# LUIS V. SAENZ

SEMI-ANNUAL REPORT JANUARY 17, 2023

<u> </u>		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	мі <b>V</b> .	OFFICE USE ONLY CAMERON COUNTY
NAME	NICKNAME	SAEN2	SUFFIX	Date Received Invent OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	*****	CITY; STATE; ZIP CODE	JAN 2 3 2023
ADDRESS  Change of Address		ownsville,	_	RECEIVED Y By: <u>Arrival by Mai</u>
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 956)	PHONE NUMBER	EXTENSION - 9550	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	Chuele	MI	Receipt # Amount \$  Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
7. 000000000	STREET ADDRESS	NO PO BOX PLEASE); APT / S	UITE #: CITY:	STATE: ZIP CODE
7 CAMPAIGN TREASURER ADDRESS		17 E. Price	RZ	2,7,13,
(Residence or Business)	۸.	BIOWNSVI	LE. TEXAS 7	8250
8 CAMPAIGN TREASURER PHONE	AREA GODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year	Month THROUGH 12	Day Year / 31 / 21
11 ELECTION	ELECTION DA	TE Year Primary	ELECTION TYPE Runoff Other Description	The second of th
	3/3/	20 General	Special	
12 OFFICE	CAUETOW	county/Dist	13 OFFICE SOUGHT (If known	District Attorney
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGEFOR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NIA	
Additional Pages	GENERAL	COMMITTEE ADDRESS	-10/10	
housed .	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	<u> </u>	<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

0, 11111 , 1101	· · · · · · · · · · · · · · · · · · ·			,		
15 C/OH NAME	÷			16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOA	IIZED POLITICAL CONTRIBI INS, OR GUARANTEES OF I NS MADE ELECTRONICALL	.OANS, OR	N	\$	0
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOANS	;)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDIT	URE.		\$ 3	75.00
	4. TOTAL POLITI	CAL EXPENDITURES			\$ 1,5	75.00
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF REPORTING	AL CONTRIBUTIONS MAINT PERIOD	AINED AS OF THE LA	ST DAY	\$ 22	75.00
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTST HE REPORTING PERIOD	ANDING LOANS AS C	OF THE	\$	0
18 SIGNATURE I s	wear, or affirm, under penal	ty of perjury, that the accor	mpanying report is tri	ue and co	rrect and inclu	des all information
rec	quired to be reported by me u	nder Title 15, Election Code	( )			
		•			5	
			- Jule	V.	00r	W2
			signature of C	andidate	or Officeholde	er ( )
						$\cup$
	<b></b>					
	Ple	ase complete eith	er option belo	w:		;
(1) Affidavit	JANIE CARRIZA Notary Public, State of	of Texas				
NOTARY STAMPICE	Comm. Expires 07-1 Notary ID 86871	3-8				
Sworn to and subscribed		Luis V. Saenz	this the	1714	_ day of	unuary.
20 <u>33</u> , to certify	which, witness my hand and s	seal of office.				
Quit	erusali	Janie Curricales			Motory	
Signature of officer administe	ring oath Prir	nted name of officer administer	ing oath	•	Title of officer	administering oath
		OR				
(2) Unsworn Declaration	on	1-11-11-11-11-11-11-11-11-11-11-11-11-1				·
find account and in a mind man	<del></del>					
My name is		. а	nd mv date of birth i	s		
			•			
	(street)		(city)	, (state)	(zip code)	(country)
Executed in	County, State of _	on the	day of	()	• • •	()
	ounty, otate of _	, Oil tile	(mont	th)	, 20 (year)	
		Part Administration of the Control o				<del></del>
			Signature of Cand	idate/Offic	enolder (Decla	arant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	nmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	O
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	٥
4.	SCHEDULE E: LOANS	\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1,20000
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$	G
10.	SCHEDULE H: PAYMENT MADE 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	\$	٥

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable. DO NOT include this page in the report

Vitor to (Editor Commission Figure		The	Instruction Guide explains ho	w to complete thi	is form.	1 Total pages Schedule A1:
G   Contributor address;   City;   State;   Zip Code		FILER NAME				3 Filer ID (Ethics Commission Filers
Principal occupation / Job title (See Instructions)   9		Date	5 Full name of contributor	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor   out-of-state PAC (ID#:			!			
Contributor address: City; State; Zip Code  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code	~	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instruc	tions)
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:	_	Date	Full name of contributor	ne of contributor		Amount of contribution (\$)
Date  Full name of contributor  Contributor address;  City;  State;  Zip Code  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  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:		Principal occup	nation / Job title (See Instructions	)	Employer (See Instruct	tions)
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:)  Amount of contribution (\$)  Contributor address; City; State; Zip Code		Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
Date  Full name of contributor  out-of-state PAC (ID#:)  Amount of contribution (\$)  Contributor address;  City;  State; Zip Code			l .			
Contributor address; City; State; Zip Code	1	l Principal occup	eation / Job title (See Instructions)	)	Employer (See Instruct	tions)
Contributor address; City; State; Zip Code	=	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	f	Principal occup	ation / Job title (See Instructions	)	Employer (See Instruct	tions)
	_					
				•		
•						

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### **LOANS** SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) Date of loan 7 Name of lender ut-of-state PAC (ID#:\_\_ 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_ Interest rate State; Zip Code Is lender Lender address: City: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address: City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 Ft: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 8-16-22 DOLTI CE 6 Amount (\$) 7 Pavee address: City; State; Zip Code 4115 OLD Highway 40000 Brownsville TEXAS 7850 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE DWI -No regusal campaign Bangor Printing expense EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Gilbert VELASqUEZ 8-23-22 Amount (\$) City: State: Zip Code 325 E. Park 500.00 **PURPOSE** MEDICAL FUNDINGISON OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Pavee name Date CAMETON COUNTY BAN ASSOCIATION - WOMENS 9-1-22 Amount (\$) Payee address; City; CO.00 PURPOSE SOLICITATION/FUNLVAISING greaters for OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 5 Payee name 1850 CLATION 7 Payee address; Zip Code 12000 8 **PURPOSE** expense. OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; Zip Code State: Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH