

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/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 Gilberto	OFFICE USE ONLY Date Received REC'D JAN 15 2016 <i>Jung Parkin. 2:30pm</i>	
	NICKNAME LAST SUFFIX Saenz		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5643 N. Fm 493 Donna, Texas 78537		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 464-2318		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Gilberto	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX Saenz II	Receipt #	Amount \$
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) 461-9567		
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 / 1 / 2015 12 / 31 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016	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) Justice of the Peace Pet. 1 Pl. 1	13 OFFICE SOUGHT (if known) Justice of the Peace Pet. 1 Pl. 1	

GO TO PAGE 2

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

5

2 FILER NAME

Gilberto Suarez

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/15

5 Full name of contributor

PABLO PEÑA

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

625 S. Airport

City;

Weslaco TX

State;

Zip Code

8 Contributor's principal occupation

Central Plumbing

9 Contributor's job title

OWNER

10 Contributor's employer/law firm

None

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/18/15

Full name of contributor

Robert Gomez

out-of-state PAC ID#: _____

Amount of contribution (\$)

325.00

Contributor address;

200 E Bus 83

City;

Mercedes TX

State;

Zip Code

Contributor's principal occupation

Mr. Affey Ins

Contributor's job title

Owner

Contributor's employer/law firm

None

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/26/15

Full name of contributor

Ricardo Guerra

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$500.00

Contributor address;

6700 N. M 3/2

City;

Weslaco, TX

State;

Zip Code

Contributor's principal occupation

H. way Construction

Contributor's job title

owner

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

5

2 FILER NAME

Gilberto Suarez

3 Filer ID (Ethics Commission Filers)

5

4 Date

10/05/15

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

Evaristo Guerrero

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address; City; State; Zip Code

PO Box 474 Donna TX 78537

8 Contributor's principal occupation

Retired Teacher

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/17/15

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

ATANACIO HINOJOSA

Amount of contribution (\$)

125

Contributor address; City; State; Zip Code

POB 7 Mercedes TX 78870

Contributor's principal occupation

Retired Teacher

Contributor's job title

Contributor's employer/law firm

1206 Susan Dr Edinburg TX 78539

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/14/15

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

Norman Cordora

Amount of contribution (\$)

1,000⁰⁰

Contributor address; City; State; Zip Code

1206 Susan Dr Edinburg TX 78537

Contributor's principal occupation

Educator

Contributor's job title

Contributor's employer/law firm

Donna F.S.D.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5
2 FILER NAME Gilberto Saenz		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Medina Real Estate	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code POB. 8186 Weslco, TX 7839		
8 Contributor's principal occupation Real Estate	9 Contributor's job title owner	
10 Contributor's employer/law firm Medina's Real Estate		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Progreso Real Co.	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 2401 E. Expo 83 Weslco 7854		
Contributor's principal occupation E. Perez		Contributor's job title owner
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jones, Calligan, Key - Rozum	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code POB. 1247 Weslco, TX 78596		
Contributor's principal occupation Att. at law		Contributor's job title ATTORNEY
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5
2 FILER NAME Gilberto Saenz		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Fernando Garcia	7 Amount of contribution (\$) 1,000
6 Contributor address; City; State; Zip Code 700 N Texas Woslaco Tx 78596		
8 Contributor's principal occupation T.V. Repair		9 Contributor's job title OWNER
10 Contributor's employer/law firm Owner		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **5**

2 FILER NAME

Gilberto Saenz

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/18

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

Senon Moya

7 Amount of contribution (\$)

300⁰⁰

6 Contributor address; City; State; Zip Code

3906 W. International Blvd 78596

8 Contributor's principal occupation

Real Estate

9 Contributor's job title

Owner

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 11	2 FILER NAME Gilberto Saenz	3 Filer ID (Ethics Commission Filers)
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4 Date 8/28-15	5 Payee name Home Depot
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6 Amount (\$) 28.13 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1500 W Exp Westaco, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sign Ties	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/22/15	Payee name Wicked Incursions
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Amount (\$) 1,500 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 111 N. 17th Donna, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political T-Shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/28/15	Payee name McCoy's
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Amount (\$) 72.51 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 910 US 83 Westaco TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Pole Digger	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>11</u>	2 FILER NAME <u>Gilberto Saenz</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9/10/15</u>	5 Payee name <u>Wicked Illusionz</u>	
6 Amount (\$) <u>300⁰⁰</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>111 N. 17 Donna, TX 78537</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Political Bumper Stickers</u>	(b) Description <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 <u>9/14/15</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>24.50</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>4406 S. Exp 83 Weslaco, TX 78596</u>	
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
Date <u>9/15/15</u>	Payee name <u>LA PALOMA - ELSA</u>	
Amount (\$) <u>36.54</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>5714 N. FM 1015 ELSA, TX 78543</u>	
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>11</u>	2 FILER NAME <u>Gilberto Saenz</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9/17/15</u>	5 Payee name <u>Howes</u>	
6 Amount (\$) <u>97.86</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>1015 E 24th St Weslaco, TX 78596</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>2x4 lumber</u>	(b) Description <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 <u>9.19.15</u>	Payee name <u>HEWRY'S</u>	
Amount (\$) <u>27.55</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>715 S. Hewry Lane Narlingen TX 78552</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Mercedes Parade</u>	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
Date <u>9/21/15</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>78.48</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1400 E. Exp 83 Weslaco, TX 78596</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Push Cards Pd. (Mis a Ontiveros)</u>	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9/22/15	2 FILER NAME Gilberto Saenz	3 Filer ID (Ethics Commission Filers)
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4 Date 9/22/15	5 Payee name Dollar General
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6 Amount (\$) 68.42 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1402 W. Santa Rosa Edcouch
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Party Packs - LA Paloma	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME Gilberto Saenz	3 Filer ID (Ethics Commission Filers)
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4 Date 10/13/15	5 Payee name Beto's Signs
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6 Amount (\$) 1,169.⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 110 W. 4th San Juan, TX 78589
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 4x4 Political Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-14-15	Payee name Home Depot
-------------------------	---------------------------------

Amount (\$) 49.53 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1500 W. Exp 83 Weslaco, TX 78596 (E.E.I.S.O Parade)
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Electrical Wiring & lights for Trailer	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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Date 10-15-15	Payee name HEB
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Amount (\$) 69.⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 310 N. Westgate Weslaco, TX 78596
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Weslaco National Night Out Parade	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center; font-size: 2em;">11</p>		2 FILER NAME <p style="text-align:center; font-size: 1.5em;">Gilberto Saenz</p>		3 Filer ID (Ethics Commission Filers)	
4 Date <p style="text-align:center; font-size: 1.5em;">10/20/15</p>		5 Payee name <p style="text-align:center; font-size: 1.5em;">H.E.B.</p>			
6 Amount (\$) <p style="text-align:center; font-size: 1.5em;">123.00</p> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">310 N. Westgate Weslaco, TX 78596</p>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Band Sponsor E.E.S.O</p>		(b) Description <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	
Date <p style="text-align:center; font-size: 1.5em;">11/09/15</p>		Payee name <p style="text-align:center; font-size: 1.5em;">Howes</p>			
Amount (\$) <p style="text-align:center; font-size: 1.5em;">49.48</p> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">1015 E. Exp 83 Weslaco, TX 78596</p>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">2x4 lumber for 4x4 Political Signs</p>		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	
Date <p style="text-align:center; font-size: 1.5em;">11/15/15</p>		Payee name <p style="text-align:center; font-size: 1.5em;">Beto's</p>			
Amount (\$) <p style="text-align:center; font-size: 1.5em;">243.56</p> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">110 W. 4th San Juan, TX 78589</p>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">18x24 Political Signs (100)</p>		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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>11</u>	2 FILER NAME <u>Gilberto Saenz</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10-20-15</u>	5 Payee name <u>Yvonne Gaitan</u>	
6 Amount (\$) <u>125</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>E.E. 1.50 -</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Drinks & Food - for E.E. Football Team</u>	(b) Description <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 <u>10-25-15</u>	Payee name <u>Howes</u>	
Amount (\$) <u>54.57</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1015 E. Exp B3 Weslaco, TX 78596</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>2x4 lumber for 4x4 signs</u>	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
Date <u>10-31-15</u>	Payee name <u>Howes</u>	
Amount (\$) <u>60.60</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1015 E. Exp 83 Weslaco, TX 78596</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>2x4 lumber for 4x4 Political Signs</u>	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11		2 FILER NAME Gilberto Saenz		3 Filer ID (Ethics Commission Filers)	
4 Date 10-22-15		5 Payee name Office Depot			
6 Amount (\$) 292.08 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1406 E. Exp 83 Weslaco, TX 78596			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) News Paper fliers		(b) Description <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 10/20/15		Payee name Office Depot			
Amount (\$) 97.33 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1406 E. Exp 83 Weslaco, TX 78596			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Push Cards (Political)		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	

Date 10/22/15		Payee name Mid-Valley Town Crier			
Amount (\$) 269.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 401 S. Iowa Weslaco, TX 78596			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Political Advs.		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME Gilberto Saenz	3 Filer ID (Ethics Commission Filers)
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4 Date 11-18-15	5 Payee name Matts Cook & Curry
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6 Amount (\$) 76.73 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 404 S. Exp 83 Pharr, TX 78577
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Lumber for Trailer Pavade E.E.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/24/15	Payee name E.E.S.D
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Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code E.E.S.D. E 107, Elgin TX
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Football Team Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/21/15	Payee name Mid-Valley Town Crier
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Amount (\$) 250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401. S. Bowe Wesley TX 76786
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Christmas Adv. (Political)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME Gilberto Saenz	3 Filer ID (Ethics Commission Filers)
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4 Date 12/7/15	5 Payee name Matt's Cash & Carry
--------------------------	--

6 Amount (\$) 91.95 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 404 S. Exp. 83 Pharr, Tx 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Materials for Parade	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/7/15	Payee name Beto's Signs
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Amount (\$) 1,169.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 110 W. ADR San Juan, TX 78589
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 4x4 Political Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-14-16	Payee name Democratic Party Filing Fee
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Amount (\$) 1,000 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Edinburg, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 11	2 FILER NAME Gilberto Saenz	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/21/15	6 Payee name Wicked Illusions
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7 Amount (\$) 145.00	8 Payee address; City; State; Zip Code 111 N. 17th Donna, Tx 7853
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Political Bumper Stickers
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder