

**LUIS V.**

**SAENZ**

**SEMI-ANNUAL  
REPORT  
JULY 15, 2024**

# 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:<br><div style="text-align: center; font-size: 24px; font-weight: bold;">5</div> |                      |   |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>LUIS V.<br>NICKNAME LAST SUFFIX<br>SAENZ   | <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="text-align: center; font-size: 10px;">CAMERON COUNTY</div> <div style="text-align: center; font-weight: bold;">DATE RECEIVED</div> <div style="text-align: center; font-size: 18px; font-weight: bold;">JUL 15 2024</div> <div style="text-align: center; font-size: 12px;">By: </div> <div style="text-align: center; font-size: 10px;">Date Hand-delivered or Date Postmarked</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; font-size: 8px;">Receipt #</td> <td style="width:50%; font-size: 8px;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Imaged</td> </tr> </table> |  | Receipt #            | Amount \$   | Date Processed    |                                   | Date Imaged                       |  |                                      |
| Receipt #  | Amount \$  |  |  |                      |   |                   |                                   |                                   |  |                                      |
| Date Processed   |  |  |  |                      |   |                   |                                   |                                   |  |                                      |
| Date Imaged  |  |  |  |                      |   |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>117 E. Price<br>Brownsville, Texas 78520   |  |  |                      |   |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(956) 558-9550   |  |  |                      |   |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>CHUCK<br>NICKNAME LAST SUFFIX<br>TIERINA   |  |  |                      |   |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>117 E. Price<br>Brownsville, Texas 78520  |  |  |                      |   |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(956) 558-9550   |  |  |                      |   |                   |                                   |                                   |  |                                      |
| 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)<br><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  | <table style="width:100%; border: none;"> <tr> <td style="text-align: center; font-size: 8px;">Month    Day    Year</td> <td style="text-align: center; font-size: 8px;">THROUGH</td> <td style="text-align: center; font-size: 8px;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">1 / 1 / 2024</td> <td></td> <td style="text-align: center; font-size: 24px;">6 / 30 / 24</td> </tr> </table>   | Month    Day    Year   | THROUGH  | Month    Day    Year | 1 / 1 / 2024  |                   | 6 / 30 / 24                       |                                   |  |                                      |
| Month    Day    Year   | THROUGH  | Month    Day    Year   |  |                      |   |                   |                                   |                                   |  |                                      |
| 1 / 1 / 2024   |  | 6 / 30 / 24  |  |                      |   |                   |                                   |                                   |  |                                      |
| 11 ELECTION  | <table style="width:100%; border: none;"> <tr> <td style="text-align: center; font-size: 8px;">ELECTION DATE</td> <td style="text-align: center; font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Month    Day    Year</td> <td style="font-size: 8px;"> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </td> </tr> <tr> <td style="text-align: center; font-size: 24px;">11 / 5 / 2024</td> <td></td> </tr> </table>  | ELECTION DATE  | ELECTION TYPE  | Month    Day    Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special | 11 / 5 / 2024     |                                   |                                   |  |                                      |
| ELECTION DATE  | ELECTION TYPE  |  |  |                      |   |                   |                                   |                                   |  |                                      |
| Month    Day    Year   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |  |  |                      |   |                   |                                   |                                   |  |                                      |
| 11 / 5 / 2024  |  |  |  |                      |   |                   |                                   |                                   |  |                                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>County Atty. w/ criminal resp.   | 13 OFFICE SOUGHT (if known)<br>County Atty w/ criminal resp.   |  |                      |   |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | <p style="font-size: 8px; margin: 0;">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.</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:20%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  | COMMITTEE TYPE   | COMMITTEE NAME       | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE   | COMMITTEE NAME   |  |  |                      |   |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS  |  |  |                      |   |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> 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

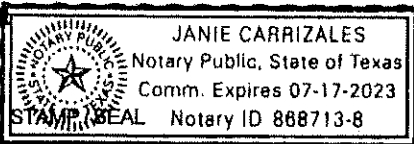
|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0                                   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 325.00                              |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 950.00                              |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 42,925                              |
| 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 15<sup>th</sup> day of July, 2015, 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**

|                              |   |   |
|------------------------------|---|---|
| <b>19 FILER NAME</b>         |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b> |   | <b>SUBTOTAL AMOUNT</b>                        |
| <b>NAME OF SCHEDULE</b>      |   |   |
| 1.                           | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0  |
| 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              | \$ 1,275.00                                   |
| 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  |

# 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:<br>2 | 2 FILER NAME<br>Luis V. SAENZ | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|-------------------------------|---------------------------------------|

|                  |                                       |
|------------------|---------------------------------------|
| 4 Date<br>1-4-24 | 5 Payee name<br>Mr. Amigo Association |
|------------------|---------------------------------------|

|                           |   |
|---------------------------|---|
| 6 Amount (\$)<br>\$160.00 | 7 Payee address;<br>5 E. ELIZABETH street<br>City: Brownsville State: TEXAS Zip Code: 78520 |
|---------------------------|---|

|                          |   |                            |
|--------------------------|---|----------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>EVENT EXPENSE   | (b) Description<br>Tickets |
|                          | (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<br>146.00 | Payee name<br>Rotary Shrimp Fest |
|----------------|----------------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>2-2-24 | Payee address;<br>P.O. Box 1987<br>City: Harlingen State: TEXAS Zip Code: 78551 |
|-----------------------|---|

|                        |   |                        |
|------------------------|---|------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>EVENT EXPENSE   | Description<br>Tickets |
|                        | <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<br>2-27-24 | Payee name<br>Gonzalez ELEMENTARY |
|-----------------|-----------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>250.00 | Payee address;<br>4356 JAIME ZAPATA AVE<br>City: Brownsville State: TX Zip Code: 78521 |
|-----------------------|--|

|                        |   |                          |
|------------------------|---|--------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>contribution  | Description<br>D.I. TEAM |
|                        | <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:<br><b>2</b> | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|--------------|---------------------------------------|

|                          |   |
|--------------------------|---|
| 4 Date<br><b>3-21-24</b> | 5 Payee name<br><b>EDWARD CAMARILLO</b> |
|--------------------------|---|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><b>200.00</b> | 7 Payee address; City; State; Zip Code<br><b>11 E. Hawthorne St. Brownsville 78520</b> |
|--------------------------------|--|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>CAMPAIGN CONTRIBUTION</b>  | (b) Description<br><b>CAMPAIGN CONTRIBUTION</b> |
|                          | (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<br><b>5-1-24</b> | Payee name<br><b>Brownsville Police Officers Association</b> |
|-----------------------|--|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>200.00</b> | Payee address; City; State; Zip Code<br><b>600 E. JACKSON BROWNSVILLE TEXAS 78520</b> |
|------------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>EVENT</b>  | Description<br><b>Bowling Tournament</b> |
|                        | <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 | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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