

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received	2008 JAN 15 AM 10:30 <i>Theresa Barrera</i>

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
	5643 N. FM 493 DONNA, TX 78537	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #
	(956) 464-2318	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Processed
	NICKNAME LAST SUFFIX	Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	5643 N. FM 493 DONNA, TX 78537

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(956) 461-5397

9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)

10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	7 / 01 / 07		12 / 31 / 07

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	J.P. Pet. 1 P61 Heddy Co	J.P. Pet 1- P61 Heddy Co

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **	
	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Gilberto Saenz 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,850 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 67.38
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,933 ⁸⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

Gilberto Saenz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gilberto Saenz, this the 14th day of January, 2008, to certify which, witness my hand and seal of office.
Irene I. Cardenas Irene I. Cardenas Asst. Cr. Coordinator
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1 of 3</u>	
2 FILER NAME <u>GILBERTO SAENZ</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>11-1-07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID BALL BONDS</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3901 W. Schunior Edinburg, TX 78539</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>11-02-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BENJAMIN A. SALINAS</u>	Amount of contribution (\$) <u>250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1519 N. Misty Lane Weslaco, TX 78596</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-06-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Humberto Munoz</u>	Amount of contribution (\$) <u>300⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3810 S. Bridge Weslaco, TX 78596</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-06-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Guerra Funeral Homes</u>	Amount of contribution (\$) <u>400⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2602 N. TEXAS Weslaco, TX 78596</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-06-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Teresa Tijerina</u>	Amount of contribution (\$) <u>1,000⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1004 N. INTERNATIONAL Weslaco, TX 78596</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: <u>2 of 3</u>
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2 FILER NAME <u>GILBERTO SAENZ</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>11-06-07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jones, Galligan, Key, & Lozano</u>	7 Amount of contribution (\$) <u>1,000⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>PO Box Drawer 1247 Weslaco, TX 78596</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date <u>11-15-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SALINAS, ALLEN, & Schmitt LLP</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2300 W. Pike Suite 201 Weslaco, Tex. 78596</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>11-26-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PABLO PENA</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>625 S. Airport DR Weslaco, TX 78596</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>11-26-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>A Fast Ball Bonds</u>	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>710 E. El Cibolo Edinburg, TX 78541</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>11-28-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>AZALDUA Ball Bonds</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>POB. 2655 12409 BALL BOND Edinburg, TX 78537</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 3 of 3

2 FILER NAME GILBERTO SAENZ 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>11-29-07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CEONADO WRECKINS</u>	7 Amount of contribution (\$) <u>580</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5814 N. FM 492 DONNA, TX 78537</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>11-29-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>McAfee Agency Inc. ROBERT GARZA</u>	Amount of contribution (\$) <u>200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>POB. 625 Mercedes, TX 78537</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12-18-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Rosendo Guzman</u>	Amount of contribution (\$) <u>200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8928 Dillon Rd. Donna TX 78537</u>		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
7 of 6

2 FILER NAME
GILBERTO SAENZ

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-11

5 Payee name
Beto's Sign Printing
6 Payee address; City, State; Zip Code
110 W. 4th
SAN JUAN, TX 78589

7 Amount (\$)
92
999.

8 Purpose of payment (See instructions regarding type of information required.)
SIGNS
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
Gilberto Saenz J.P. J.P.
Pat 1-1 Pat 1-1

Date
10-16

Payee name
OFFICE Max
Payee address; City, State; Zip Code
400 S. Exp 83
Mc Allen TX 78503

Amount (\$)
113.00

Purpose of payment (See instructions regarding type of information required.)
Political Posters
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
Gilberto Saenz J.P. J.P.
Pat 1-1 Pat 1-1

Date
10-16

Payee name
OFFICE Max
Payee address; City, State; Zip Code
400 E. Exp 83
Mc Allen TX 78503

Amount (\$)
35.69

Purpose of payment (See instructions regarding type of information required.)
Political Posters
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
Gilberto Saenz J.P. J.P.
Pat 1-1 Pat 1-1

Date
10-26

Payee name
LA MAS BUENS FM-104
Payee address; City, State; Zip Code
Mc Allen TX 78503

Amount (\$)
100.00

Purpose of payment (See instructions regarding type of information required.)
Radio Spot
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
Gilberto Saenz J.P. J.P.
Pat. 1-1 Pat 1-1

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Gilberto Suenz

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
2 - of 6

2 FILER NAME:
Gilberto Suenz

3 ACCOUNT # (Ethics Commission filers)
—

4 Date <i>10/21</i>	5 Payee name <i>OFFICE MAX</i>	7 Amount (\$) <i>112.21</i>
6 Payee address; City; State; Zip Code <i>400 S. Exp B3 McAllen, TX 78503</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Political Pictures</i> (If travel outside of Texas, complete Schedule T)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name <i>Gilberto Suenz</i>		Office sought <i>J.P.</i>	Office held <i>J.P.</i>
			<i>Pt 1-1</i>	<i>Pt 1-1</i>

Date <i>10/21</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>265.53</i>
Payee address; City; State; Zip Code <i>1500 W. Exp 83 WESLACO, TX 78596</i>		

Purpose of payment (See instructions regarding type of information required.) <i>number for Political Signs</i> (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name <i>Gilberto Suenz</i>		Office sought <i>J.P.</i>	Office held <i>J.P.</i>
			<i>Pt 1-1</i>	<i>Pt 1-1</i>

Date <i>10/27</i>	Payee name <i>Mc Coys</i>	Amount (\$) <i>15.67</i>
Payee address; City; State; Zip Code <i>910 W. Exp 83 WESLACO, TX 78596</i>		

Purpose of payment (See instructions regarding type of information required.) <i>number for Political Signs</i> (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name <i>Gilberto Suenz</i>		Office sought <i>J.P.</i>	Office held <i>J.P.</i>
			<i>Pt 1-1</i>	<i>Pt 1-1</i>

Date <i>10/29</i>	Payee name <i>FLORENCIA LA AMISTAD</i>	Amount (\$) <i>73.61</i>
Payee address; City; State; Zip Code <i>1416 FRESNO ST McAllen, TX 78501</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Decorations for Political Party</i> (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name <i>Gilberto Suenz</i>		Office sought <i>J.P.</i>	Office held <i>J.P.</i>
			<i>Pt 1-1</i>	<i>Pt 1-1</i>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3-08 6
2 FILER NAME Gilberto Suenz		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/28	5 Payee name The Design Shop 6 Payee address; City; State; Zip Code 120 W. 5th WEBLACO, TX 78596	7 Amount (\$) 947 ¹⁹/₅
8 Purpose of payment (See instructions regarding type of information required.) Political CARDS (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held Gilberto Suenz Rep J.P. J.P. S.P. Pat-1
Date 10/29	Payee name Mid Valley Town Crier Payee address; City; State; Zip Code 401 S. Iowa Weblaco, TX 78596	Amount (\$) 526. ⁵⁰/₂
Purpose of payment (See instructions regarding type of information required.) Political Ads News Papers (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held Gilberto Suenz J.P. J.P. Pat-1 Pat-1
Date 11-6	Payee name BEST WESTERN PALM AIRE Payee address; City; State; Zip Code 415 S. INTER. BLVD WEBLACO, TX 78596	Amount (\$) 2,666.40
Purpose of payment (See instructions regarding type of information required.) Political Reception - (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held Gilberto Suenz J.P. J.P. Pat-1-1 Pat-1-1
Date 11-6	Payee name R & A KARAOKE Payee address; City; State; Zip Code Merceda, TX 78570	Amount (\$) 175 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) Music - for Reception (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held Gilberto Suenz J.P. J.P. Pat-1-1 Pat-1-1

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4 of 6

2 FILER NAME

Gilberto Saenz

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11-07-07

Beto's PRINTING

811.88

6 Payee address; City; State; Zip Code

110. W. 4th

8 Purpose of payment (See instructions regarding type of information required.)

Political Signs

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Gilberto Saenz J.P. J.P.
Pet-1-1 Pet-1-1

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

11-17-07

Mc Coys

94.33

Payee address; City; State; Zip Code

910 W. Exp 83
WESLACO, TX 78596

Purpose of payment (See instructions regarding type of information required.)

Lumber for Signs

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Gilberto Saenz J.P. J.P.
Pet-1-1 Pet-1-1

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

11-24-07

Beto's Printing

811.88

Payee address; City; State; Zip Code

110 W. 4th
SAW JUAN, TEXAS 78589

Purpose of payment (See instructions regarding type of information required.)

Political Signs

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Gilberto Saenz J.P. J.P.
Pet-1-1 Pet-1-1

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

11-30-07

Mc Coys

15.67

Payee address; City; State; Zip Code

910 W. Exp 83
WESLACO, TX 78596

Purpose of payment (See instructions regarding type of information required.)

MATERIAL FROM Political Signs

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Gilberto Saenz J.P. J.P.
Pet-1-1 Pet-1-1

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3 of 6
2 FILER NAME Gilberto Saenz		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-3-07	5 Payee name Democratic Party FEE	7 Amount (\$) 1,000⁰⁰
6 Payee address; City; State; Zip Code Pharr, TX 785		
8 Purpose of payment (See instructions regarding type of information required.) Ballot Fee <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held Gilberto Saenz J.P. J.P. PT-11 PT-11	
Date 12-03-07	Payee name BETO'S PRINTING	Amount (\$) 55
Payee address; City; State; Zip Code 110 W. 4th SAN JUAN, TX 78589		151
Purpose of payment (See instructions regarding type of information required.) Political bumper sticker <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held Gilberto Saenz J.P. J.P. PT-11 PT-11	
Date 12-18-07	Payee name MID VALLEY Newspaper	Amount (\$) 50
Payee address; City; State; Zip Code 401 S. IOWA WEBLACK, TX 78596		526
Purpose of payment (See instructions regarding type of information required.) Political Ad <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held Gilberto Saenz J.P. J.P. PT-11 PT-11	
Date 12-18-07	Payee name City of Donna	Amount (\$) 200
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>6 of 6</i>
2 FILER NAME <i>Gilberto Suarez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12-20-07</i>	5 Payee name <i>BETOS Printing</i>	7 Amount (\$) <i>43</i>
6 Payee address; City; State; Zip Code <i>110 W. 4th San Juan, TX 78589</i>		<i>189</i>
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED