

LUIS SAENZ

**SEMI-ANNUAL
REPORT
JULY 15, 2023**

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: 1.2em;">17</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> (MR)	FIRST <div style="text-align: center; font-size: 1.2em;">Luis</div>	MI <div style="text-align: center; font-size: 1.2em;">V.</div>
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">SAENZ</div>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <div style="text-align: center; font-size: 1.2em;">117 E. Price Brownsville, TX 78520</div>	APT / SUITE #:	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <div style="text-align: center; font-size: 1.2em;">(956)</div>	PHONE NUMBER <div style="text-align: center; font-size: 1.2em;">550 - 9550</div>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> (MR)	FIRST <div style="text-align: center; font-size: 1.2em;">Chuck</div>	MI
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">TIJERINA</div>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <div style="text-align: center; font-size: 1.2em;">117 E. Price Brownsville, TX 78520</div>		CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE <div style="text-align: center; font-size: 1.2em;">(956)</div>	PHONE NUMBER <div style="text-align: center; font-size: 1.2em;">550 - 9550</div>	EXTENSION
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <div style="text-align: center; font-size: 1.2em;">1 / 16 / 23</div>		THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;">6 / 30 / 23</div>
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">3 / 5 / 24</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) <div style="text-align: center; font-size: 1.2em;">CAMERON COUNTY / DISTRICT ATTORNEY</div>	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">CAMERON COUNTY / DISTRICT ATTORNEY</div>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION RECEIVED 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	COMMITTEE NAME	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

OFFICE USE ONLY

CAMERON COUNTY

DEPARTMENT OF ELECTIONS & VOTER REGISTRATION

JUL 14 2023

By:

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	Date Imaged

11:48
a.m.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

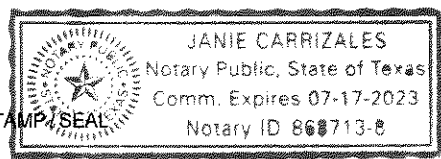
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 675.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,079.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 49,339.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Luis V. Saenz this the 14th day of July, 2023, to certify which, witness my hand and seal of office.

Janie Carrizales Signature of officer administering oath
Janie Carrizales Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

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	\$ 32,950
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	\$ 5,079.50
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME LUIS V. SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF RUIK CATALES, PC	7 Amount of contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code 845 E. HARRISON ST. BROWNSVILLE TX 78520	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia A. RAVAZOS	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 4545 LAKEWAY DR. BROWNSVILLE, TX 78520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garduño Tax & Associates, PLLC	Amount of contribution (\$) \$ 1,000.00
	Contributor address; City; State; Zip Code 3001 Pablo Kiesel Blvd. Ste Brownsville, TX 78526	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS H. CISNEROS	Amount of contribution (\$) \$ 250.00
	Contributor address; City; State; Zip Code 4715 LAKEWAY DR. BROWNSVILLE, TX 78520	
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

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

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

3/30/23

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

ELIA CORNEJO LOPEZ

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

235 SUNSET DRIVE
BROWNSVILLE, TX 78520-7313

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/23

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

EL COSTERO CATTLE COMPANY, LLC

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

757 E. ELIZABETH ST.
BROWNSVILLE, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/23

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

JOHN F. LAWEN, JR.

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

4945 LAKEWAY DR.
BROWNSVILLE, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/23

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

ALFREDO DE LA FUENTE

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

9805 FM 1421
BROWNSVILLE, TX 78520

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

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

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 3-30-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN W. DEVIAD	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 2017 MAGNOLIA ST. MISSION, TX 78573-6738		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMEO ESPAYZA	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 4242 OLD PORT ISABEL RD. BROWNSVILLE, TX 78526		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESPARZA & GARZA LLP	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 964 E. LOS EBAMOS BLVD. BROWNSVILLE, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIN ELIZABETH GAMEZ	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 777 E. HARRISON ST. BROWNSVILLE, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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 3-14-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF NOE D. GARZA, JR	7 Amount of contribution (\$) \$ 2,500.00
6 Contributor address; City; State; Zip Code 854 E. VAN BUREN ST. BROWNSVILLE, TX 78020		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-29-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHESTER R. GONZALEZ	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 117. E. Price Rd. BROWNSVILLE, TX 78021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNALDO A. GARZA III	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 680 E. SAINT CHARLES ST. BROWNSVILLE TX 78020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-29-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE Gracia Law Firm, PC	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 932 E. VAN BUREN ST. BROWNSVILLE, TX 78020		
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

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

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 3-28-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE GREEN LAW FIRM, P.C.	7 Amount of contribution (\$) \$ 2,500.00
6 Contributor address; City; State; Zip Code 34 S. Coria Brownsville, TX 78520		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianne Isbell	Amount of contribution (\$) \$ 2,000.00
Contributor address; City; State; Zip Code 1641 Resaca Village Brownsville, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED A. KOWALSKI	Amount of contribution (\$) \$ 750.00
Contributor address; City; State; Zip Code 902 E. MADISON ST. Brownsville, TX 78520-5900		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael MARTINEZ	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1724 BOCA CHICA BLVD. STE. V6 Brownsville, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Luis V. Saem		3 Filer ID (Ethics Commission Filers)
4 Date 3-30-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE of Priscilla Niedzwiedz	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 905 E. JACKSON ST. BROWNSVILLE, TX 78020		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah M. Pemerton	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4445 Mile 8 N. MERCEDER, TX 78570		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pronto Bail Bonds	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 554 E. JACKSON ST. BROWNSVILLE, TX 78020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Rendon	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 24 ROBINS LN BROWNSVILLE, TX 78020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Luis V. SAENZ</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">3/30/23</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Dale Robertson</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 100.00</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 622 OLMITO, TX 78075</p>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">3/30/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Rodriguez Lucio Law Group PLLC</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 500.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1324 Madison St. Brownsville, TX 78520</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">3/30/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Raynaldo Rodriguez Jr. PC</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 1,000.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">818 E. Tyler Ave. Harlingen, TX 78520</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">3/30/23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">LAW FIRM OF ZAYAS & Zamora PC</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 1,000.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">950 East Van Buren Street Brownsville, TX 78520</p>		
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

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

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 5-15-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chula Vista Const. LLC	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 123 Old Port Isabel Rd. B-8 Brownsville, TX 78521		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 5-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rancho AutoPlea LLC	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 3185 Southmost Rd. Brownsville, TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 5-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise G. Andrade	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1040 Pablo Garcia Dr. Brownsville, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 5-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abelardo Gomez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6995 Paredes Line Rd. Brownsville, TX 78520		
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

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

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 5-17-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NARCISO ESCARENO	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code 7 MEDICAL DRIVE. BROWNSVILLE, TX 78020		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan H. Andrade, Jr. / BAIL BONDS	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1727 Royal OAK BROWNSVILLE, TX 78021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos R. MA880	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 1000 E. MADISON ST. Brownsville, TX 78020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETA Auto Sales	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1755 HAYES Brownsville, TX 78020		
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Luis V. SAENZ</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">5-17-23</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">CORE Construction of RBV LLL</p> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">9963 Anacua Ste B Oliveto, TX 78575</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$1,500.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">4-12-23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Gustavo A. ELIZONDO III</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">ATTORNEY AT LAW PC 2395 LA PALMA ST. STE. A SAN BENTO, TX 78586</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 500.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">6-15-23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">LAW OFFICE OF EDMUND K. CYGANIEWICZ</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1000 E. MADISON BROWNSVILLE, TX 78520</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 400.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">4-3-23</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">FIGHTING FOR SOUTH TEXAS PAC</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">121 N. 10TH ST. MEALLEN, TX 78526</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$1,000.00</p>
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

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

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 3/30/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN C. CANO	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1805 N. SHORE DR PORT ISABEL TX 78578-5310		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE R. RIVERA	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1609 BOBBY JONES DR. PALM VALLEY, TX 78552-8957		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY WADE	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5709 EL JARDIN HALLINGER, TX 78552		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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

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 F1:	2 FILER NAME LUIS V. SAENZ	3 Filer ID (Ethics Commission Filers)
4 Date 2-14-23	5 Payee name Gilbert VELASQUEZ	
6 Amount (\$) 185.00	7 Payee address; City; State; Zip Code 325 E. PARK DRIVE BROWNSVILLE, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing EXPENSE	(b) Description Charro DAYS FLOAT Graphic
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-17-23	Payee name SOLICE	
Amount (\$) 230.00	Payee address; City; State; Zip Code 4115 OLD Highway 77 BROWNSVILLE, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing EXPENSE	Description Digital Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-6-23	Payee name SOLICE	
Amount (\$) 1,200.00	Payee address; City; State; Zip Code 4115 OLD Highway 77 BROWNSVILLE, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing EXPENSE	Description 2-24x8 Banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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

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
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 Luis V. SAENZ	3 Filer ID (Ethics Commission Filers)
4 Date 3-14-23	5 Payee name Gilbert VELASQUEZ	
6 Amount (\$) 310.00	7 Payee address; City; State; Zip Code 325 E. Park Drive Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description graphics for fundraiser card
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/16/23	Payee name SOLICE	
Amount (\$) 52.50	Payee address; City; State; Zip Code 4115 Old Highway 77 Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description 158 NOTES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-20-23	Payee name SOLICE	
Amount (\$) 527.00	Payee address; City; State; Zip Code 4115 Old Highway 77 Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description FIVERS Banner stand
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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

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 F1:	2 FILER NAME Luis V. SAENZ	3 Filer ID (Ethics Commission Filers)
4 Date 3-31-23	5 Payee name Pro Vision Productions LLC	
6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Filming/slide show
	(c) <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 6-28-23	Payee name SOLICE	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 4115 OLD HIGHWAY 77 Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description 12x32 Banner
	<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	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	
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