

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087945	<b>2</b> Total pages filed:  20				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Selina	MI MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Saenz	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 02/26/2024		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7101 N. Mesa #117  El Paso, TX 79912			Date Hand-delivered or Date Postmarked			
				Receipt #      Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Selina	MI MI				
	NICKNAME	LAST Saenz	SUFFIX				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7101 N. Mesa #117 El Paso, TX 79912						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(915)	895-1838					
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		01/26/2024				02/24/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/05/2024			ELECTION TYPE			
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
<b>11</b> OFFICE	OFFICE HELD (if any) None			<b>12</b> OFFICE SOUGHT (if known) District Judge District 65			

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# 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      (Ethics Commission Filers)  
00087945

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

Additional Pages

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

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	50.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,460.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	73,515.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,443.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Selina Saenz  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Saenz, Selina (Mrs.)		<b>19 Filer ID</b> 00087945	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b>			<b>SUBTOTAL AMOUNT</b>
	<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	2,200.08
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	260.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	41.96
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	70,999.02
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	2,475.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.33

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/20
2 FILER NAME Saenz, Selina (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087945
4 Date 01/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrasco, Fernando (Mr.)	7 Amount of Contribution (\$)  \$26.25
	6 Contributor address; City; State; Zip Code  El Paso, TX 79936	
8 Contributor's Principal Occupation Law Enforcement		9 Contributor's Job Title Sergeant Deputy Constable
10 Contributor's employer/law firm El Paso County		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Kirk (Mr.)	Amount of Contribution (\$)  \$103.48
	Contributor address; City; State; Zip Code  El Paso, TX 79925	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Kirk Cooper		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTSIDE DEMOCRATS OF EL PASO	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  EL PASO, TX 79936	
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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/20
<b>2</b> FILER NAME Saenz, Selina (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087945
<b>4</b> Date 02/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUSTON, LAUREL (Mrs.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$515.38</span>
<b>6</b> Contributor address; City; State; Zip Code  EL PASO, TX 79925		
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title CHIEF LEGAL OFFICER
<b>10</b> Contributor's employer/law firm EL PASO CHILDREN'S HOSPITAL		<b>11</b> Law firm of contributor's spouse (if any) N/A
<b>12</b> If contributor is a child, law firm of parent(s) (if any) N/A <span style="margin-left: 200px;">N/A</span>		
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LERMA, VERONICA (Ms.)	Amount of Contribution (\$) <span style="float:right">\$350.00</span>
Contributor address; City; State; Zip Code  EL PASO, TX 79902		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm LERMA LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A <span style="margin-left: 200px;">N/A</span>		
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOLINA, ELIZABETH (Ms.)	Amount of Contribution (\$) <span style="float:right">\$200.00</span>
Contributor address; City; State; Zip Code  EL PASO, TX 79902		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title STAFF ATTORNEY
Contributor's employer/law firm TEXAS RIOGRANDE LEGAL AID		Law firm of contributor's spouse (if any) TEXAS RIOGRANDE LEGAL AID
If contributor is a child, law firm of parent(s) (if any) N/A <span style="margin-left: 200px;">N/A</span>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/20
<b>2</b> FILER NAME Saenz, Selina (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087945
<b>4</b> Date 01/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salayandia, Jose (Mr.)	<b>7</b> Amount of Contribution (\$)  \$154.97
	<b>6</b> Contributor address; City; State; Zip Code  Socorro, TX 79927	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Senior Trial Attorney
<b>10</b> Contributor's employer/law firm El Paso County Attorney's Office		<b>11</b> Law firm of contributor's spouse (if any) N/A
<b>12</b> If contributor is a child, law firm of parent(s) (if any) N/A		
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, ROSENDO (Mr.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  EL PASO , TX 79902	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm ROSENDO TORRES ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANAR HANSHEW, SORAYA (Mrs.)	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  EL PASO, TX 79912	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm HANSHEW LAW FIRM		Law firm of contributor's spouse (if any) FEDERAL PUBLIC DEFENDER
If contributor is a child, law firm of parent(s) (if any) N/A		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/20	
2 FILER NAME Saenz, Selina (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087945	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/30/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEJANO DEMOCRATS PASO DEL NORTE CHAPTER	8 Amount of contribution (\$) \$75.00	9 In-kind contribution description ENDORSEMENT GRAPHIC DESIGN
7 Contributor address; City; State; Zip Code  EL PASO, TX 79925		<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 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLASENOR, CELIA (Mrs.)	Amount of contribution (\$) \$185.00	In-kind contribution description PRINTING-PUNCH CARDS
Contributor address; City; State; Zip Code  EL PASO, TX 79902		<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) ATTORNEY		Contributor's job title (FOR JUDICIAL) (See instructions) ATTORNEY	
Contributor's employer/law firm (FOR JUDICIAL) LAW OFFICE OF CELIA VILLASENOR		Law firm of contributor's spouse (if any) (FOR JUDICIAL) LAW OFFICE OF RICHARD DECK	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/1 Rpt: 8/20
<b>2</b> FILER NAME Saenz, Selina (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087945
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b>	Total pages Schedule F1: Sch: 1/2 Rpt: 9/20	<b>2</b>	FILER NAME Saenz, Selina (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087945
<b>4</b>	Date 01/26/2024	<b>5</b>	Payee name PayPal Inc.		
<b>6</b>	Amount (\$) \$3.48	<b>7</b>	Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL FEES - KIRK COOPER CONTRIBUTION		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/28/2024		Payee name PayPal Inc.		
	Amount (\$) \$1.25		Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL TRANSACTION FEE - FERNIE CARRASCO CONTRIBUTION		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/28/2024		Payee name PayPal Inc.		
	Amount (\$) \$4.97		Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL TRANSACTION FEE - JOSE SALAYANDIA CONTRIBUTION		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 10/20	<b>2</b> FILER NAME Saenz, Selina (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087945
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<b>4</b> Date 02/09/2024	<b>5</b> Payee name PayPal Inc.
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<b>6</b> Amount (\$) \$6.27	<b>7</b> Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL TRANSACTION FEE - ELIZABETH MOLINA CONTRIBUTION
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2024	Payee name PayPal Inc.
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Amount (\$) \$15.38	Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL TRANSACTION FEE - LAUREL HUSTON CONTRIBUTION
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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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Date 02/20/2024	Payee name PayPal Inc.
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Amount (\$) \$10.61	Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL TRANSACTION FEE - VERONICA LERMA CONTRIBUTION
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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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# 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 1/8 Rpt: 11/20	<b>2</b>	FILER NAME Saenz, Selina (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087945
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution CHASE		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$18.06	(b) Date of Charge 02/18/2024	(c) Date(s) Credit Card Issuer Paid 02/20/2024	
<b>7</b>	PAYEE	(a) Payee name BOWIE BAKERY		(b) Payee address; City, State, Zip Code 5000 DONIPHAN SUTE 105 EL PASO, TX 79932	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD FOR COMMERCIAL SHOOT	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$3,260.04	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid 01/30/2024		
<b>PAYEE</b>	(a) Payee name Y STRATEGY LLC	(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description CANVASSING		
	(c) <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	
<b>PAYMENT</b>	(a) Amount Charged \$2,750.00	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid 01/30/2024		
<b>PAYEE</b>	(a) Payee name Y STRATEGY LLC	(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description WEBSITE		
	(c) <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	

# EXPENDITURES MADE BY CREDIT CARD

**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 Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 2/8 Rpt: 12/20	<b>2</b>	FILER NAME Saenz, Selina (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087945
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$1,100.00	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024	
<b>7</b>	PAYEE	(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description REIMBURSEMENT OF EL PASO MATTERS ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$75.00	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024		
<b>PAYEE</b>	(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description GRAPHIC DESIGN FOR EL PASO MATTERS ADS		
	(c) <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	
<b>PAYMENT</b>	(a) Amount Charged \$17,852.15	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024		
<b>PAYEE</b>	(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description MAILER		
	(c) <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	

# EXPENDITURES MADE BY CREDIT CARD

# 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 Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/8 Rpt: 13/20		<b>2</b> FILER NAME Saenz, Selina (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087945	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$3,000.00	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024	
<b>7</b> PAYEE		(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description FIELD MANAGEMENT	
		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$861.17	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024	
<b>PAYEE</b>		(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description CREDIT CARD FEES	
		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <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	
<b>PAYMENT</b>		(a) Amount Charged \$640.16	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid 02/22/2024	
<b>PAYEE</b>		(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description CREDIT CARD FEE	
		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <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	

# EXPENDITURES MADE BY CREDIT CARD

# 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 Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 4/8 Rpt: 14/20	<b>2</b>	FILER NAME Saenz, Selina (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087945
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$1,865.60	(b) Date of Charge 01/28/2024	(c) Date(s) Credit Card Issuer Paid 01/30/2024	
<b>7</b>	PAYEE	(a) Payee name CASA OF EL PASO		(b) Payee address; City, State, Zip Code 221 N. KANSAS ST. SUITE 1501 EL PASO, TX 79901	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description SPONSORSHIP OF CASA GALA TABLE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$50.00	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid 02/05/2024		
<b>PAYEE</b>	(a) Payee name Eastside Democrats of El Paso	(b) Payee address; City, State, Zip Code 8904 WH Burges El Paso, TX 79925			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description SPONSORSHIP OF FOOD FOR ENDORSEMENT FORUM			
		(c) <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
<b>PAYMENT</b>	(a) Amount Charged \$1,557.00	(b) Date of Charge 02/10/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024		
<b>PAYEE</b>	(a) Payee name JG ADVERTISING AGENCY	(b) Payee address; City, State, Zip Code 10600 MONTWOOD DR SUITE 104 EL PASO, TX 79925			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Advertising Expense	(b) Description COMMERCIAL PRODUCTION			
		(c) <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

# 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.

<b>1</b>	Total pages Schedule F4: Sch: 5/8 Rpt: 15/20	<b>2</b>	FILER NAME Saenz, Selina (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087945
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$122.59	(b) Date of Charge 02/18/2024	(c) Date(s) Credit Card Issuer Paid 02/20/2024	
<b>7</b>	PAYEE	(a) Payee name EINSTEIN BROS. BAGELS		(b) Payee address; City, State, Zip Code 6105 N MESA  EL PASO, TX 79912	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD/BEVERAGE FOR COMMERCIAL SHOOT	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$5,000.00	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid 01/30/2024	
<b>7</b>	PAYEE	(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description CONSULTING FEE - NOVEMBER 2023 - JANUARY 2024	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$1,755.33	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid 01/30/2024	
<b>7</b>	PAYEE	(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PUSH CARDS	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**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 Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 6/8 Rpt: 16/20	<b>2</b>	FILER NAME Saenz, Selina (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087945
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$3,000.00	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid 01/30/2024	
<b>7</b>	PAYEE	(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description FIELD MANAGEMENT - JANUARY	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$3,703.35	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024		
<b>PAYEE</b>	(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description CANVASSING	
		(c) <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	
<b>PAYMENT</b>	(a) Amount Charged \$2,500.00	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024		
<b>PAYEE</b>	(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description CONSULTING FEE - FEBRUARY	
		(c) <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	



# EXPENDITURES MADE BY CREDIT CARD

# 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 Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 7/8 Rpt: 17/20		<b>2</b> FILER NAME Saenz, Selina (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087945	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$475.00	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issuer Paid 02/13/2024	
<b>7</b> PAYEE		(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description REIMBURSEMENT FOR CREDIT CARD FEES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$17,852.15	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid 02/22/2024	
<b>PAYEE</b>		(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description MAILER # 2	
		(c) <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	
<b>PAYMENT</b>		(a) Amount Charged \$3,486.42	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid 02/22/2024	
<b>PAYEE</b>		(a) Payee name Y STRATEGY LLC		(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description CANVASSING	
		(c) <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	

# 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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/8 Rpt: 18/20	<b>2</b> FILER NAME Saenz, Selina (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087945
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid 01/30/2024
<b>7</b> PAYEE	(a) Payee name Y STRATEGY LLC	(b) Payee address; City, State, Zip Code 3110 MANOR RD SUITE H AUSTIN, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description GRAPHIC DESIGN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 19/20	<b>2</b> FILER NAME Saenz, Selina (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087945
<b>4</b> Date 02/20/2024	<b>5</b> Payee name PRO RADIO LLC	
<b>6</b> Amount (\$) \$2,475.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2100 TRAWOOD DR.  EL PASO, TX 79935	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense KBNA RADIO COMMERCIAL
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 20/20
<b>2</b> FILER NAME Saenz, Selina (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087945
<b>4</b> Date 01/31/2024	<b>5</b> Name of person from whom amount is received GECU Federal Credit Union	<b>8</b> Amount (\$) \$0.33
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  El Paso, TX 79998	
	<b>7</b> Purpose for which amount is received INTEREST	<input type="checkbox"/> Check if political contribution returned to filer