

**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 FIRST MI Ms. Karla	OFFICE USE ONLY Date Received 10/5/2015	
	NICKNAME LAST SUFFIX Cisneros		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE P.O. Box 8830 Houston TX 77249	Date Hand-delivered or Date Postmarked	
	AREA CODE PHONE NUMBER EXTENSION (713) 861-2244		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 861-2244	Receipt # Amount	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Ms. Ann	Date Processed	
	NICKNAME LAST SUFFIX Grandich	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE 714 Pecore Houston TX 713		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817-7014)		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year 7/1/2015	THROUGH	Month Day Year 9/24/2015
11 ELECTION	ELECTION DATE Month Day Year 11/3/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) City Council - District H	

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 FILER NAME Karla Cisneros 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL
 SPECIFIC

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)	\$12,580.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$21,055.05
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$4,717.27
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.

Karla Cisneros

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Karla Cisneros		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	10830
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	1750
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4	SCHEDULE E: LOANS	
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	21055.05
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Karla Cisneros

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Karla Cisneros			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Janet E. Vanderlee	7	Amount of contributions (\$)
	9/10/2015	6 Contributor address; City; State; Zip Code Houston TX 77009-1015		\$30.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Robert L. Todd	7	Amount of contributions (\$)
	9/2/2015	6 Contributor address; City; State; Zip Code Houston TX 77040-5418		\$100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Marita D. Burns	7	Amount of contributions (\$)
	9/2/2015	6 Contributor address; City; State; Zip Code Houston TX 77009		\$100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Diane Johnson	7	Amount of contributions (\$)
	8/28/2015	6 Contributor address; City; State; Zip Code Bellaire TX 7014 5th St.		\$200.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)	
8/28/2015	Zinaida Hart ----- 6 Contributor address; City; State; Zip Code Houston TX 77021	7	Amount of contributions (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
8/28/2015	4 Date 5 Full name of contributor John M. Schaff <input type="checkbox"/> out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code Houston TX 77023-3325	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
8/28/2015	4 Date 5 Full name of contributor Hollie E. Forrest <input type="checkbox"/> out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code Houston TX 77009	7	Amount of contributions (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
7/31/2015	4 Date 5 Full name of contributor David Greenberg <input type="checkbox"/> out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code Houston TX 77057	7	Amount of contributions (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Richmond/Weslayan, Ltd.	
	4 Date 5 Full name of contributor Abelardo Saavedra <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)	
7/16/2015	6 Contributor address; City; State; Zip Code San Antonio TX 78257		300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Margery K. Altman	7 Amount of contributions (\$)	
7/16/2015	6 Contributor address; City; State; Zip Code Philadelphia PA 19103		250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Ray Reiner	7 Amount of contributions (\$)	
7/13/2015	6 Contributor address; City; State; Zip Code Houston TX 77096		50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Mercedes Badger	7 Amount of contributions (\$)	
9/16/2015	6 Contributor address; City; State; Zip Code Pleasanton CA 94588		1,200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Homemaker	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Karla Cisneros			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Les Ruthven	7	Amount of contributions (\$)
	9/5/2015	6 Contributor address; City; State; Zip Code Houston TX 77009		250.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Janet P. Lehto	7	Amount of contributions (\$)
	8/17/2014	6 Contributor address; City; State; Zip Code Houston TX 77006		100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Nash D'Amico	7	Amount of contributions (\$)
	8/3/2015	6 Contributor address; City; State; Zip Code Houston TX 77005		100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Alan Krathaus	7	Amount of contributions (\$)
	7/16/2014	6 Contributor address; City; State; Zip Code Houston TX 77009		50.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Karla Cisneros		3	Filer ID (Ethics Commission filers)
9/22/2015	Anne E. Whitlock ----- 6 Contributor address; City; State; Zip Code Houston TX 77003	7	Amount of contributions (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/22/2015	4 Date 5 Full name of contributor Marie E. Swartz <input type="checkbox"/> out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code Houston TX 77009	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/22/2015	4 Date 5 Full name of contributor Arnold Swartz <input type="checkbox"/> out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code San Antonio TX 78209-6266	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/1/2015	4 Date 5 Full name of contributor Janice Watson <input type="checkbox"/> out of state PAC(ID#) ----- 6 Contributor address; City; State; Zip Code Houston TX 77009	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4	Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
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	Cisneros Design Studio Architects LLC	7 Amount of contributions (\$)
8/17/2015	6 Contributor address; City; State; Zip Code Houston TX 77007	4,250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Betty Grandich	7 Amount of contributions (\$)
8/16/2015	6 Contributor address; City; State; Zip Code Houston TX 77009	300.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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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.	1 Total Pages Schedule A2:
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2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$1,750.00
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5	Date	6 Full name of contributor Texas Democratic Party	out of state PAC(ID#)	8	Amount of contributions (\$)	9 In-Kind contribution description
	7/28/2015	7 Contributor address;	City; State; Zip Code Austin TX 78741		1400.00	Voter File
				<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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5	Date	6 Full name of contributor Dawn Fudge	out of state PAC(ID#)	8	Amount of contributions (\$)	9 In-Kind contribution description
	8/28/2015	7 Contributor address;	City; State; Zip Code Houston TX 77002		350.00	Reception Food
				<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
4 Date 7/1/2017	5 Payee name Party Boy	
6 Amount (\$) 64.94	7 Payee address; City; State; Zip Code 1515 Studemont Houston TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category Event 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 Beads for Parade
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/3/2015	5 Payee name Sprint 2 Print	
6 Amount (\$) 92.01	7 Payee address; City; State; Zip Code 8748 Clay Rd., Ste. 300 Houston TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category Printing 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 Printing
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/1/2015	5 Payee name Campos Communications	
6 Amount (\$) 4,000.00	7 Payee address; City; State; Zip Code 816 Ralfallen Houston TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 7/1/2015	5 Payee name John Perez		
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 7723 Elm Houston TX 77023		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
4 Date 7/1/2015	5 Payee name Staples	
6 Amount (\$) 61.09	7 Payee address; City; State; Zip Code 1919 Taylor Houston TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category Polling 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 Printing
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/1/2015	5 Payee name Christopher Cortinas	
6 Amount (\$) 1,250.00	7 Payee address; City; State; Zip Code 7515 Santa Fe Houston TX 77061	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/1/2015	5 Payee name Constant Contact	
6 Amount (\$) 74.62	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham MA 2451	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)
	Solicitation/Fundraising Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Solicitation
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 7/1/2015	5 Payee name Arne's		
6 Amount (\$) 36.11	7 Payee address; City; State; Zip Code 2830 Hicks St. Houston TX 77007		

8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description <input type="checkbox"/> <input type="checkbox"/> Parade Supplies
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
4 Date 7/21/2015	5 Payee name Texas Democratic Party	
6 Amount (\$) 900.00	7 Payee address; City; State; Zip Code 4818 E. Ben White Blvd., Ste. 104 Austin TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental 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 List
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/3/2015	5 Payee name City of Houston	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code P.O. Box 1562 Houston TX 77251	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/2/2015	5 Payee name Johnston Campaigns	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 2978 Rising Tide Lane League City TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/3/2015	5 Payee name Campos Communications		
6 Amount (\$) 4,000.00	7 Payee address; City; State; Zip Code 816 Ralfallen Houston TX 77008		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
4 Date 8/3/2015	5 Payee name Christopher Cortinas	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 7515 Santa Fe Houston TX 77061	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/15/2015	5 Payee name Penjamo El Grande	
6 Amount (\$) 32.23	7 Payee address; City; State; Zip Code 6612 Wallisville Houston TX 77020	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 Meeting Expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/12/2015	5 Payee name Higher Impact Ministries	
6 Amount (\$) 550.96	7 Payee address; City; State; Zip Code 1001 Texas, Suite 900 Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)
	Event Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/25/2015	5 Payee name Johnston Campaigns		
6 Amount (\$) 3,960.11	7 Payee address; City; State; Zip Code 2978 Rising Tide Lane League City TX 77573		
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
4 Date 8/23/2015	5 Payee name Sprint 2 Print	
6 Amount (\$) 3,139.25	7 Payee address; City; State; Zip Code 8748 Clay Rd., Ste. 300 Houston TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category Printing 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 Signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/3/2015	5 Payee name Target	
6 Amount (\$) 10.36	7 Payee address; City; State; Zip Code 2580 Shearn Houston TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental 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 Supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/3/2015	5 Payee name Facebook	
6 Amount (\$) 1.21	7 Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025-1452	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/3/2015	5 Payee name Facebook		
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025-1452		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
4 Date 8/31/2015	5 Payee name Facebook	
6 Amount (\$) 25.04	7 Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025-1452	
8 PURPOSE OF EXPENDITURE	(a) Category 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 Ads
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/1/2015	5 Payee name Facebook	
6 Amount (\$) 1.32	7 Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025-1452	
8 PURPOSE OF EXPENDITURE	(a) Category 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 Ads
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/16/2015	5 Payee name Paypal	
6 Amount (\$) 35.10	7 Payee address; City; State; Zip Code 2211 North First Street San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/5/2015	5 Payee name Paypal		
6 Amount (\$) 7.55	7 Payee address; City; State; Zip Code 2211 North First Street San Jose CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros	3 Filer ID (Ethics Commission filers)
4 Date 8/17/2015	5 Payee name Paypal	
6 Amount (\$) 3.20	7 Payee address; City; State; Zip Code 2211 North First Street San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/3/2015	5 Payee name Paypal	
6 Amount (\$) 3.20	7 Payee address; City; State; Zip Code 2211 North First Street San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/16/2015	5 Payee name Paypal	
6 Amount (\$) 1.75	7 Payee address; City; State; Zip Code 2211 North First Street San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Karla Cisneros		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/4/2015	5 Payee name Denver Harbor Little League		
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 6402 Market St. Houston TX 77020		
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED