LUIS V. SAENZ

SEMI-ANNUAL REPORT JANUARY 15, 2025

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:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI LUIS V NICKNAME LAST SUFFIX SAEN7	OFFICE USE ONLY CAMERON COUNTY Date Received MENT OF ELECTIONS (VOTER REGISTRATION				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	u:.oogmJAN 1 4 2025				
Change of Address	Brownsville, Texas 78520	WILL SHIP				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 558 - 9556	Date Hand-derivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt # Amount \$ Date Processed				
· · · · · · · · · · · · · · · · · · ·	NICKNAME LAST SUFFIX	Date Imaged				
	<i>(yennk</i>					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY;	STATE; ZIP CODE				
(Residence or Business)	Browns rille, TEXAS	7802				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (954) 550 - 9556	10.00				
9 REPORT TYPE	July 15 30th day before election Runoff Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)				
10 PERIOD	Reporting Limit	**************************************				
COVERED	Month Day Year Month 7 / 1 / 24 THROUGH	Day Year / 1 / 25				
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	-				
12 OFFICE	OFFICE HELD (if any) COUNTY Afformer Remarks builty WI Cru	county Alternational Vegeonsibility				
14 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 OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE TOTALS	I 3 TOTAL IMITEMIZED DOLLTICAL EXPENDITURE					
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,245.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 38,388.07				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$ O				
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. Signature of Candidate or Officeholder Please complete either option below:						
(1) Affidavit	GABRIELA ROUSSETT Notary Public, State of Texas Comm. Expires 94-12-2025 Notary ID 12519907-9	g				
NOTARY STAMP/SEAL						
_	before me by this the	day of <u>Jah.</u>				
<u> </u>		Johann				
Signature of officer administer		Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on					
My name is	, and my date of birth is					
My address is		,,				
		tate) (zip code) (country)				
Executed in	County, State of, on the day of(month	, 20 (year)				
	Signature of Candid	ate/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0	
4.	SCHEDULE E: LOANS	\$	0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	680.00	
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	\$	0	
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		0	

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 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 Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Solice City; Zip Code State: 60.00 (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF 7Pasters **EXPENDITURE** Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10-30-24 Amount (\$) State; Zip Code 60.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4-13.24 Amount (\$) City; State: Zip Code 500.00 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 held Office sought Complete ONLY if direct 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 Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travell Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		1			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
60,00	340 Povedes Li	T	sile, Tx 78520			
8 PURPOSE	(a) Category (See Categories listed at the top of this so	(b) Description	t a			
OF EXPENDITURE	9 replice	DA RLY	no refusal posters			
	(c) Check if travel outside of Texas. Complete School	edule T. Check if Aust	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 sch	edule) Description				
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	Check if Austin, TX, officeholder living expense			
Complete ONLY 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 sche	edule) Description .	·			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						