CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00088146		2 Total pages f	iled: 28
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	Ms.	Raquel Y.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/08/2024	
		Saenz				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	2000 FM 1460				Receipt #	Amount
ADDRESS	Apt. 5303				кесеірі #	Amount
Change of Address	Georgetown, TX 78626				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_!	
TREASURER NAME	Ms.	Raquel Y.				
	NICKNAME	LAST		SUFFIX		
	MORNAME	Saenza		301117		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	T / SUITE #; CITY	; ST	ATE; ZIP CODE
TREASURER ADDRESS	2000 FM 1460					
(Residence or Business)	Apt. 5303					
	Georgetown, TX 78626					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(505) 730-2695					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
					appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	IROUGH	06/30/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year 11/05/2024		rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	State Board Of Education	District 10				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Saenz, Raquel Y. (M	5.)	14 Filer ID (00088146	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 6,068.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,773.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 3,294.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Ms.	Raquel Y. Saenz	
			Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 28
18 FILI	ER NAN	1E	19 Filer ID	(Ethi	cs Commission Filers)
Sae	enz, Ra	aquel Y. (Ms.)	00088146		
l		SUBTOTALS			SUBTOTAL AMOUNT
NAI	ME OF	SCHEDULE			SOBTOTAL AWOUTT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,918.00
2.	X	\$	150.00		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	2,363.83
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	409.53
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		\$			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/28	
2	FILER NAME Saenz, Raqu			3	Filer ID (Ethics Commission 00088146	n Filers)
4	Date 06/13/2024	 Full name of contributor out-of-state PAC (ID#:_Boerne Area Democrats Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_		Boerne, TX 78006	I			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:_ Casavant, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Deignainal agai	Plano, TX 75075-4009				
			Employer (See Instructions JPMorgan & Chase)		
	Date 06/09/2024	Full name of contributor out-of-state PAC (ID#:_ Chang-Bacon, Christopher Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Charlottesville, VA 22902				
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions University of Virginia)		
	Date 05/06/2024	Full name of contributor out-of-state PAC (ID#:_ Collins, Karen Contributor address; City; State; Zip Code Austin, TX 78756)		Amount of Contribution (\$)	\$500.00
	Principal occu Not employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not employed)		
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#:_ Crockett, Erin Contributor address; City; State; Zip Code Georgetown, TX 78628)		Amount of Contribution (\$)	\$25.00
	Principal occu Professor	ipation / Job title (See Instructions)	Employer (See Instructions Southwestern)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/28	
2	FILER NAME Saenz, Raqu			3	Filer ID (Ethics Commission 00088146	ı Filers)
4	Date 03/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	Hilltop Lakes, TX 77871				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_Ewald, Bart Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Hilltop Lakes, TX 77871 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired	, ,	Retired			
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Ewald, Bart Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Hilltop Lakes, TX 77871				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_ Ewald, Bart Contributor address; City; State; Zip Code Hilltop Lakes, TX 77871			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_Frey, Elsa Contributor address; City; State; Zip Code Longmont, CO 80501			Amount of Contribution (\$)	\$20.00
	Principal occu Grant writer	pation / Job title (See Instructions)	Employer (See Instructions Medical Teams Internati		al	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/28	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Saenz, Raqu					00088146	
4	Date 02/25/2024	5 Full name of contributorGallmeyer, Alice6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Grand Rapids, MI 49507 pation / Job title (See Instructions)	9	Employer (See Instructions			
o		uage pathologist	9	West Ottawa public sch		c	
	Speech-lang	uage patriologist		vvest Ottawa public scri	001		
	Date 03/25/2024	Full name of contributor Gallmeyer, Alice Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Grand Rapids, MI 49507					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech-language pathologist West Ott		West Ottawa public sch	ool	S		
	Date 04/25/2024	Full name of contributor Gallmeyer, Alice Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$25.00
		Grand Rapids, MI 49507					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Speech-lang	uage pathologist		West Ottawa public sch	ool	S	
	Date 05/25/2024	Full name of contributor Gallmeyer, Alice Contributor address; City; Sta Grand Rapids, MI 49507	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech-lang	uage pathologist		West Ottawa public sch	ool	S	
	Date 06/26/2024	Full name of contributor Gallmeyer, Alice Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		uage pathologist		West Ottawa public sch		S	
	. 3	- · · · ·					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/28	
2	FILER NAME Saenz, Raqu			3	Filer ID (Ethics Commission 00088146	n Filers)
4	Date 04/16/2024	5 Full name of contributor out-of-state PAC (ID#:_ Giffin, Lynne 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
0	Dringing ogg	Georgetown, TX 78633	D Employer (See Instructions)			
8	Not Employe	upation / Job title (See Instructions) ed	9 Employer (See Instructions) Not Employed)		
	Date 06/13/2024	Full name of contributor out-of-state PAC (ID#:_ Harrington, Marilyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Boerne, TX 78015 spation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/13/2024	Full name of contributor out-of-state PAC (ID#:_ Henning, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Boerne, TX 78006-5934 upation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/23/2024	Full name of contributor out-of-state PAC (ID#:_ Imler, Robert Contributor address; City; State; Zip Code Boerne, TX 78006-2820			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 06/10/2024	Full name of contributor out-of-state PAC (ID#:_Ingulli, Diane Contributor address; City; State; Zip Code Georgetown, TX 78633			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	ipation / Job title (See Instructions) ed	Employer (See Instructions) Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/28	
2	FILER NAME Saenz, Raqu			3	Filer ID (Ethics Commission 00088146	on Filers)
4	Date 06/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ Kauffman, Sophie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
0	Dringing occu	Spokane, WA 99203-3626 upation / Job title (See Instructions)	6 Employer (See Instructions			
8	Dietitian	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 03/23/2024	Full name of contributor out-of-state PAC (ID#:_Maltbie, Cynthia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Cambridge, MA 02138 upation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed			
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Marr, Alison Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Austing, TX 78757				
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions Southwestern University			
	Date 04/13/2024	Full name of contributor out-of-state PAC (ID#:_McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248)		Amount of Contribution (\$)	\$3.00
	Principal occu Psychologisi	pation / Job title (See Instructions) t	Employer (See Instructions Self)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_Molis, Rebecca Contributor address; City; State; Zip Code ROUND ROCK, TX 78681-3434			Amount of Contribution (\$)	\$25.00
	Principal occu Program Ma	ipation / Job title (See Instructions) inager	Employer (See Instructions Dell)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/28	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Saenz, Raqu				L	00088146	
4	Date 04/08/2024	5 Full name of contributorMolis, Rebecca6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		ROUND ROCK, TX 78681	L-3434				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	Program Ma	nager		Dell			
	Date 05/08/2024	Full name of contributor Molis, Rebecca Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		ROUND ROCK, TX 78681	L-3434				
Principal occupation / Job title (S		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Program Manager		Dell				
	Date 06/08/2024	Full name of contributor Molis, Rebecca Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		ROUND ROCK, TX 78681	L-3434				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Program Ma	nager		Dell			
	Date O3/22/2024 Full name of contributor Out-of-state PAC (ID#: Moreira Portilho, Raquel Contributor address; City; State; Zip Code Georgetown, TX 78626)	•	Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Professor			Southwestern University	y		
	Date 04/22/2024	Full name of contributor Moreira Portilho, Raquel	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Professor			Southwestern University	y		
			·				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/28	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Saenz, Raqu				L	00088146	
4	Date 05/22/2024	 Full name of contributor Moreira Portilho, Raquel Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78626					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions			
	Professor			Southwestern University	<u> </u>		
	Date 06/22/2024	Full name of contributor Moreira Portilho, Raquel Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78626					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Professor			Southwestern University	У		
	Date 06/09/2024	Full name of contributor Mulhearn, Thomas B. Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Georgetown, TX 78633-5	124				
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 06/11/2024	Full name of contributor Nussbaum, Melissa Contributor address; City; S Nantucket, TX 02554	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Cultural work	pation / Job title (See Instructions ker	5)	Employer (See Instructions JVP	5)		
	Date 05/15/2024	Full name of contributor Rivera, Maria Contributor address; City; S Lafayette, CA 94549	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$500.00
	Principal occu Mediator	pation / Job title (See Instructions	5)	Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/28	
2	FILER NAME Saenz, Raqu	el Y. (Ms.)			3	Filer ID (Ethics Commission 00088146	n Filers)
4	Date 05/06/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Albuquerque, NM 87112 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe			Not Employed	•		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:_Saenz, Sigifredo Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$250.00
	Dringing con	Albuquerque, NM 87112	_	Employer (See Instructions	<u>''</u>		
	Not Employe	pation / Job title (See Instructions) d		Not Employed	o)		
	Date 06/09/2024	Full name of contributor out-of-state PAC (ID#: Snead, W. Louis Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Georgetown, TX 78633	_		_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/13/2024	Full name of contributor out-of-state PAC (ID#: Sun City Democats Club Contributor address; City; State; Zip Code Georgetown, TX 78633				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/01/2024	Full name of contributor out-of-state PAC (ID#:_Sun City Democrats Club Contributor address; City; State; Zip Code Georgetown, TX 78633)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/28	
2	FILER NAME Saenz, Raqu	uel Y. (Ms.)			3	Filer ID (Ethics Commission 00088146	n Filers)
4	Date 03/04/2024	5 Full name of contributorVasquez, Celina6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Higher Educ		s) !	9 Employer (See Instructions UT Arlington	s)		
	Date 06/13/2024	Full name of contributor Wedig, Lynette Contributor address; City; S Kerrville, TX 78028	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
			Employer (See Instructions Not Employed	5)			
	Date 03/03/2024	Full name of contributor lowe, maria Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Austin, TX 78722					
	Principal occu Educator	pation / Job title (See Instructions	3)	Employer (See Instructions Southwestern University	•		
Date 03/26/2024		Full name of contributor warrington, martha Contributor address; City; S Taylor, TX 76574	—			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	<u> </u> S)		
	Date 04/26/2024	Full name of contributor warrington, martha Contributor address; City; S Taylor, TX 76574	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	5)		

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/28	
2	FILER NAME Saenz, Raquel Y. (Ms.)	3	Filer ID (Ethics Commission 00088146	n Filers)
4	Date 05/26/2024 5 Full name of contributor out-of-state PAC (ID#:) warrington, martha 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$25.00
	Taylor, TX 76574			
8	Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2024 warrington, martha Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
	Taylor, TX 76574			
	Principal occupation / Job title (See Instructions) Not Employed Not Employed	ıs)		

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: 14/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Saenz, Raquel Y. (Ms.) 00088146 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution **6** Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 05/15/2024 Vaclav, Jerry \$150.00 | Lodging 7 Contributor address; City; State; Zip Code Fredicksburg, TX 78624 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/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)
	Sch: 1/11 Rpt: 15/28	Saenz, Raquel Y. (Ms.) 00088146
4	Date	5 Payee name
	06/17/2024	Agoda
6	Amount (\$) \$93.78	7 Payee address; City; State; Zip Code #19-08 Prudential Tower Singapore 049712 Singapore
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2024	Airbnb
	Amount (\$) \$79.76	Payee address; City; State; Zip Code 888 Brannan St San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Texas Democratic Convention
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/29/2024	Payee name Airbnb
	Amount (\$) \$319.03	Payee address; City; State; Zip Code 888 Brannan St
		San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging Texas Democratic Convention
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made Candidate/Officeholder/Pol Credit Card Payment	
4 T-t-1	
1 Total pages Schedule F	
Sch: 2/11 Rpt: 16/28	
4 Date	5 Payee name
06/12/2024	Amazon Marketplace
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.8	440 Terry Ave. N.
	Seattle, WA 98109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Labels
9 Complete ONLY if direct	
expenditure to benefit C	OH
Date	Payee name
05/15/2024	American Printing
Amount (\$)	Payee address; City; State; Zip Code
\$362.4	
	Austin, TX 78754
DUDDOCE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printing expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C	•
Date	Payee name
03/25/2024	Buc-ee's
Amount (\$)	Payee address; City; State; Zip Code
\$26.5	2760 IH 35 N
	New Braunfels, TX 78130
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Cas
	Gas
Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor	mmittee I	Gift/Awards/Memorials Legal Services The Instruction G	s Expense		pens ages	e /Contract Labor		Travel III District Travel Out of Dis OTHER (enter a		bove)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
L	Sch: 3/11 Rpt: 17/28		Saenz, Raqı	uel Y. (Ms.)						00088146		
4	Date	5	Payee name									
	04/29/2024		Canva									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$15.00		75 East San	ta Clara Street								
			San Jose, C	A 95113								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees					=		le of Texas. Com officeholder living	nplete Schedule T.	
								Canva fees	, , ,,	Socholder hville	a cubonido	
9	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OF	H										
	Date		Payee name	-								
	05/29/2024		Canva									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$15.00		75 East San	ta Clara Street								
			San Jose, C	A 95113								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					=		le of Texas. Com officeholder living	nplete Schedule T.	
								Canva fees	, ı A,	omcenoider iiviN(a evhense	
	Complete ONLY if direct		Candidate/Offic	eholder name	0	I Office sou	ght			Office h	eld	
	expenditure to benefit C/O					•	-					
	Date		Payee name									
	03/26/2024		Enterprise C	ar Rental								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$173.73		503 LEANDI	ER RD								
			Georgetown	, TX 78626								
	PURPOSE	(a)	Category (See	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis	trict				_			plete Schedule T.	
								_		officeholder living		etriet
								Cai itilidi lü i	aue	nu campai(gn events in di	ວແເປ
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/Oh				Č	5000	٠٠٠			Z00 III	- -	
Eor	me provided by Texas F	thic	oc Commissio	ND 14	MANA Othics s	tata tv u	0				Version V// 1	0 d270aha0

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/11 Rpt: 18/28	Saenz, Raquel Y. (Ms.) 00088146	
4	Date	5 Payee name	
	03/01/2024	Google LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$7.62	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Google account fees	
		Coogle decount lees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
⊨	Date	Dayso name	=
	04/02/2024	Payee name Google LLC	
L			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.68	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Google account fees	
		Google account lees	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Date	Davida marra	=
	05/02/2024	Payee name Google LLC	
L		3	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.86	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Google account fees	
1		Google account lees	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
1	expenditure to benefit C/O	y	
\vdash			_
1			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

l	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)		
l	Sch: 5/11 Rpt: 19/28	Saenz, Raquel Y. (Ms.)		00088146		
4	Date	5 Payee name				
	06/03/2024	Google LLC				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
l	\$9.40	1600 Amphitheatre Parkway				
l						
		Mountain View, CA 94043				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
				Google account fees		
				· ·		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held		
	expenditure to benefit C/OI	1				
F	Date	Payee name				
l	06/08/2024	Juicery				
Н	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$15.03	201 EAST MAIN ST				
		El Paso, TX 79901				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.		
	EX. ENDITORE			Check if Austin, TX, officeholder living expense Food expense		
				roou expense		
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ıaht	Office held		
l	expenditure to benefit C/OI		·9···			
H	Date	Payee name				
	04/24/2024	Kennedy, Cobb				
H	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$500.00	3, 2, 2, 2, 2, 3, 4, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,				
l		Georgetown, TX 78626				
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITORE			Check if Austin, TX, officeholder living expense		
				Consulting expense		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held		
	expenditure to benefit C/OI		igiil	Office field		
\vdash						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 20/28	Saenz, Raquel Y. (Ms.) 00088146
4	Date	5 Payee name
	06/10/2024	Meta Platforms
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.02	One Hacker Way
		Menlo Park, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Social media advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/13/2024	Meta Platforms
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	One Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising expense
		, talontolling oxpositor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/14/2024	Meta Platforms
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	One Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising expense
		, a.c. a.c. g oxponed
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Condidate/Officebldor/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 21/28	Saenz, Raquel Y. (Ms.) 00088146
4	Date	5 Payee name
	06/21/2024	Meta Platforms
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	One Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/24/2024	Meta Platforms
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	One Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 06/28/2024	Payee name Meta Platforms
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	One Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising expense
		, laterties in groupe in the state of the st
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Reimbursement Solicitation/Fundraising Expense
transportation Equipment & Related Expense
Travel in District
Travel Out of District
ontract Labor OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 22/28	Saenz, Raquel Y. (Ms.)		00088146
4	Date	5 Payee name		•
	03/08/2024	Smart Digital Group PTY LTD		
6	Amount (\$) \$13.71	7 Payee address; City; State; Zip Coo NSW Australia	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
L	04/08/2024	Smart Digital Group PTY LTD		
	Amount (\$) \$13.73	Payee address; City; State; Zip Coo	de	
		NSW Australia		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
L	05/08/2024	Smart Digital Group PTY LTD		
	Amount (\$) \$13.82	Payee address; City; State; Zip Coo	de	
		NSW Australia		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/11 Rpt: 23/28	Saenz, Raquel Y. (Ms.) 00088146
4	Date	5 Payee name
	06/10/2024	Smart Digital Group PTY LTD
6	Amount (\$) \$13.92	7 Payee address; City; State; Zip Code NSW Australia
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/09/2024	Taconeta
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.94	311 Montana Ave
		El Paso, TX 79902
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.00	801 S HIGHWAY 183
		Leander, TX 78646
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 24/28	Saenz, Raquel Y. (Ms.)		00088146
4	Date	5 Payee name		<u> </u>
	03/02/2024	USPS		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$53.00	797 SAM BASS RD		
		Round Rock, TX 78681		
8	PURPOSE OF	, -	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/14/2024	UZ Marketing		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$342.09	5900 Bingle Rd.		
L		Houston, TX 77092		
	PURPOSE OF	o , ((b)	Description
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Printing expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/OI	1		
l	Date	Payee name		
	06/07/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$10.41	1515 3rd Street		
		05		
		San Francisco, CA 94158		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
l				Transportation at Texas Democratic Convention
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	CAPERIORATE TO DETICITE C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/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)	
	Sch: 11/11 Rpt: 25/28	Saenz, Raquel Y. (Ms.) 00088146	
4	Date	5 Payee name	
	06/07/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.77	1515 3rd Street	
		San Francisco, CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation at Texas Democratic Convention	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	-	
	Date	Payee name	
	06/09/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.58	1515 3rd Street	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation Texas Democratic Convention	
		That operation for the particular of the particu	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OF		
			\dashv

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed a	above)		
1	Total pages Schedule G:	2 FILER NAM	IE			3 Filer ID (Ethics Commiss	ion Filers)		
	Sch: 1/3 Rpt: 26/28	Saenz, Ra	quel Y. (Ms.)			00088146			
4	Date	5 Payee name	e						
	02/28/2024	309 Coffee	9						
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Co	ode				
	\$8.00	309 S Mai	•	•					
	Reimbursement from political contributions intended	Georgetov	vn, TX 78626						
8	PURPOSE	(a) Category (See Categories listed at the top of this so	hedule)	(b) Description	Check if travel outside of Texas. Compl			
	OF EXPENDITURE	Food/Beve	erage Expense		l L	Check if Austin, TX, officeholder living e	expense		
					Beverage expens	se			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held			
	Date	Payee nam	e						
	04/01/2024	309 Coffee	e						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$15.60	309 S Mai	n St						
	Reimbursement from								
	political contributions intended	Georgetov	vn, TX 78626						
	PURPOSE	Category (See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Compl	lete Schedule T.		
	OF EXPENDITURE	Food/Beve	erage Expense		[Check if Austin, TX, officeholder living e	expense		
	ZA ZHOMONZ				Beverage expens	se			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held			
	Date	Payee nam	e						
	05/30/2024	309 Coffee	e						
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode				
	\$7.09	309 S Mai	n St						
	Reimbursement from political contributions intended	Georgetov	vn, TX 78626						
	PURPOSE	Category (See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Compl	lete Schedule T.		
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living e	expense		
					Beverage expens	se			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	Polling Expense Printing Expense Galaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAME	=			3 F	iler ID	(Ethics Commission Filers)		
	Sch: 2/3 Rpt: 27/28	Saenz, Rad	juel Y. (Ms.)				0008814	ŀ6		
4	Date	5 Payee name								
	05/15/2024	Costco								
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode					
	\$249.24	10401 Res	earch Blvd							
	Reimbursement from									
	political contributions intended	Austin, TX	78759							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel o	outside of Texas. Complete Schedule T.		
	OF	OF Travel In District Check if Austin, TX, officeholder living ex						TX, officeholder living expense		
	EXPENDITURE				Gas expense at s miles	stand	dard rate	e of 0.67 per mile for 372		
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
	Date	Payee name								
	03/05/2024	Mesa Rosa	Mexican Restaurant							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$68.22									
		100010114	1011 114 020							
	Reimbursement from political contributions intended	Austin, TX	78717							
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Bever	age Expense			Che	ck if Austin,	TX, officeholder living expense		
	LAFENDITORE				Food expense					
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit									
	C/OH									
	Date	Payee name								
	03/02/2024	Summer M	oon							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode					
	\$8.52	200 Univers								
		Unit 110	J. () 2.1 ()							
	Reimbursement from political contributions		L TV 70005							
	intended	Round Roc	k, TX 78665							
	PURPOSE OF	1	ee Categories listed at the top of this sche	edule)	Description	_		outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Bever	Beverage Expense Check if Austin, TX, officeholder living expense							
		Beverage expense								
L										
		Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
\vdash										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		Gift ee Leg	od/Beverage Expense t/Awards/Memorials Exp gal Services ne Instruction Guide			pense ages/Contract Labor		Travel in Di Travel Out o OTHER (en		
1	Total pages Schedule G: Sch: 3/3 Rpt: 28/28	1	ER NAME enz, Raque	IY (Ms)				1	Filer ID 0008814	(Ethics Commission Filers)	
4	Date	<u> </u>	-	1 1 . (IVI3.)							
4	03/23/2024	',	ree name mmer Moor	1							
6	Amount (\$)	7 Pay	ee address;	City;	State;	Zip Co	de				
	\$9.34	200) University	Blvd							
	Reimbursement from political contributions	Unit 110 Round Rock, TX 78665									
	intended										
8	PURPOSE	(a) Cate	egory (See C	Categories listed at the to	op of this sche	dule)	(b) Description	Ch	neck if travel	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Beverage Expense Check if Austin, TX, officeholder living ex							, TX, officeholder living expense		
			Beverage expense								
9	Complete ONLY if direct	Candida	ata/Officabala	dor nome			Office cought			Office hold	
9	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office field			
	Date	Pay	ee name								
	04/28/2024	Sur	mmer Moor	1							
	Amount (\$)										
	\$8.52	200) University	Blvd							
Reimbursement from political contributions Unit 110											
	intended	Rou	und Rock, 1	TX 78665							
	PURPOSE OF		,	categories listed at the to	op of this sche	dule)	Description	=		outside of Texas. Complete Schedule T.	
EXPENDITURE		Foc	od/Beverag	rage Expense		L Boyerage eypen	Check if Austin, TX, officeholder living expense				
							Beverage expense				
	Complete ONLY if direct expenditure to benefit C/OH	I Candida	ate/Officeholo	der name			Office sought			Office held	
	Date	Pay	ee name								
	06/09/2024	Tiki	i Room								
	Amount (\$)	1	ee address;	City;	State;	Zip Co	de				
	\$35.00		5 Durango S	St							
	Reimbursement from political contributions	Suite D									
	intended	ElF	Paso, TX 79	9901							
	PURPOSE OF	I	5 , \	Categories listed at the to	op of this sche	dule)	Description	=		outside of Texas. Complete Schedule T.	
EXPENDITURE		Foc	od/Beverag	rage Expense		L Food expense	Check if Austin, TX, officeholder living expense				
							i oou expense				
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Candida	ate/Officeholo	der name		l	Office sought			Office held	