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(Et	thics Commi	ission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFFI	CE USE ONLY
OFFICEHOLDER		Jason	J	ī	Date Received	
NAME	NICKNAME	LAST	SUFFIX		10/26/2015	
		Cisneroz				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CIT	Y; STATE; ZIP (CODE		
OFFICEHOLDER	226 Cavalcade					
MAILING				C	Date Hand-deliver	ed or Date Postmarked
ADDRESS	Houston TX 77009					
Change of address						
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER						
PHONE						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	F	Receipt #	Amount
TREASURER		Janie		۵	Date Processe	d
NAME	NICKNAME	LAST	SUFFIX	[Date Imaged	
		Reyes				
7 CAMPAIGN	STREET ADDRESS (No PO Box Pleas	se);	APT/SUITE # ;	C	CITY; STATE;	ZIP CODE
TREASURER	512 Highland					
ADDRESS						
(Resident or business)	Houston TX 77009					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE						
9 REPORT TYPE	January 15 30th day bel	fore election	al repport (Attach C/OF	H - FR)	xceeded \$500 limit	
	July 15 X 8th day before	pre election Ru	noff	1	5th day after campaign	treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month I	Day Year
COVERED	9/25/2015	5	THROUGH		10/24	4/2015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE			
	Month Day Year		— -			
	11/3/2015	Primary	R	unoff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 ^o	FFICE SOUGH	T (if known)	
			С	ity Counc	il - District H	

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

FORM C/OH

COVER SHEET PG 2

14 FILER NAME Jason J Cisneroz

14 FILER NAME Jason	J Cisneroz		15 Filer ID (Ethics Com	nmission Filers)			
	expenditures may have	political contributions accepted or political expenditures been made without the candidate's or officeholder's kno eceive notice of such expenditures.	made by political committees to support the support the support of consent. Candidates and office	ne candidate / officeholder. These sholders are required to report this			
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME					
FROM							
POLITICAL	GENERAL	COMMITTEE ADDRESS					
COMMITTEE(S)							
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (NS, OR GUARANTEES OF LOANS), UNL		\$0.00			
	2 TOTAL POLITIC	AL CONTRIBUTIONS		\$18,480.00			
	(OTHER THAN F	PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$18,480.00			
EXPENDITURE TOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS,	UNLESS ITEMIZED	\$0.00			
	4 TOTAL POLITIC	AL EXPENDITURES		\$45,497.09			
CONTRIBUTION BALANCE	5 TOTAL POLITICA OF REPORTING	AL CONTRIBUTIONS MAINTAINED AS C PERIOD	OF THE LAST DAY	\$5,347.98			
OUTSTANDING LOAN TOTALS	0	AL AMOUNT OF ALL OUTSTANDING LC HE REPORTING PERIOD	DANS AS OF THE	\$0.00			
18 AFFIDAVIT							
		report is true	firm, under penalty of perjury, th and correct and includes all info ne under Title 15, Election Code	ormation required to be			
			Jason Cisnero	Z			
			Signature of Candidate or	Officeholder			
AFFIX NOT STAMP / SE	AL 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.				
	nistering oath	Print name of officer administering	ath Title of office	r administering oath			

SUBTOTALS - COH 20 Filer ID (Ethics Commission Filers) 19 FILER NAME Jason J Cisneroz 21 SCHEDULE SUBTOTALS

21	S	CHEDULE SUBTOTALS	SUBTOTAL				
	Ν	AME OF SCHEDULE	AMOUNT				
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	17230				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	1250				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	0				
4.		SCHEDULE E: LOANS	0				
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	45497.09				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS	0				
8.		SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD 0					
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	0				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	0				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	0				

FORM C/OH

COVER SHEET PG 3

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

C/OH NAME Jason J Cisneroz

FORM C/OH ADDENDUM

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.

CONTRIBUTIONS MON

NETARY POLITICAL CONTRIBUTIONS		
estruction Guide explains how to complete this form	1	Total Pages S

SCHEDULE A1

The	e Instruction G	uide explains how to complete t	this form.		1 Total Pages Schedule A1:
2 F	ILER NAME J	ason J Cisneroz			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Nicola Parente	out of state P	AC(ID#)	7 Amount of contributions (\$)
	9/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77009	\$20.00
8	Principal occu Artist	pation / Job title (See Instructions)		9 Employer (See Instruct Self Employed	tions)
4	Date	5 Full name of contributor Shanna Crawford Barnstone 6 Contributor address;	out of state P City;	AC(ID#) State; Zip Code	7 Amount of contributions (\$)
	9/25/2015		Houston	TX 77009	\$20.00
8		pation / Job title (See Instructions) pr/Currently Escrow Assistant		9 Employer (See Instruct Capital Title	tions)
4	Date	5 Full name of contributor Jeff McMillin	out of state P	AC(ID#)	7 Amount of contributions (\$)
	9/26/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77003-1441	\$100.00
8	Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruct Retired	tions)
4	Date	5 Full name of contributor Waynette A Chan	out of state P	AC(ID#)	7 Amount of contributions (\$)
	9/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005	\$200.00
8	Principal occu Retired	L pation / Job title (See Instructions)		9 Employer (See Instruct Retired	tions)
4	Date	5 Full name of contributor	out of state P	AC(ID#)	5 of 27

SCHEDULE	A1
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The Instruction (this form		1 Total Damas Cabadula A4
The instruction G	Guide explains how to complete	this form.		1 Total Pages Schedule A1:
2 FILER NAME	Jason J Cisneroz			3 Filer ID (Ethics Commission filers)
	Plumbers Local Union 68			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/28/2015		Houston	TX 77249-8746	\$1,000.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor Internation Union of Operating Engineers Local Union O.P.E.A. Fund	out of state P	AC(ID#)	7 Amount of contributions (\$)
9/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77017-5066	\$1,000.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor Doug Harrington	out of state P	AC(ID#)	7 Amount of contributions (\$)
10/2/2015	6 Contributor address;	City; HoustonHous ton	State; Zip Code TX 77014	\$50.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Communicati	ons		St. Dunstan's	
4 Date	5 Full name of contributor Bob Smith	out of state P	AC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/2/2015		Houston	TX 77008-2618	\$1,000.00
8 Principal occ	Lupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
President			Geoscience Engineering	I
4 Date	5 Full name of contributor	out of state P	AC(ID#)	

SCHEDULE A1

The	Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FIL	ER NAME Ja	ason J Cisneroz			3 Filer ID (Ethics Commission filers)
		Jesus Mayor			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/2/2015		Houston	TX 77037-2231	\$2,000.00
8	Principal occu Anesthesiolog	pation / Job title (See Instructions)		9 Employer (See Instruc Self	tions)
4	Date	5 Full name of contributor Victoria Zhang	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	10/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77081	\$20.00
8	Principal occu Realtor	pation / Job title (See Instructions)		9 Employer (See Instruc Keller Williams Realty	tions)
4	Date	5 Full name of contributor Feng Z Chen	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	10/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77036-5912	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc Fu Kongm	tions)
4	Date	5 Full name of contributor Joe Ting	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	10/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77042-3396	\$1,000.00
8	Principal occu President	pation / Job title (See Instructions)		9 Employer (See Instruc Westplaza Managemen	
4	Date	5 Full name of contributor Min Zheng	out of state I	PAC(ID#)	7 Amount of contributions (\$)

SCHEDULE A	1
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Th	e Instruction G	uide explains how to complete th	1 Total Pages Schedule A1:		
2 F	ILER NAME J	ason J Cisneroz			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	10/3/2015		Sugar Land	TX 77479-4206	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
	Owner			China Star	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Kenneth C Li	J		7 Amount of contributions (\$)
		6 Contributor address:	City;	State; Zip Code	
	10/3/2015		Houston	TX 77036-5139	\$500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Real Estate			Southwest Realty Group	,
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		L Don J Wang	J		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/3/2015		Houston	TX 77024-6520	\$500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Chairman			MetroBank	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		L Cui Y Chen	J		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/3/2015		Houston	TX 77047-2540	\$300.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	l tions)
	Owner	, ,		Sakura Japanese Steak	

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DNETARY POLITICAL CONTRIBUTIONS		
Instruction Quide explains how to complete this form	4	Total Dagaa

The Instruction G	uide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME J	ason J Cisneroz			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor out of state PAC(ID#) Zhou Zheng			7 Amount of contributions (\$)
10/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-2272	\$300.00
8 Principal occu	Iupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Houston Cent	er Manager		BGP International	
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
	Yao Fang Cao			7 Amount of contributions (\$)
10/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77015-1799	\$300.00
8 Principal occu	I upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
CGG			Geophysicist	
4 Date	5 Full name of contributor Angelica Lee	out of state F	PAC(ID#)	7 Amount of contributions (\$)
10/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77036-6122	\$100.00
10/3/2015		riousion	17 11030-0122	\$100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Real Estate			Gary Greene Real Estate	e
4 Date	5 Full name of contributor Ray Rodriguez	out of state F	AC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/3/2015		Houston	TX 77009-2551	\$500.00
8 Principal occu	I upation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
VP			CWA	
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	9 of 27

SCHEDULE A1

SCHEDULE	A1
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The Instruction G	uide explains how to complete	this form		1 Total Pages Schedule A1:
2 FILER NAME J	ason J Cisneroz			3 Filer ID (Ethics Commission filers)
	Ying H Yu			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/6/2015		Missouri City	TX 77459-1708	\$4,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
Real Estate			Coldwell Banker	
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
	Alma Lara			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/10/2015		Houston	TN 77022	\$50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Professor			University of Houston Do	owntown
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
	Bill Calderon			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/12/2015		Houston	TX 77096-6155	\$500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Partner			Hawes Hill Calderon	
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
	David Sadeghpour			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/13/2015		Houston	TX 77005-3416	\$250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
President			Scientech Engineers	
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
	Jesus Mayor			7 Amount of contributions (\$)

SCHEDULE	A1
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he Instruction G	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
FILER NAME 、	Jason J Cisneroz			3 Filer ID (Ethics Commission filers)
10/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77037-2231	\$1,000.00
Principal occu Anesthesiolog	upation / Job title (See Instructions) gist		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor Brian Pendleton	out of state	PAC(ID#)	7 Amount of contributions (\$)
10/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77054-2822	\$20.00
Principal occu Self Employe	upation / Job title (See Instructions)		9 Employer (See Instruct Dewey Square Group	L ctions)
Date	5 Full name of contributor SIMA of Houston	out of state	PAC(ID#)	7 Amount of contributions (\$)
10/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77092	\$250.00
Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor KEYPAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
10/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-4807	\$250.00
Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	Ltions)
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDUL	E AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL

С	ONTRIBU	TIONS					
Th€	The Instruction Guide explains how to complete this form.				1	Total Pages Sch	nedule A2:
2 F	ILER NAME J	ason J Cisneroz			3 F	iler ID (Ethics Commis	ssion filers)
4 T	OTAL OF UNI	TEMIZED IN-KIND POLITICA	L CONTRIBU	TIONS	\$		
5	Date	6 Full name of contributor Armando Walle Campaign 7 Contributor address;	Out of state	PAC(ID#) State; Zip Coc	8 de	Amount of contributions (\$)	9 In-Kind contribution description
	10/5/2015		Houston	TX 77039		1250.00 Check if travel outsi Schedule T	de of Texas, complete
10	10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)						
		ATTACH ADDITIO	NAL COPIES	OF THIS SCHED	ULE A	S NEEDED	
		If contributor is out-of-state PAC	C, please see ins	struction guide for add	ditional r	reporting requirement	nts

SCHEDULE A2

	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Jason J Cisn		Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/25/2015	T MOBILE		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.59	2435 Fulton		
50.59	2455 Fullon		
	Haustan TV 77000		
8 PURPOSE OF EXPENDITURE	Houston TX 77009	(b) Description	
o PURPOSE OF EXPENDITURE	(a) Calegory		a complete Schedule T
		Check if travel outside of Texa	
		Check if Austin, TX, officeholde	er living expense
	Office Overhead/Rental Expense	Volunteer phones	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought offic	e held
expendituree to benefit C/OH		-	
4 Date	5 Payee name		
9/30/2015	USPS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
49	3816 N Shepherd Dr.		
	Houston TX 77018		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas	s, complete Schedule T
		Check if Austin, TX, officeholde	er living expense
	Postage	Stamps	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offic	e held
4 Date	5 Payee name		
10/1/2015	David Gonzalez		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
300	5006 Charriton Dr		
300			
	Houston TX 77039		
8 PURPOSE OF EXPENDITURE		(b) Description	

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	² FILER NAME Jason J Cisner	0Z	3 Filer ID (Ethics Commission filers)		
		Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeho Salary			
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4	Date	5 Payee name				
	10/1/2015	Greg Shaw				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	250	6701 Sylvan Rd Houston TX 77023				
8	PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Fundraising	•		
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		

	The Instruction Guide	-	omplete this forr	
1 Total pages Schedule F1:	² FILER NAME Jason J Cisn	eroz		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
10/1/2015	Charisma Designs			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
600	226 Cavalcade			
	Houston TX 77009			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if	travel outside of T	exas, complete Schedule T
		Check if	Austin, TX, officeh	older living expense
	Office Overhead/Rental		Office rent	
	Expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	(office held
4 Date	E Davias name			
	5 Payee name			
10/2/2015	Amegy Bank	Ctoto	Zin Codo	
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
417.91	PO Box 27459			
	Houston TV 77007 7450			
8 PURPOSE OF EXPENDITURE	Houston TX 77227-7459	(b) Description		
o FURFUSE OF EXPENDITURE	(a) Calegory		troval autoida of T	exas, complete Schedule T
				older living expense
			Bank fees	loider iving expense
	Accounting/Banking		Dank lees	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought		office held
expendituree to benefit C/OH		0		
4 Date	5 Payee name			
10/2/2015	NGPVAN			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
450	1101 15th St. NW			
	Suite 505			
	Washington DC 20005			

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Jason J Cisne	roz	3 Filer ID (Ethics Commission filers)	
	Office Overhead/Rental Expense	Check if travel outside of T Check if Austin, TX, officer Database	exas, complete Schedule T nolder living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
4 Date	5 Payee name			
10/3/2015	Joe Cullar			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
1,250.00	516 1/2 N. Eastwood Houston TX 77011			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Salaries/Wages/Contract Labor	Check if travel outside of T Check if Austin, TX, officeh Salary	exas, complete Schedule T	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	

	The Instruction Guide of	explains how to	complete this form	1
1 Total pages Schedule F1:	² FILER NAME Jason J Cisne			3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	5102		
10/5/2015	Google, Inc.			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
20	1600 Amphitheatre Parkway Mountain View CA 94043	y		
8 PURPOSE OF EXPENDITURE		(b) Descriptior	1	
	Office Overhead/Rental Expense	Check if	travel outside of Te	exas, complete Schedule T older living expense email accounts
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	C	ffice held
4 Date	5 Payee name			
10/6/2015	Slattery Design Studios			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
14,300.00	1712 Fairview			
	Houston TX 77006			
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense		travel outside of Te	exas, complete Schedule T older living expense & consulting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	c	ffice held
4 Date	5 Payee name			
10/8/2015	David Gonzalez			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
207.08	5006 Charriton Dr			

8 PURPOSE OF EXPENDITURE (a) Category

Houston TX 77039

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Jason J Cisner	DZ	3 Filer ID (Ethics Commission filers)	
	Loan Repayment/Reimbursement	Check if travel outside of Te Check if Austin, TX, officeho Office supply reimb	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
10/9/2015	Amazon.com			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
105.17	440 Terry Ave N Seattle WA 98109			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Office Overhead/Rental Expense	Check if travel outside of Te Check if Austin, TX, officeho Office supplies		
9 Complete ONLY if direct		office sought o	ffice held	
expendituree to benefit C/OH				

		explains how to compl	
1 Total pages Schedule F1:	² FILER NAME Jason J Cisr	neroz	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/13/2015	Amazon.com		
6 Amount (\$)	7 Payee address; City;	State; Zip C	Code
21.94	440 Terry Ave N		
	Seattle WA 98109		
B PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel	outside of Texas, complete Schedule T
		Check if Austi	n, TX, officeholder living expense
	Office Overhead/Rental	Office	e supplies
	Expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
10/13/2015	T MOBILE		
6 Amount (\$)	7 Payee address; City;	State; Zip C	Code
103.54	2435 Fulton		
	Houston TX 77009		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel	outside of Texas, complete Schedule T
		Check if Austi	n, TX, officeholder living expense
	Office Overhead/Rental	Volur	teer phones
	Expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
10/13/2015	T MOBILE		
6 Amount (\$)	7 Payee address; City;	State; Zip C	Code
71.05	2435 Fulton		

Houston TX 77009

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Jason J Cisner	.oz	3 Filer ID (Ethics Commission filers)		
	Office Overhead/Rental Expense	Check if travel outside of Te Check if Austin, TX, officeh Volunteer phones			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	office held		
4 Date	5 Payee name				
10/14/2015	Winning Connections				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
8,500.00	317 Pennsylvania Ave SE Washington DC 20003				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Voter outreach			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	office held		

	The Instruction Guide	explains how to co	omplete this form.	
Total pages Schedule F1:	² FILER NAME Jason J Cisn	eroz	3 Filer ID (Ethics Commission filers)	
Date	5 Payee name			
10/14/2015	Amegy Wire Fee			
Amount (\$)	7 Payee address; City;	State; Z	Zip Code	
25	PO Box 27459			
	Houston TX 77227-7459			
PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
			ravel outside of Texas, complete Schedule T Austin, TX, officeholder living expense	
	Accounting/Banking	W	Nire transfer fee	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
Date	5 Payee name			
10/15/2015	Slattery Design Studios			
Amount (\$)	7 Payee address; City;	State; Z	Zip Code	
14,300.00	1712 Fairview			
	Houston TX 77006			
PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if tra	ravel outside of Texas, complete Schedule T	
		Check if A	Austin, TX, officeholder living expense	
	Advertising Expense	D	Direct mail design & consulting	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
Date	5 Payee name			
10/15/2015	Winning Connections			

10/15/2015	Winning Connections		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code
1,500.00	317 Pennsylvania Ave SE		
	Washington DC 20003		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	ion

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Jason J Cisner	OZ	3 Filer ID (Ethics Commission filers)		
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeh Voter outreach			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held		
4 Date	5 Payee name				
10/15/2015	T MOBILE				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
32.46	2435 Fulton Houston TX 77009				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if travel outside of Te Check if Austin, TX, officeh			
	Office Overhead/Rental Expense	Volunteer phones			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held		

	The Instruction Guide e	-	-		
1 Total pages Schedule F1:	² FILER NAME Jason J Cisne	eroz		3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name				
10/15/2015	Amegy Bank				
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code		
25	PO Box 27459				
	Houston TX 77227-7459				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if trav	vel outside of Te	xas, complete Schedule T	
		Check if Au	stin, TX, officeho	lder living expense	
	Accounting/Banking	Wir	re transfer fee		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	of	fice held	
4 Date	5 Payee name				
10/15/2015	David Gonzalez				
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code		
300	5006 Charriton Dr				
	Houston TX 77039				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if trav	vel outside of Te	xas, complete Schedule T	
		Check if Aus	stin, TX, officeho	lder living expense	
	Salaries/Wages/Contract	Sal	ary		
	Labor				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	of	fice held	
	F Davida nama				
4 Date	5 Payee name				
10/16/2015	Joe Cullar	<u> </u>	Cada		
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code		
1,250.00	516 1/2 N. Eastwood				

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Jason J Cisne	roz	3 Filer ID (Ethics Commission filers)		
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeh Salary			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held		
4 Date	5 Payee name				
10/16/2015	Subway				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
58.46	250 Patton St. Houston TX 77009				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeh Volunteer foods			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held		

	The Instruction Guide	e explains how to a	complete this for	m.
1 Total pages Schedule F1:	² FILER NAME Jason J Cisr	neroz		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
10/20/2015	Harris County Clerk			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
120	P.O. Box 1148			
	Houston TX 77251			
8 PURPOSE OF EXPENDITURE	(a) Category		travel outside of T	Texas, complete Schedule T holder living expense
	Fees		Voter records	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
10/22/2015	Monarch Printing			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
1,109.56	6605 McGrew St			
	#B			
	Houston TX 77087			
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	Check if	travel outside of T	Texas, complete Schedule T holder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
10/22/2015	Subway			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
36.21	250 Patton St.			
	Houston TX 77009			

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Jason J Cisner	0Z	3 Filer ID (Ethics Commission filers)		
	Food/Beverage Expense	Check if travel outside of Tex Check if Austin, TX, officeho Food for volunteers	lder living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held		
4 Date	5 Payee name				
10/23/2015	Chicago Italian Beef Housto	n			
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
38.85	1777 Airline Dr Houston TX 77009				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Food/Beverage Expense	Check if travel outside of Tex Check if Austin, TX, officeho Volunteer food			
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought off	fice held		

FROM FOLLITCAL CONTRIBUTIONS					
	The Instruction Guide	explains how to complete this form	n.		
1 Total pages Schedule F1:	² FILER NAME Jason J Cisne	3 Filer ID (Ethics Commission filers)			
4 Date 10/23/2015	5 Payee name TEXACO				
6 Amount (\$) 17.27	 7 Payee address; City; 3326 Canal St Houston TX 77003 	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Volunteer food			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED