

**Mr. 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.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <div style="text-align: right; font-size: 1.2em;">43 12 98</div>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.2em;">LUIS                      V.</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">SAENZ</div>	<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received  <div style="text-align: center; font-size: 1.1em;">CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</div> <div style="text-align: right; font-size: 1.2em; margin-top: 10px;">3:11PM FEB 22 2016</div> <hr/> Date Hand-delivered or Date Postmarked By: <u>Quinn</u>									
<b>4</b> 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: 1.1em;">117 E. PRICE RD BROWNSVILLE TX 78521</div>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )                      550-9550										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.2em;">CHUCK</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">TIJERINA</div>										
<b>7</b> 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: 1.1em;">117 E. PRICE RD BROWNSVILLE TX 78521</div>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )                      550-9550										
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
<b>10</b> PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">01 / 16 / 2016</td> <td></td> <td style="text-align: center; font-size: 1.2em;">02 / 22 / 2016</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	01 / 16 / 2016		02 / 22 / 2016		
Month    Day    Year	THROUGH	Month    Day    Year									
01 / 16 / 2016		02 / 22 / 2016									
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year <div style="text-align: center; font-size: 1.2em;">03 / 01 / 2016</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									
<b>12</b> OFFICE	OFFICE HELD (if any)  COUNTY ATTORNEY (with criminal responsibility) DISTRICT ATTORNEY	<b>13</b> OFFICE SOUGHT (if known)  COUNTY ATTORNEY (with criminal responsibility) DISTRICT ATTORNEY									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**  
LUIS V. SAENZ

**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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 360.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,225.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 280.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,637.60
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,995.11
<b>OUTSTANDING LOAN TOTALS</b>	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 22<sup>nd</sup> day of February, 20 16, to certify which, witness my hand and seal of office.

*Janie Carrizales*                      Janie Carrizales                      Notary Public  
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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,225.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 7,637.60
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: <b>5</b>
2 FILER NAME <b>Luis V. SAENZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/21/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gracia Law Firm</b> 6 Contributor address; City; State; Zip Code <b>932 E. Van Buren St. Brownsville, Texas 78520-7143</b>	7 Amount of contribution (\$) <b>\$ 1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/19/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom E. Mathis III</b> Contributor address; City; State; Zip Code <b>193 Isabella Pt. Dr. CB 9320 Port Isabel, Texas 78578</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/3/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Manuel SALDIVAR</b> Contributor address; City; State; Zip Code <b>54 Burgos Court Brownsville, Texas 78526</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/5/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLAYTON BRASHEAR</b> Contributor address; City; State; Zip Code <b>P.O. Box 2344 South Padre Island Texas 78597</b>	Amount of contribution (\$) <b>\$ 3,000.00</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:

2 FILER NAME

Luis V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/16

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

DENNIS W. STAHL

6 Contributor address; City; State; Zip Code

5803 LAGUNA CIRCLE NORTH  
SOUTH PADRE ISLAND, TEXAS 78597

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/29/16

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

I. ROSALES

Contributor address; City; State; Zip Code

5477 ENCHANTED PATH  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/16

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

RUBI ALEJANDRINA MARTINEZ

Contributor address; City; State; Zip Code

2148 PARAISO DRIVE  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/16

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

ROY E. REED

Contributor address; City; State; Zip Code

234 EMERALD LN  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$ 150.00

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:

2 FILER NAME

Luis V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/16

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

LAW office of Rick Canales

6 Contributor address; City; State; Zip Code

845 E. HARRISON STREET  
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/6/16

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

Denis A. Downey

Contributor address; City; State; Zip Code

281 RESACA PT.  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/16

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

MELOA G. RENDON

Contributor address; City; State; Zip Code

1749 APPLE CT.  
HARLINGEN, TEXAS 78550

Amount of contribution (\$)

\$ 125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/16

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

Arnold I. CREININ

Contributor address; City; State; Zip Code

P.O. Box 3726  
South Padre Island, TEXAS 78597

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Luis V. Saenz

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/16

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

Pamela D. Gautreau

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

1700 Gulf Boulevard  
South Padre Island Texas 78507

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/5/16

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

J. Perry Schwartz

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

700 Padre Blvd. # A  
South Padre Island, Texas 78597

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/16

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

BHARAT R. Patel

Amount of contribution (\$)

\$ 4,000.00

Contributor address; City; State; Zip Code

350 Padre Blvd.  
South Padre Island, Texas 78597

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/16

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

David Davis

Amount of contribution (\$)

\$ 20000

Contributor address; City; State; Zip Code

5312 Padre Blvd. South Suite C  
South Padre Island, Texas 78597

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:

2 FILER NAME

Luis V. SAENZ

3 Filer ID (Ethics Commission Filers)

4 Date

2-4-16

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

Troy Giles

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

5813 Padre Blvd.  
South Padre Island, Texas 78597-7635

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-5-16

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

Rajnikant R. Patel

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

P.O. Box 2488  
South Padre Island, Texas 78597

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-16

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

Johnathan D. CREININ

Amount of contribution (\$)

\$2000.00

Contributor address; City; State; Zip Code

218 W. SUNSET  
SOUTH Padre Island, Texas 78597

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.

# 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: 3	<b>2</b> FILER NAME Luis V. Stenz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/3/16	<b>5</b> Payee name SIGN TEXAS
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<b>6</b> Amount (\$) \$1,039.20	<b>7</b> Payee address; City; State; Zip Code 1168 Squaw Valley Brownsville TEXAS 78520
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising (Banners)	<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
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/5/16	Payee name Border Press Inc.
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Amount (\$) \$129.90	Payee address; City; State; Zip Code 620 E. Price Rd. Brownsville TEXAS 78521
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	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 2/5/16	Payee name Solice
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Amount (\$) 1,030.00	Payee address; City; State; Zip Code 7200 Bonham Road Brownsville Texas 78524
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	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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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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:	2 FILER NAME <i>LUIS V. SAEM</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/10/16</i>	5 Payee name <i>Unite States Postal Service</i>
--------------------------	--

6 Amount (\$) <i>2,583.24</i>	7 Payee address; City; State; Zip Code <i>620 E. Pecan MS Allen, TEXAS 78501</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Postage</i>	(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 <i>2/10/16</i>	Payee name <i>Border Press</i>
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Amount (\$) <i>\$1,754.73</i>	Payee address; City; State; Zip Code <i>620 E. Price Road Brownsville, TEXAS 78521</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing</i>	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 <i>2/12/16</i>	Payee name <i>chuy's Custom Sports</i>
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Amount (\$) <i>270.63</i>	Payee address; City; State; Zip Code <i>160 E. Stenger Street San Benito, TEXAS 78586</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>T-Shirts</i>	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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Luis V. Stenz</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/17/16</i>	<b>5</b> Payee name <i>Solice</i>	
<b>6</b> Amount (\$) <i>700.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>7200 Bonham Road Brownsville Texas 78521</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>Printing</i>	<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: _____ Office held: _____	
Date <i>2-18-16</i>	Payee name <i>Border Press</i>	
Amount (\$) <i>129.90</i>	Payee address; City; State; Zip Code <i>626 E. Price Road Brownsville, Texas 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Printing</i>	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: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<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
	<b>9</b> 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