FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087945 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Selina NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Saenz CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 7101 N. Mesa #117 MAILING Amount Receipt # **ADDRESS** Change of Address El Paso, TX 79912 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Selina NAME NICKNAME LAST **SUFFIX** Saenz **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 7101 N. Mesa **ADDRESS** #117 (Residence or Business) El Paso, TX 79912 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 895-1838 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None District Judge District 65

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 20

| 13 C / OH NAME | Saenz, Selina (Mrs.) | | | 14 Filer ID 00087945 | (Ethics Com | mission Filers) |
|--|--|---------------------------------|---|---|---------------------------------|----------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditure | ns accepted or political expenditues may have been made without required to report this information | the candidate's or off | iceholder's kn | owledge or |
| Additional Pages | COMMITTEE TYPE COMMITTEE NAME | | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE AD | DRESS | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CA | MPAIGN TREASURER NAME | | | |
| | | COMMITTEE CA | MPAIGN TREASURER ADDRES | SS | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | | | CONTRIBUTIONS(OTHER THAN R CONTRIBUTIONS MADE ELE | | \$ | 50.00 |
| | | ICAL CONTRIBI PLEDGES, LOANS | UTIONS S, OR GUARANTEES OF LOAN | S) | \$ | 2,460.08 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | \$ | 0.00 | |
| | 4. TOTAL POLIT | ICAL EXPENDIT | TURES | | \$ | 73,515.98 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | NS MAINTAINED AS OF THE L | AST DAY OF THE | \$ | 6,443.01 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | ALL OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | | | | |
| | | | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | y of perjury, that the a Il information required | accompanying d to be reporte | report is d by me |
| | | | Mr | s. Selina Saenz | | |
| | | | Signature of | Candidate or Office | nolder | |
| AFFIX NOT | TARY STAMP / SEAL AB | OVE | | | | |
| Sworn to and subso | ribed before me, by the s | aid | | , this the | | day |
| | | | s my hand and seal of office. | | | - |
| | | | | | | |
| Signature of office | er administering oath | Printed name | e of officer administering oath | Title of office | cer administeri | ng oath |

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

| | | | | 3 of 20 |
|--------------------------------|--|-----------------------------|---------------|---------------|
| 18 FILER NA Saenz, S | ME selina (Mrs.) | 19 Filer ID 00087945 | (Ethics Commi | ssion Filers) |
| | 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | |
| 1. X | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 2,200.08 |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 260.00 |
| 3. | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | |
| 4. X | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | 0.00 |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | ; | \$ | 41.96 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ons | \$ | |
| 8. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 70,999.02 |
| 9. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 2,475.00 |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C | OF C/OH | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO | NS | \$ | |
| 12. X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER | ETURNED | \$ | 0.33 |
| | | | • | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|--|--|-------------------------|--|------|---|
| | The Instru | ction Guide explains how | v to complete this f | form. | 1 | Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/20 |
| 2 | FILER NAME Saenz, Selin | a (Mrs.) | | | 3 | Filer ID (Ethics Commission Filers) 00087945 |
| 4 | 01/28/2024 Carrasco, Fernando (Mr.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) \$26.25 | | |
| | | El Paso, TX 79936 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Law Enforcement Sergeant Deputy Const 10 Contributor's employer/law firm 11 Law firm of contributor's sp | | | | | |
| 10 | Contributor's 6 El Paso Cou | | | 11 Law firm of contributor's sp N/A | oou | se (if any) |
| 12 | 2 If contributor is | s a child, law firm of parent(s) (if a | any) | <u> </u> | | |
| | N/A | | | N/A | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) |
| | 01/26/2024 | Cooper, Kirk (Mr.) Contributor address; City; S | tate; Zip Code | | | \$103.48 |
| _ | Contributor's | El Paso, TX 79925 Principal Occupation | | Contributor's Job Title | | |
| | Attorney | -ппсіраї Оссираціон | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | วดนะ | se (if any) |
| | | f Kirk Cooper | | N/A | | , |
| - | If contributor is | s a child, law firm of parent(s) (if a | any) | | | |
| | N/A | | | N/A | | |
| | Date 02/11/2024 | Full name of contributor EASTSIDE DEMOCRATS Contributor address; City; S | | | | Amount of Contribution (\$) \$100.00 |
| | | EL PASO, TX 79936 | | , | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | |
| | Contributor's e | employer/law firm | | Law firm of contributor's sp | oou | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if a | any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|--|--|--|---|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/20 |
| 2 | FILER NAME Saenz, Selin | | | 3 Filer ID (Ethics Commission Filers) 00087945 |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) HUSTON, LAUREL (Mrs.) 6 Contributor address; City; State; Zip Code EL PASO, TX 79925 | | | 7 Amount of Contribution (\$) \$515.38 |
| 8 | Contributor's I | I Principal Occupation | 9 Contributor's Job Title | |
| | ATTORNEY | | CHIEF LEGAL OFFICE | R |
| 10 | | employer/law firm HILDREN'S HOSPITAL | 11 Law firm of contributor's sp N/A | ouse (if any) |
| 12 | ! If contributor is | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) |
| | 02/20/2024 | LERMA, VERONICA (Ms.) Contributor address; City; State; Zip Code EL PASO, TX 79902 | | \$350.00 |
| | Contributor's F | I Principal Occupation | Contributor's Job Title | |
| | ATTORNEY | | ATTORNEY | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | LERMA LAV | V | N/A | |
| | If contributor is N/A | s a child, law firm of parent(s) (if any) | N/A | |
| | Date | Full name of contributor ut-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 02/09/2024 | MOLINA, ELIZABETH (Ms.) Contributor address; City; State; Zip Code EL PASO, TX 79902 | | \$200.00 |
| | Contributor's F | Principal Occupation | Contributor's Job Title | |
| | ATTORNEY | | STAFF ATTORNEY | |
| | | employer/law firm | Law firm of contributor's sp | |
| | TEXAS RIOGRANDE LEGAL AID TEXAS RIOGRANDE L | | | EGAL AID |
| | If contributor is N/A | s a child, law firm of parent(s) (if any) | N/A | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|---|--|---|---|
| | The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/20 | |
| 2 | FILER NAME Saenz, Selin | | | 3 Filer ID (Ethics Commission Filers) 00087945 |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) Salayandia, Jose (Mr.) 6 Contributor address; City; State; Zip Code Socorro, TX 79927 | | | 7 Amount of Contribution (\$) \$154.97 |
| 8 | Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| | Attorney | | Senior Trial Attorney | |
| 10 | | employer/law firm Inty Attorney's Office | 11 Law firm of contributor's sp | ouse (if any) |
| 12 | | s a child, law firm of parent(s) (if any) | IN/A | |
| 12 | N/A | s a criliu, law littii or parerii(s) (ii arry) | N/A | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) |
| | 02/04/2024 | TORRES, ROSENDO (Mr.) Contributor address; City; State; Zip Code EL PASO , TX 79902 | | \$500.00 |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| | ATTORNEY | | ATTORNEY | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | ROSENDO ' | TORRES ATTORNEY AT LAW | N/A | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| | Date 02/05/2024 | Full name of contributor out-of-state PAC (ID#:_ YANAR HANSHEW, SORAYA (Mrs.) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$200.00 |
| | | EL PASO, TX 79912 | | |
| | Contributor's F | Principal Occupation | Contributor's Job Title | L |
| | ATTORNEY | | ATTORNEY | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | HANSHEW | LAW FIRM | FEDERAL PUBLIC DEF | FENDER |
| | | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| | | | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/20 3 Filer ID (Ethics Commission Filers) FILER NAME Saenz, Selina (Mrs.) 00087945 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 01/30/2024 TEJANO DEMOCRATS PASO DEL NORTE CHAPTER \$75.00 I ENDORSEMENT 7 Contributor address; City; State; Zip Code GRAPHIC DESIGN **EL PASO, TX 79925** 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) 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) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 02/20/2024 VILLASENOR, CELIA (Mrs.) \$185.00 PRINTING-PUNCH Contributor address; City; State; Zip Code CARDS EL PASO, TX 79902 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) (See instructions) **ATTORNEY ATTORNEY** Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) LAW OFFICE OF CELIA VILLASENOR LAW OFFICE OF RICHARD DECK If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A N/A

| | LOANS (J | UDICIAL) | | | | SCHEDUL | E E(J) | |
|----|---|------------------------------------|------------------|--|--------------|--------------------------------------|--------------|--|
| | The Instruction Guide explains how to complete this form. | | | | 1 | oages Schedule E(J) L/1 Rpt: 8/20 |): | |
| 2 | FILER NAME Saenz, Selina (M | Mrs.) | | | 3 Filer II | C (Ethics Commiss 1945 | sion Filers) | |
| 4 | TOTAL OF UN | ITEMIZED LOANS | | | | \$ | 0.00 | |
| 5 | Date of loan | 7 Name of lender | out-of-state PAG | C (ID#: | | 9 Loan Amount | (\$) | |
| 6 | Is lender a financial institution? | 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 | r/Law Firm | | 15 Law Firm of lender's spou | se (if any) | | | |
| 16 | If lender is child, la | w firm of parent(s) (if any) | | | | | | |
| 17 | Description of Coll | ateral | | 18 Check if personal funds were deposited into political account (See Instructions) | | | | |
| 19 | GUARANTOR INFORMATION | 20 Name of guarantor | | 22 Amount Guaranteed (\$) | | | | |
| | not applicable | 21 Guarantor address; City; | State; | Zip Code | | | | |
| 23 | Guarantor's Princip | oal Occupation | | 24 Guarantor's Job Title | | | | |
| 25 | Guarantor's Emplo | yer/Law Firm | | 26 Law Firm of guarantor's sp | oouse (if an | y) | | |
| 27 | If guarantor is child | d, law firm of parent(s) (if any) | | | | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Fees Office Ove Food/Beverage Expense Polling Ex Gitt/Awards/Memorials Expense Printing Ex Legal Services Salaries

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | |
|---|--|---|----|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers | 5) | | | | |
| | Sch: 1/2 Rpt: 9/20 | Saenz, Selina (Mrs.) 00087945 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 01/26/2024 | PayPal Inc. | | | | | |
| 6 | Amount (\$) \$3.48 | 7 Payee address; City; State; Zip Code 2211 North First Street | | | | | |
| | φ3.46 | ZZII NOItii Fiist Street | | | | | |
| | | San Jose, CA 95131 | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | PAYPAL FEES - KIRK COOPER CONTRIBUTIO | N | | | | |
| | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H | | | | | |
| | Date | Payee name | _ | | | | |
| | 01/28/2024 | PayPal Inc. | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$1.25 | 2211 North First Street | | | | | |
| | | | | | | | |
| | | San Jose, CA 95131 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | PAYPAL TRANSACTION FEE - FERNIE | | | | | |
| | | CARRASCO CONTRIBUTION | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H | | | | | |
| | Date | Payee name | | | | | |
| | 01/28/2024 | PayPal Inc. | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$4.97 | 2211 North First Street | | | | | |
| | | | | | | | |
| | | San Jose, CA 95131 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | PAYPAL TRANSACTION FEE - JOSE | | | | | |
| | | SALAYANDIA CONTRIBUTION | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/OI | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 10/20 | 2 FILER NAME Saenz, Selina (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087945 |
| 4 Date 02/09/2024 | 5 Payee name PayPal Inc. |
| 6 Amount (\$) \$6.27 | 7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYPAL TRANSACTION FEE - ELIZABETH MOLINA CONTRIBUTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 02/10/2024 | Payee name PayPal Inc. |
| Amount (\$) \$15.38 | Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYPAL TRANSACTION FEE - LAUREL HUSTON CONTRIBUTION |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 02/20/2024 | Payee name PayPal Inc. |
| Amount (\$) \$10.61 | Payee address; City; State; Zip Code 2211 North First Street |
| | San Jose, CA 95131 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYPAL TRANSACTION FEE - VERONICA LERMA CONTRIBUTION |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F4

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

| The Instruction Guide explains how to complete this form. | | | | | | | | |
|--|--|--|---|---|---------------------------------------|----------|--|--|
| 1 Total pages Schedule F4: 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 1/8 Rpt: 11/20 | Saenz, Selina (Mrs. | .) | | 00087945 | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution ASE | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITURED | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged \$18.06 | (b) Date of Charge 02/18/2024 | (c) Date(s) Credit Card Issue 02/20/2024 | er Paid | | | | |
| 7 PAYEE 8 PURPOSE OF | (a) Payee name BOWIE BAKERY (a) Category | | (b) Payee address; 5000 DONIPHAN SUTE 105 EL PASO, TX 79932 (b) Description | City, | State, | Zip Code | | |
| EXPENDITURE X Political | (See Categories listed at the top Food/Beverage Exper | nse | FOOD FOR COMMERC | IAL SHOOT | | | | |
| Non-Political | · · · — | of Texas. Complete Schedule T. | | K, officeholder living exp | ense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| PAYMENT | (a) Amount Charged \$3,260.04 | (b) Date of Charge 01/29/2024 | (c) Date(s) Credit Card Issue 01/30/2024 | er Paid | | | | |
| PAYEE | (a) Payee name Y STRATEGY LLC | | (b) Payee address; 3110 MANOR RD SUITE H AUSTIN, TX 78723 | City, | State, | Zip Code | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Salaries/Wages/Conti | | (b) Description CANVASSING | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | K, officeholder living exp | ense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| PAYMENT | (a) Amount Charged \$2,750.00 | (b) Date of Charge 01/29/2024 | (c) Date(s) Credit Card Issue 01/30/2024 | er Paid | | | | |
| PAYEE | (a) Payee name Y STRATEGY LLC | | (b) Payee address; 3110 MANOR RD SUITE H AUSTIN, TX 78723 | City, | State, | Zip Code | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description WEBSITE | | | | | |
| Non-Political Complete ONLY if direct expenditure to benefit C/OH | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. name Office | Check if Austin, TX e sought | c, officeholder living exp Office held | ense | | | |

SCHEDULE F4

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

| | The Instruction Guide explains how to complete this form. | | | | | | | |
|---|--|---------------------------------------|--|-------------------------------|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Sch: 2/8 Rpt: 12/20 | Saenz, Selina (Mrs | .) | | 00087945 | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | | |
| | \$1,100.00 | 02/12/2024 | 02/13/2024 | | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code | | | | |
| | Y STRATEGY LLC | | 3110 MANOR RD SUITE H AUSTIN, TX 78723 | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE X Political | (See Categories listed at the top of this schedule) Advertising Expense REIMBURSEMENT OF EL ADVERTISING | | | EL PASO MATTERS | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged \$75.00 | (b) Date of Charge 02/12/2024 | (c) Date(s) Credit Card Issue 02/13/2024 | r Paid | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | Y STRATEGY LLC | | 3110 MANOR RD SUITE H AUSTIN, TX 78723 | | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description GRAPHIC DESIGN FOR EL PASO MATTERS ADS | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | | e sought Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged \$17,852.15 | (b) Date of Charge 02/12/2024 | (c) Date(s) Credit Card Issue 02/13/2024 | er Paid | | | | |
| PAYEE | (a) Payee name | L | (b) Payee address; | City, State, Zip Code | | | | |
| | V CTD ATECVILLO | | 3110 MANOR RD | | | | | |
| | Y STRATEGY LLC | | SUITE H | | | | | |
| | | | AUSTIN, TX 78723 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | | |
| | Printing Expense | or this scriedule) | MAILER | | | | | |
| X Political | | | | | | | | |
| Non-Political | \(\frac{1}{2}\) \(\frac{1}{2}\) | of Texas. Complete Schedule T. | <u> </u> | , officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | | |

SCHEDULE F4

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

| | The Instruction Guide explains how to complete this form. | | | | | | | |
|---|--|--|----------------------------------|---|---------------------------------------|--------------------------|--------|----------|
| 1 Total pages Schedule F4: 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 3/8 Rpt: 13/20 | Saenz, Selina (Mrs | Saenz, Selina (Mrs.) | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UEXPENDITUE CHARGED CARD | | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$3,000.00 | (b) Date of Charge 02/12/2024 | (c) Date(s) Cre 02/13/2024 | dit Card Issuer | Paid | | |
| 7 | PAYEE | (a) Payee name Y STRATEGY LLC | | (b) Payee addr 3110 MANOF SUITE H AUSTIN, TX | R RD | City, | State, | Zip Code |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description FIELD MANAGEMENT | | | | | | |
| L | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | heck if Austin, TX, o | officeholder living expe | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| Ľ | expenditure to benefit C/OH PAYMENT | (a) Amazunt Chavarad | (h) Data of Charge | (a) Data(a) Cra | dit Cand Issuen | Deid | | |
| | PATMENT | (a) Amount Charged \$861.17 | (b) Date of Charge 02/12/2024 | (c) Date(s) Cre 02/13/2024 | uit Caru issuer | Palu | | |
| r | PAYEE | (a) Payee name | L | (b) Payee address; | | City, | State, | Zip Code |
| | | Y STRATEGY LLC | | 3110 MANOF SUITE H AUSTIN, TX | | | | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Fees | of this schedule) | (b) Description CREDIT CAF | RD FEES | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | . По | heck if Austin, TX, o | officeholder living expe | ense | |
| 6 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$640.16 | (b) Date of Charge 02/21/2024 | (c) Date(s) Cre 02/22/2024 | dit Card Issuer | Paid | | |
| | PAYEE | Y STRATEGY LLC 3110 MA SUITE H | | (b) Payee addr 3110 MANOF SUITE H AUSTIN, TX | RRD | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Fees | of this schedule) | (b) Description CREDIT CAF | RD FEE | | | |
| L | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | theck if Austin, TX, o | officeholder living expe | ense | |
| e | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |

SCHEDULE F4

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 Inst | ruction Guide explains how | to complete this form. | , , , | | , | |
|---|---|---|--|-----------------------------|---------------------------------------|----------|--|
| 1 Total pages Schedule F4: | Total pages Schedule F4: 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 4/8 Rpt: 14/20 | Saenz, Selina (Mrs | .) | | 00087945 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | |
| 6 PAYMENT | (a) Amount Charged \$1,865.60 | (b) Date of Charge 01/28/2024 | (c) Date(s) Credit Card Issue 01/30/2024 | er Paid | | | |
| 7 PAYEE | (a) Payee name CASA OF EL PASO |) | (b) Payee address; 221 N. KANSAS ST. SUITE 1501 EL PASO, TX 79901 | City, | State, | Zip Code | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde | ns Made By | (b) Description SPONSORSHIP OF CAS | SA GALA TABLE | <u> </u> | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | , officeholder living expe | nse | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | |
| PAYMENT | (a) Amount Charged \$50.00 | (b) Date of Charge 02/01/2024 | (c) Date(s) Credit Card Issue 02/05/2024 | er Paid | | | |
| PAYEE | Eastside Democrats of El Paso | | (b) Payee address; 8904 WH Burges El Paso, TX 79925 | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde | ns Made By | (b) Description SPONSORSHIP OF FOO | DD FOR ENDOF | RSEMEN | IT FORUM | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | K, officeholder living expe | nse | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | |
| PAYMENT | (a) Amount Charged \$1,557.00 | (b) Date of Charge 02/10/2024 | (c) Date(s) Credit Card Issue 02/13/2024 | er Paid | | | |
| PAYEE | (a) Payee name JG ADVERTISING AGENCY | | (b) Payee address; 10600 MONTWOOD DR SUITE 104 EL PASO, TX 79925 | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description COMMERCIAL PRODUC | CTION | | | |
| Non-Political Complete ONLY if direct expenditure to benefit C/OH | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. name Offic | Check if Austin, TX | c, officeholder living expe | nse | | |

SCHEDULE F4

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

| | The Insti | ruction Guide explains how | to complete th | is form. | | | | |
|--|--|----------------------------------|---|---|---------------------------------------|----------|----------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 5/8 Rpt: 15/20 | Saenz, Selina (Mrs. | | 00087945 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | | Paid | | | |
| | \$122.59 | 02/18/2024 | 02/20/2024 | 4 | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ad | ldress; | City, | State, | Zip Code | |
| | EINSTEIN BROS. BAGELS | | 6105 N ME | | | | | |
| | | | | TX 79912 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | | COMMEDIAL | CHOOT | _ | |
| X Political | (See Categories listed at the top of this schedule) FOOD/BEVERAGE FC Food/Beverage Expense | | | VERAGE FOR | COMMERCIAL | 30001 | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expense | | | |
| · · · · · · · · · · · · · · · · · · · | | | e sought | | Office held | | | |
| expenditure to benefit C/OH | | T | | | | | | |
| PAYMENT | (a) Amount Charged \$5,000.00 | (b) Date of Charge 01/29/2024 | (c) Date(s) C 01/30/2024 | Credit Card Issuer 4 | Paid | | | |
| PAYEE (a) Payee name | | (b) Payee ad | ldress; | City, | State, | Zip Code | | |
| | Y STRATEGY LLC | | 3110 MAN SUITE H AUSTIN, T | | | | | |
| PURPOSE OF | EXPENDITURE (See Categories listed at the top of this schedule) Consulting Expense | | (b) Descripti | on | | | | |
| l <u> </u> | | | CONSULTING FEE - NOVEMBER 2023 - JANUARY 2024 | | | | | |
| Non-Political | (C) Check if travel outside | · | Check if Austin, TX, | officeholder living expe | ense | | | |
| Complete ONLY if direct Candidate/Officeholder name Office | | | e sought | _ | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged \$1,755.33 | (b) Date of Charge 01/29/2024 | (c) Date(s) Credit Card Issuer 01/30/2024 | | · Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee ad | ldress; | City, | State, | Zip Code | |
| | V.077.177.0V.1.0 | | 3110 MANOR RD | | | | | |
| | Y STRATEGY LLC | | SUITE H | | | | | |
| | | | AUSTIN, T | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description PUSH CARDS | | | | | |
| l <u> </u> | Printing Expense | or time estricularly | PUSH CAR | RDS | | | | |
| X Political | <u> </u> | | | _ | | | | |
| Non-Political | (1) | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| | | | | | | | | |

SCHEDULE F4

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

| | The Insti | ruction Guide explains how | to complete this | s form. | | | | |
|--|---|---|------------------------------------|---------------------------------------|-------------------------|--------|----------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 6/8 Rpt: 16/20 | Saenz, Selina (Mrs. | 00087945 | | | | | | |
| 4 CREDIT CARD ISSUER | | previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | | redit Card Issuer | r Paid | | | |
| | \$3,000.00 | 01/29/2024 | 01/30/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ad | dress; | City, | State, | Zip Code | |
| | Y STRATEGY LLC | | 3110 MANO SUITE H AUSTIN, TX | | | | | |
| PURPOSE OF (a) Category | | | (b) Description | n | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Salaries/Wages/Contr | FIELD MAN | IAGEMENT - 3 | JANUARY | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, | | | officeholder living exp | ense | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office | | | e sought | - | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | redit Card Issuer | r Paid | | | |
| | \$3,703.35 | 02/12/2024 | 02/13/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ad | dress; | City, | State, | Zip Code | |
| | Y STRATEGY LLC | | 3110 MAN | OR RD | | | | |
| | | | SUITE H | | | | | |
| | | | AUSTIN, T | X 78723 | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodula) | (b) Description | | | | | |
| EXPENDITURE | Salaries/Wages/Contr | | CANVASSI | NG | | | | |
| X Political | | | | | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct Candidate/Officeholder name Office | | | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged (b) Date of Charge | | | redit Card Issuer | r Paid | | | |
| | \$2,500.00 | 02/12/2024 | 02/13/2024 | | | | | |
| | | | | | | | | |
| PAYEE | PAYEE (a) Payee name | | (b) Payee ad | dress; | City, | State, | Zip Code | |
| | VSTDATECVILC | | 3110 MANOR RD | | | | | |
| | Y STRATEGY LLC | | SUITE H | | | | | |
| | | | AUSTIN, TX 78723 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category | | (b) Description | | | | | |
| l <u>—</u> | (See Categories listed at the top of this schedule) Consulting Expense | | CONSULTI | NG FEE - FEE | BRUARY | | | |
| X Political | | | | | | | | |
| Non-Political | \(\frac{1}{2} \) | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| expenditure to benefit C/OH | ure to benefit C/OH | | | | | | | |

SCHEDULE F4

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 Inst | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | , | |
|--|---|--|----------------------------------|--|--|---|--------|----------|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 7/8 Rpt: 17/20 | Saenz, Selina (Mrs | | | 00087945 | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | | |
| 6 | PAYMENT | (a) Amount Charged \$475.00 | (b) Date of Charge 02/12/2024 | (c) Date(s) Credit Card Issuer Paid 02/13/2024 | | | | | |
| 7 | PAYEE | (a) Payee name Y STRATEGY LLC | | SUITE H AUSTIN, | NOR RD TX 78723 | City, | State, | Zip Code | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Fees | of this schedule) | (b) Descrip REIMBU | otion RSEMENT FOR | CREDIT CARI | O FEES | | |
| | Non-Political | · · · · · · · · · · · · · · · · · · · | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office expenditure to benefit C/OH | | | | e sought | | Office held | | | |
| | PAYMENT | (a) Amount Charged \$17,852.15 | (b) Date of Charge 02/21/2024 | (c) Date(s) 02/22/20 |) Credit Card Issuer 24 | r Paid | | | |
| | PAYEE | (a) Payee name Y STRATEGY LLC | | SUITE H | NOR RD | City, | State, | Zip Code | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Descrip | | | | | |
| | Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. | | • | Check if Austin, TX, | officeholder living exp | ense | | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | e sought | | Office held | | | | |
| | PAYMENT | (a) Amount Charged \$3,486.42 | (b) Date of Charge 02/21/2024 | (c) Date(s) Credit Card Issuer 02/22/2024 | | r Paid | | | |
| | PAYEE | (a) Payee name Y STRATEGY LLC | | SUITE H | NOR RD | City, | State, | Zip Code | |
| | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Descrip | SSING | | | | |
| L | Non-Political | · · · · · · · · · · · · · · · · · · · | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| 1 | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| Candidate/Officeholder/Political | | ices Sa ruction Guide explains hov | | OTHER (enter a category | not listed at | oove) | | |
|----------------------------------|--|---------------------------------------|---|-----------------------------|---------------|----------|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | <u> </u> | 3 Filer ID (Ethic | s Commiss | ion Filers) | | | |
| Sch: 8/8 Rpt: 18/20 | Saenz, Selina (Mrs. | .) | | 00087945 | | | | |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | |
| | \$75.00 | 01/29/2024 | 01/30/2024 | | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code | | |
| | Y STRATEGY LLC | | 3110 MANOR RD SUITE H AUSTIN, TX 78723 | | | | | |
| 8 PURPOSE OF (a) Category | | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | GRAPHIC DESIGN | | | | | |
| X Political Advertising Expense | | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | x, officeholder living expe | ense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | ce sought | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 19/20 Saenz, Selina (Mrs.) 00087945 Date Payee name 02/20/2024 PRO RADIO LLC 6 Amount (\$) Payee address; City; State; Zip Code 2100 TRAWOOD DR. \$2,475.00 Reimbursement from political contributions intended Х **EL PASO, TX 79935 PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** KBNA RADIO COMMERCIAL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Saenz, Selina (Mrs.) 00087945 5 Name of person from whom amount is received 8 Amount (\$) Date 01/31/2024 **GECU Federal Credit Union** \$0.33 6 Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79998 7 Purpose for which amount is received Check if political contribution returned to filer **INTEREST**