Code <i>729 Crown Harbor Condos Christi TX</i>	10 Interest rate
		11 Maturity date

2 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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4 Description of Collateral <input type="checkbox"/> none	15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	

Principal Occupation (See Instructions)	21 Employer (See Instructions)
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <i>Y</i> <input checked="" type="checkbox"/> <i>N</i> <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input type="checkbox"/> none	Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

Principal Occupation (See Instructions)	Employer (See Instructions)
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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	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:	2 FILER NAME <i>Robert Bobby Cisneros</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/12/2015</i>	5 Payee name <i>Nueces County Democrats</i>
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6 Amount (\$) <i>1000.00</i>	7 Payee address; City; State; Zip Code <i>3765 S. Alameda #324 Corpus Christi TX 78411</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other Filing Expense</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-21-2015</i>	Payee name <i>Majic Radio 105</i>
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Amount (\$) <i>350.00</i>	Payee address; City; State; Zip Code <i>2209 N Padre Island Dr. Corpus Christi TX 78408</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>Jan 06, 2016</i>	Payee name <i>Nueces County Democrats</i>
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Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>3765 S. Alameda #324 Corpus Christi TX 78411</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution to Dem. Party</i>	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 ONLY 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