

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Filer ID (Ethics Commission Filers)</p>	<p><b>2</b> Total pages filed: <b>15</b></p>
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR                      FIRST                      MI</p> <p>Mr.                      Luis                      V.</p> <p>NICKNAME                      LAST                      SUFFIX</p> <p style="text-align: center;">Saenz</p>	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</p> <p>11:38 am JUL 15 2015</p> <p style="text-align: center;">RECEIVED <i>Quate</i></p> <p>Date Hand-delivered or Date Postmarked</p>	
<p><b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE</p> <p style="text-align: center;">117 E. Price Road Brownsville, Texas 78521</p>		
<p><b>5</b> CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE                      PHONE NUMBER                      EXTENSION</p> <p>( 956 )                      550-9550</p>		
<p><b>6</b> CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR                      FIRST                      MI</p> <p>Mr.                      Chuck</p> <p>NICKNAME                      LAST                      SUFFIX</p> <p style="text-align: center;">Tijerina</p>	<p>Receipt #</p>	<p>Amount \$</p>
		<p>Date Processed</p>	
		<p>Date Imaged</p>	
<p><b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE</p> <p style="text-align: center;">117 E. Price Road Brownsville, Texas 78521</p>		
<p><b>8</b> CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE                      PHONE NUMBER                      EXTENSION</p> <p>( 956 )                      550-9550</p>		
<p><b>9</b> REPORT TYPE</p>	<p><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)</p> <p><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)</p>		
<p><b>10</b> PERIOD COVERED</p>	<p>Month                      Day                      Year                      Month                      Day                      Year</p> <p style="text-align: center;">01 / 16 / 2015                      THROUGH                      07 / 15 / 2015</p>		
<p><b>11</b> ELECTION</p>	<p>ELECTION DATE</p> <p>Month                      Day                      Year</p> <p style="text-align: center;">03 / 01 / 2016</p>	<p>ELECTION TYPE</p> <p><input checked="" type="checkbox"/> Primary                      <input type="checkbox"/> Runoff                      <input type="checkbox"/> Other Description</p> <p><input type="checkbox"/> General                      <input type="checkbox"/> Special</p>	
<p><b>12</b> OFFICE</p>	<p>OFFICE HELD (if any)</p> <p style="text-align: center;">County Attorney with Criminal responsibility / District Attorney</p>	<p><b>13</b> OFFICE SOUGHT (if known)</p> <p style="text-align: center;">County Attorney with Criminal responsibility / District Attorney</p>	

**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)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 786.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 20,750.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 2,135.00

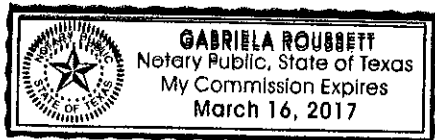
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 19,401.00

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.

*Luis V Saenz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Luis V. Saenz, this the 13th day of July, 2015, to certify which, witness my hand and seal of office.

*Gabriela Roussett*

Signature of officer administering oath

Gabriela Roussett

Printed name of officer administering oath

Notary

Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Luis V. Saenz*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,750.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,135.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input checked="" 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: **7**

2 FILER NAME

**LUIS V. SAENZ**

3 Filer ID (Ethics Commission Filers)

4 Date

**5-11-15**

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

**JESUS R. CANALES**

6 Contributor address; City; State; Zip Code

**845 E. HARRISON BROWNSVILLE, TEXAS 78520**

7 Amount of contribution (\$)

**\$ 750.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**5-2-15**

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

**CHARLES ES BELL**

Contributor address; City; State; Zip Code

**1641 RESACA VILLAGE BROWNSVILLE TEXAS 78521**

Amount of contribution (\$)

**\$ 2,500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6-4-15**

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

**RENE B. GONZALEZ**

Contributor address; City; State; Zip Code

**1214 POPLAR DRIVE BROWNSVILLE TEXAS 78520**

Amount of contribution (\$)

**\$ 75.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6-5-15**

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

**ISMAEL HUGO HUNGUERA**

Contributor address; City; State; Zip Code

**1204 WEST LEVEE ST. BROWNSVILLE TEXAS 78520**

Amount of contribution (\$)

**\$ 75.00**

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: **7**

2 FILER NAME

**LUIS V. SAENZ**

3 Filer ID (Ethics Commission Filers)

4 Date

**5-27-15**

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

**Beatrice Esparza**

7 Amount of contribution (\$)

**\$ 400 00**

6 Contributor address; City; State; Zip Code

**4242 OCP Port Isabel BROWNSVILLE TEXAS 78521**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**6-3-15**

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

**Brent Gumble Laguna Vista, TEXAS**

Amount of contribution (\$)

**\$ 75.00**

Contributor address; City; State; Zip Code

**77 Santa Isabel BLVD. APT ES**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6/4/15**

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

**Brandy M. Bailey**

Amount of contribution (\$)

**\$ 75.00**

Contributor address; City; State; Zip Code

**801 Zapata Avenue Rancho Viejo TEXAS 78575**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6/15/15**

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

**Brett F. Paffillo Brownsuille, Texas**

Amount of contribution (\$)

**\$ 75.00**

Contributor address; City; State; Zip Code

**6625 Garden Woods Ave. Apt. A**

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: **7**

2 FILER NAME

**Luis V. SAENZ**

3 Filer ID (Ethics Commission Filers)

4 Date

**6-5-15**

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

**Oscar Guzman**

7 Amount of contribution (\$)

**\$ 750.00**

6 Contributor address; City; State; Zip Code

**7760 Gastin Drive Brownsville  
Texas 78520**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**5-12-15**

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

**MOE D. Garza, Jr., Law Office of**

Amount of contribution (\$)

**\$ 750.00**

Contributor address; City; State; Zip Code

**854 E. Van Buren St.  
Brownsville, Texas 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5-12-15**

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

**R. Bruce Tharpe**

Amount of contribution (\$)

**\$ 525.00**

Contributor address; City; State; Zip Code

**801 E. Van Buren St.  
Brownsville, Texas 78520**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6/25/15**

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

**Rodney Mesquias**

Amount of contribution (\$)

**\$ 5,000.00**

Contributor address; City; State; Zip Code

**P.O. Box 737 Harlingen, Texas 78551**

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: **7**

2 FILER NAME

**LUIS V. SAENZ**

3 Filer ID (Ethics Commission Filers)

4 Date

**6-18-15**

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

**Carlos A. Tijerina**

7 Amount of contribution (\$)

**\$ 750.00**

6 Contributor address; City; State; Zip Code

**135 ROBINS LANE BROWNSVILLE TEXAS 77820**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**6-18-15**

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

**FRED RENDON**

Amount of contribution (\$)

**\$ 100.00**

Contributor address; City; State; Zip Code

**1749 Apple Ct. Harlingen, Texas 78550**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6-18-15**

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

**Arturo Teniente**

Amount of contribution (\$)

**\$ 100.00**

Contributor address; City; State; Zip Code

**5302 75th St. Apt 602 LUBBOCK, Texas 79424**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6-19-15**

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

**George E. Delaunay**

Amount of contribution (\$)

**\$ 250.00**

Contributor address; City; State; Zip Code

**P.O. Box 533381 Harlingen, Texas 78583**

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: **7**

2 FILER NAME

**Luis V. SAENZ**

3 Filer ID (Ethics Commission Filers)

4 Date

**6-25-15**

5 Full name of contributor

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

**Villarreal & Begum**

6 Contributor address; City; State; Zip Code

**5826 IH 10 West  
San Antonio, Texas 78201**

7 Amount of contribution (\$)

**\$ 7,000.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**6-18-15**

Full name of contributor

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

**Santiago Galarza**

Contributor address; City; State; Zip Code

**50 E. Elizabeth St.  
Brownsville, Texas 78520**

Amount of contribution (\$)

**\$ 150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6-8-15**

Full name of contributor

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

**ESPARZA & GARZA**

Contributor address; City; State; Zip Code

**964 E. LOS EBANOS BLVD  
Brownsville, Texas 78520**

Amount of contribution (\$)

**\$ 500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6-18-15**

Full name of contributor

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

**Rodriguez Lucia Law Group**

Contributor address; City; State; Zip Code

**946 E. VAN BUREN BROWNSVILLE  
Texas 78520**

Amount of contribution (\$)

**75.00**

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: **7**

2 FILER NAME

**Luis V. SAENZ**

3 Filer ID (Ethics Commission Filers)

4 Date

**6-18-15**

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

**ANAR A. SAENZ**

6 Contributor address;

**146 Caribbean Dr. Unit 204**

City; State; Zip Code  
**BROWNSVILLE, TEXAS 78520**

7 Amount of contribution (\$)

**\$ 75.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**Mar  
6-18-15**

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

**MARIA LINDA GONZALEZ**

Contributor address;

**777 E. Harrison St.  
2nd Floor BROWNSVILLE, TEXAS**

City; State; Zip Code  
**78520**

Amount of contribution (\$)

**\$ 75.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6-18-15**

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

**Garcia Law Firm**

Contributor address;

**932 E. Van Buren St.  
BROWNSVILLE, TEXAS 78520**

City; State; Zip Code

Amount of contribution (\$)

**\$ 75.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**6-18-15**

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

**Sylvia Ochoa**

Contributor address;

**34 Pasadena Drive  
BROWNSVILLE, TEXAS 78526**

City; State; Zip Code

Amount of contribution (\$)

**\$ 75.00**

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: 7

2 FILER NAME

Luis V. Saenz

3 Filer ID (Ethics Commission Filers)

4 Date

6-18-15

5 Full name of contributor

Douglas Petit

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

7 Amount of contribution (\$)

\$150<sup>00</sup>

6 Contributor address;

1118 Pampano Ave

City; State; Zip Code

Port Isabel Tx 78578

8 Principal occupation / Job title (See Instructions)

9 Employer (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)

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)

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)

**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>6-18-15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Belvue</u>	8 Amount of Contribution \$ <u>\$1,000.00</u>	9 In-kind contribution description <u>Use of Hall</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) <u>Businessman</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self-employed</u>	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 7 Pledgor address;                      City;    State;    Zip Code	8 Amount of Pledge \$	9 In-kind contribution description ..... ..... .....
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description ..... ..... .....
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description ..... ..... .....
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description ..... ..... .....
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			

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.

# POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>LUIS V. SAENZ</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-24-15</b>		5 Payee name <b>SOLICE</b>			
6 Amount (\$) <b>350.00</b>		7 Payee address; City; State; Zip Code <b>7200 BONHAN ROAD BROWNSVILLE, TEXAS 78521</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Printing Expense: Push cards</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>6/27/15</b>		Payee name <b>Vista Mobile</b>			
Amount (\$) <b>125.00</b>		Payee address; City; State; Zip Code <b>Brownsville, Texas 30 Providencia Court, Suite 2 78521</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date <b>7-3-15</b>		Payee name <b>SOLICE</b>			
Amount (\$) <b>\$ 35.00</b>		Payee address; City; State; Zip Code <b>7200 Bonhan Road Brownsville, Texas 78521</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>LUIS V. JAENZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6-18-15</b>	5 Payee name <b>SOLICE</b>
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6 Amount (\$) <b>\$764.00</b>	7 Payee address; City; State; Zip Code <b>7200 Bonham Road Brownsville, Texas 78521</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-8-15</b>	Payee name <b>SOLICE</b>
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Amount (\$) <b>\$1950</b>	Payee address; City; State; Zip Code <b>7200 Bonham Road Brownsville, Texas 78521</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-2-15</b>	Payee name <b>SOLICE</b>
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Amount (\$) <b>\$266.00</b>	Payee address; City; State; Zip Code <b>7200 Bonham Road Brownsville, Texas 78521</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>LUIS V. SAENZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6-8-15</b>	5 Payee name <b>Ricardo's</b>
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6 Amount (\$) <b>400.00</b>	7 Payee address; City; State; Zip Code <b>425 E. 10th STREET BROWNSVILLE, TEXAS 78521</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Food</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-18-15</b>	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**