

**LUIS V.**

**SAENZ**

# 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:  <div style="text-align: center; font-size: 24px;">18</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR _____ FIRST _____ MI _____ <div style="text-align: center; font-size: 24px;">Luis</div> NICKNAME _____ LAST _____ SUFFIX _____ <div style="text-align: center; font-size: 24px;">SAENZ</div>	<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="text-align: center; font-size: 24px;">9:51am JUL 15 2019</div> CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION RECEIVED By: <i>[Signature]</i> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px;">117 E. PRICE BROWNSVILLE, TEXAS 78520</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px;">(956) 550-9550</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR _____ FIRST _____ MI _____ NICKNAME _____ LAST _____ SUFFIX _____ <div style="text-align: center; font-size: 24px;">Chuck TIJERINA</div>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px;">117 E. PRICE BROWNSVILLE, TEXAS 78520</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px;">(956) 550-9550</div>		
9 REPORT TYPE	<input 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 checked="" 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      THROUGH      Month Day Year <div style="text-align: center; font-size: 24px;">1 / 16 / 19      6 / 30 / 19</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 24px;">3 / 10 / 20</div>	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)	13 OFFICE SOUGHT (if known)		
CAMERON County Attorney w/ FELONY Responsibility (District Attorney)	CAMERON County Attorney w/ FELONY Responsibility (District Attorney)		

**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)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> 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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,575.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,250
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 843.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,798
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 45,452
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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Luis V. Saenz*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Luis V. Saenz, this the 9<sup>th</sup> day of July, 2019, to certify which, witness my hand and seal of office.

*Janie Carrizales*      Janie Carrizales      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 <i>Luis V. Saenz</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 47,750
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,500
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,955
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Luis V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

3-28-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

SAMUEL J Solana

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

914 E. VAN BUREN BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

T.E. GOMEZ

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

90 HAYNES LN.  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

BRANDY BAILEY

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5180 BRANSON  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DIANNE ISBELL

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

1641 RESACA Vlg  
BROWNSVILLE, TEXAS 78521-1408

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:

11

2 FILER NAME

LUIS V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

3-21-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW OFFICE  
NOE D. GARZA, JR.

6 Contributor address; City; State; Zip Code

854 E. VAN BUREN ST.  
BROWNSVILLE, TEXAS 77820

7 Amount of contribution (\$)

2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-15-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW OFFICE OF  
R. BRUCE THERPE

Contributor address; City; State; Zip Code

P.O. BOX 101  
OMITO, TEXAS 78575

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-21-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW OFFICE OF  
RICK CANALES, P.C.

Contributor address; City; State; Zip Code

845 E. HARRISON ST.  
BROWNSVILLE, TEXAS 77820

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW FIRM OF  
ZAYAS & ZAMORA P.C.

Contributor address; City; State; Zip Code

3100 E. 14th ST.  
BROWNSVILLE, TEXAS 778213316

Amount of contribution (\$)

500.00

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

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1 Total pages Schedule A1:

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2 FILER NAME

LUIS V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

3-28-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

HARLINGEN BALL BONDS

6 Contributor address; City; State; Zip Code

1015 FAIR PARK BLVD.  
HARLINGEN, TEXAS 78550

7 Amount of contribution (\$)

300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GEORGE E. DELAUNY

Contributor address; City; State; Zip Code

P.O. BOX 53381  
HARLINGEN, TEXAS 78553-3381

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-27-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Samantha LEE Mata

Contributor address; City; State; Zip Code

5289 ARBOLES AVE.  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ADRIANA JUAREZ NEGRETE

Contributor address; City; State; Zip Code

3472 NOTTINGHAM CT.  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

500.00

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: <b>11</b>
2 FILER NAME <b>LUIS V. SAENZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-28-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAW OFFICE OF CERISE R. DE. GERLINO</b> 6 Contributor address; City; State; Zip Code <b>845 E. HARRISON BROWNSVILLE, TEXAS 78520</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-27-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lucky J. Bail Bonds</b> Contributor address; City; State; Zip Code <b>945 E. 6th St. BROWNSVILLE, TEXAS 78520</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-21-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THE GREEN LAW FIRM, P.C.</b> Contributor address; City; State; Zip Code <b>34 S. Caria St. BROWNSVILLE, TEXAS 78520</b>	Amount of contribution (\$) <b>10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-28-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRETT F. PATTILLO</b> Contributor address; City; State; Zip Code <b>6625 Garden Woods AVE Apt A BROWNSVILLE, TX 78526</b>	Amount of contribution (\$) <b>50.00</b>
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:

11

2 FILER NAME

Luis V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

3-23-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mario Cisneros

6 Contributor address; City; State; Zip Code

2633 Lois Ln.  
Brownsville, Texas 78520

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Reynaldo Montanaro

Contributor address; City; State; Zip Code

244 Billy Mitchell  
Brownsville, Texas 78521

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Martin Cuellar Cantu

Contributor address; City; State; Zip Code

P.O. Box 816  
Port Isabella 78578

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-27-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Richard Evansto Cardenas

Contributor address; City; State; Zip Code

1603 E Price Rd.  
Brownsville, Texas 78521

Amount of contribution (\$)

500.00

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:

11

2 FILER NAME

LUIS V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

3-28-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ROMEO ESPARZA

6 Contributor address; City; State; Zip Code

4242 OLD Port Isabel Rd.  
BROWNSVILLE TEXAS 78520

7 Amount of contribution (\$)

400.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-17-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Adriana Juarez Negrete

Contributor address; City; State; Zip Code

3472 Nottingham Ct.  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Pronto Bail Bonds

Contributor address; City; State; Zip Code

554 E. JACKSON  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-21-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mueller Law PLLC

Contributor address; City; State; Zip Code

404 W. 7th St.  
AUSTIN, TX 78701

Amount of contribution (\$)

2,500.00

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: 11

2 FILER NAME

LUIS V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

4-24-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW OFFICE of  
EDMUND K. CYGANIEWICZ

6 Contributor address; City; State; Zip Code

1000 E. MADISON  
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

350.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RAYMOND'S WIECKER EXPRESS TOWING

Contributor address; City; State; Zip Code

2591 Port Isabel Rd.  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GARDUÑO Tax and Associates PLLC

Contributor address; City; State; Zip Code

3001 Pablo KLEZ BLVD SUITE C  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

B. Cantu Jr.

Contributor address; City; State; Zip Code

1408 Pine Ct.  
HARLINGEN TX 78550

Amount of contribution (\$)

100.00

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:

11

2 FILER NAME

Luis V. Stenz

3 Filer ID (Ethics Commission Filers)

4 Date

4/26/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CLEAR Pools and SPAS

6 Contributor address; City; State; Zip Code

P.O. Box 5539  
Brownsville, Texas 78521

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-26-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Villarreal & Begum PLLC

Contributor address; City; State; Zip Code

5826 IH 10 WEST  
SAN ANTONIO, TEXAS 78201

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

NORMAN'S Air Conditioning

Contributor address; City; State; Zip Code

624 N. EXPRESSWAY 83 STE 3  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LALYS BAIL BONDS

Contributor address; City; State; Zip Code

844-B MILITARY Highway 281  
BROWNSVILLE, TEXAS 78520-4640

Amount of contribution (\$)

1,000.00

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:

11

2 FILER NAME

LUIS V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

3-28-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW OFFICE OF  
LARRY WARNER

6 Contributor address; City; State; Zip Code

3109 BANYAN DRIVE  
HARLINGEN, TEXAS 78550

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-3-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RUBEN M. TORRES

Contributor address; City; State; Zip Code

701 MORELOS AVE  
RANCHO VIEJO, TX 78575

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JARED MENDEL, MOPA

Contributor address; City; State; Zip Code

1801 S. SESAME Sq. STE. #5  
HARLINGEN, TEXAS 78550

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

UVALDO CANTU, JR. MO

Contributor address; City; State; Zip Code

3201 LAZY LAKE DR.  
HARLINGEN, TX 78550

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

LUIS V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

6-3-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW OFFICE of  
J. LEDEZMA P.L.L.C.

6 Contributor address; City; State; Zip Code

845 E HARRISON ST.  
BROWNSVILLE, TX 78520-7120

7 Amount of contribution (\$)

1,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-1-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gustavo C. Ruiz

Contributor address; City; State; Zip Code

21434 Retama Rd.  
Harlingen, TX 78550

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-13-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gabriel Villareal

Contributor address; City; State; Zip Code

P.O. Box 923  
Port Isabel 78578-0923

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-17-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Juan Heriberto Andrade, Jr.

Contributor address; City; State; Zip Code

1987 Royal Oak  
Brownsville, TX 78520

Amount of contribution (\$)

5,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

LUIS V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

6-13-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LERE Auto SALES

6 Contributor address; City; State; Zip Code

1755 HAYES  
BROWNSVILLE, TX 78520

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-13-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DAVID I. MEDINA

Contributor address; City; State; Zip Code

P.O. Box 1155  
LYFORD, TX 78569-1155

Amount of contribution (\$)

2000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW OFFICE OF

SALVADOR GARCIA

Contributor address; City; State; Zip Code

914 East VAN BUREN ST.  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>LUIS V. SAENZ</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3-28-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MIKE BELLEVILLE</u>	8 Amount of Contribution \$ <u>750.00</u>	9 In-kind contribution description <u>rental of home</u>
7 Contributor address; City; State; Zip Code <u>1010 Mexico Blvd. Brownsville, TX 78520</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>3-28-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ricardo's</u>	Amount of Contribution \$ <u>\$ 750.00</u>	In-kind contribution description <u>food/ drinks</u>
Contributor address; City; State; Zip Code <u>425. E. 10th St. Brownsville, Tx; 78520</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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If contributor 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>LUIS V. SAENZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>4-24-2019</b>	<b>5</b> Payee name <b>Friendship of Women</b>		
<b>6</b> Amount (\$) <b>100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 3112 Brownsville, Texas 78523</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FASHION SHOW - fundraiser</b> <b>SPONSOR</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date <b>4-17-19</b>	Payee name <b>Brownsville Historical Association</b>		
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>1325 E. WASHINGTON ST. BROWNSVILLE, TEXAS 78520</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BROWNSVILLE VINTAGE DAY</b> <b>SPONSOR</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date <b>1/24/19</b>	Payee name <b>Solice</b>		
Amount (\$) <b>90.00</b>	Payee address; City; State; Zip Code <b>4115 OLD Highway 77 Brownsville, TEXAS 78520</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 <b>LUIS V. SAENZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-31-19</b>	5 Payee name <b>SOLICE</b>
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6 Amount (\$) <b>1,000.00</b>	7 Payee address; City; State; Zip Code <b>4115 OLD Highway 77 BROWNSVILLE, TEXAS 78520</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing - Banners - Bumper sticker</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
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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 <b>2-5-19</b>	Payee name <b>Gilbert Velazquez</b>
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Amount (\$) <b>640.00</b>	Payee address; City; State; Zip Code <b>325 E Park Drive BROWNSVILLE, TEXAS 78520</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 <b>3-27-19</b>	Payee name <b>Solice</b>
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Amount (\$) <b>675.00</b>	Payee address; City; State; Zip Code <b>4115 OLD Highway 77 BROWNSVILLE, TEXAS 78520</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing - Announcement signs</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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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 <b>Luis V. SAENZ</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5-2-19</b>	5 Payee name <b>Garden Park ELEMENTARY CHESS CLUB</b>	
6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>855 Military Hwy. Brownsville, Texas 78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>club contribution</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought
		Office held

Date <b>5-14-19</b>	Payee name <b>Cano's FLOWERS</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>385 Old Port Isabel Rd. Brownsville, Texas 78521</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>floral arrangement</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought
		Office held

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