CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	truction G	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00088146		2 Total pages	filed: 22
3 CANDIDA		MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHO NAME	JLDER	Ms.	Raquel Y.			Date Received	
						ELECTRONIC	
		NICKNAME	LAST		SUFFIX	10/05/2024	
			Saenz				
4 CANDIDA	TE /	ADDRESS / PO BOX; A	PT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
OFFICEHO	OLDER	406 River Down Rd.					
MAILING ADDRESS	5					Receipt #	Amount
	of Address	Coorgotown TV 79629					
	n Address	Georgetown, TX 78628				Date Processed	
						Date Imaged	
5 CAMPAIG		MS / MRS / MR	FIRST		MI		
TREASUR NAME	ER	Ms.	Raquel Y.				
		NICKNAME	LAST		SUFFIX		
			Saenza				
6 CAMPAIG	N	STREET ADDRESS (NO F			T / SUITE #; CITY;		TATE; ZIP CODE
TREASUR		406 River Down Rd	O BOX PLEASE),	AP	1/30ITE#, CITT,	5	TATE, ZIP CODE
ADDRESS	;	406 River Down Ru					
(Residence or	Business)						
		Georgetown, TX 78628					
7							
7 CAMPAIG TREASUR			ONE NUMBER	EXTENSION			
PHONE		(505) 730-2695					
8 REPORT TYPE			20th day befor	ra algorian		1 Eth day offer a	omnoign tropouror
		January 15	X 30th day befor		Runoff		campaign treasurer fficeholder only)
		July 15	8th day before	e election	Exceeded modified	Final Report (A	ttach C/OH-FR)
					reporting limit	-	
9 PERIOD		Month Day Yea	r		Month Day	Year	
COVERED)	07/01/2024	Т	HROUGH	09/26/202	4	
10 ELECTION	J	ELECTION DATE			ELECTION TYPE		
	-	Month Day Yea	r 🗆	Primary	Runoff	Other	
		11/05/2024		-			
			X	General	Special		
11 OFFICE		OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
					State Board Of E	Education Distrie	ct 10
		I			1		
	GO TO PAGE 2						
Forms provid	ed by Te	xas Ethics Commission	www.e	thics.state.tx.u	IS	Ver	sion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Saenz, Raquel Y. (Ms.)

13 C / OH NAME

FORM C/OH **COVER SHEET PG 2** 2 of 22

(Ethics Commission Filers)

14 Filer ID

		00088146		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political These expenditures may have been made without the candidate's or offi d officeholders are required to report this information only if they receive	iceholder's kn	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	5, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,603.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	1,750.78
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE ERIOD	\$	6,271.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty of perjury, that the a true and correct and includes all information required under Title 15, Election Code.		
		Ms. Raquel Y. Saenz		
		Signature of Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
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 offi	cer administering	Printed name of officer administering Title of office	cer administer	ring oath
Forms provided by To	was Ethics Commission	h www.ethics.state.ty.us	Varsion	// 1 0 /8da51f

SUBTOTALS - C/OH	CC	FORM C/OH OVER SHEET PG 3 3 of 22	
18 FILER NAME Saenz, Raquel Y. (Ms.)	19 Filer ID 00088146	(Ethics Commission Filers)	_
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,603.0	00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 1,750.7	78
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	,					
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/22	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Saenz, Raqu	uel Y. (Ms.)			00088146	-
4	Date	5 Full name of contributor out-of-state PAC (ID#	t)	7	Amount of Contribution (\$)	
	07/13/2024	Anderson, Clifford				\$25.00
		6 Contributor address; City; State; Zip Code				
	ļ					
	1					
L		Cedar Park, TX 78613				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Not Employe		Not Employed	-		
	Date		t:)		Amount of Contribution (\$)	
	08/11/2024					\$250.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Fredericksburg, TX 78624				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	>)		
╞				<u> </u>	Amount of Contribution (\$)	
	Date 09/25/2024	Full name of contributor Out-of-state PAC (ID# Berthold, Patricia	ť:)		Amount of Contribution (\$)	\$100.00
	09/20/2024					Φ100.00
	1	Contributor address; City; State; Zip Code				
		Bakersfield, CA 93314				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	≥d	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	09/23/2024	Cain, Elizabeth				\$200.00
		Contributor address; City; State; Zip Code		1		
	ļ					
		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	07/21/2024	Cook, Lisa				\$10.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ	Austin, TX 78726				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
	Teacher		Round rock isd	<i>,</i>		
┝						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/22	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Saenz, Raqu	iel Y. (Ms.)			00088146	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/22/2024	Crosby, Sandra				\$50.00
		6 Contributor address; City; State; Zip Code				
L	<u> </u>	Buchanan Dam, TX 78609		Ĺ		
8	Principal occu Not Employe	pation / Job title (See Instructions)	9 Employer (See Instructions Not Employed	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	† 10.00
	07/21/2024	Ewald, Bart				\$10.00
		Contributor address; City; State; Zip Code				
		Hilltop Lakes, TX 77871				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
	Retired		Retired	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	08/21/2024	Ewald, Bart)			\$10.00
		Contributor address; City; State; Zip Code				
		Hilltop Lakes, TX 77871				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/23/2024	Ewald, Bart				\$10.00
		Contributor address; City; State; Zip Code		1		
⊢	Dringingloggy	Hilltop Lakes, TX 77871	Employer (Cap Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
				-		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	08/22/2024	Fay, Derrek				Φ12.00
		Contributor address; City; State; Zip Code				
		Hutto, TX 78634				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Not Employe		Not Employed			
⊢			1			
I						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
	· ·		Sch: 3/8 Rpt: 6/22
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Saenz, Raqı			00088146
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/16/2024	GLOVER, Ellen		\$50.00
	6 Contributor address; City; State; Zip Code		
	North Beach, MD 20714		
8 Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Not Employe		Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/25/2024	Gallmeyer, Alice)	\$25.00
	Contributor address; City; State; Zip Code		
	Grand Rapids, MI 49507		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Speech-lang	juage pathologist	West Ottawa public sch	ools
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/25/2024	Gallmeyer, Alice		\$25.00
	Contributor address; City; State; Zip Code		
	Grand Rapids, MI 49507		Į
-	pation / Job title (See Instructions) Juage pathologist	Employer (See Instructions West Ottawa public sch	
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/25/2024	Gallmeyer, Alice		\$25.00
	Contributor address; City; State; Zip Code		
	Grand Rapids, MI 49507		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)
Speech-lang	juage pathologist	West Ottawa public sch	ools
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/23/2024	Garcia, Manuel A	, /	\$5.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78750-3866		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Not employe	ed	Not employed	

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/22	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Saenz, Raqu	uel Y. (Ms.)			00088146	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/07/2024	Grisham, Robin				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not employe	d.	Not employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/12/2024	Gutierrez, Noe				\$100.00
		Contributor address; City; State; Zip Code		ł		
		Round Rock, TX 78681				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Not Employe	ed	Not Employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/10/2024	Koym-Garza, Mario	,			\$75.00
	• • • • • •			ł		Ŧ -
		Dallas, TX 75248				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Data Scientis	st	Precocity LLC			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	09/10/2024	Koym-Garza, Mario			· · · · · · · · · · · · · · · · · · ·	\$50.00
		Contributor address; City; State; Zip Code		ł		• -
		Dallas, TX 75248				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Data Scientis		Precocity LLC			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	08/05/2024	Lilieholm, Rob	,		,	\$25.00
	Contributor address; City; State; Zip Code			ł		
		Hampden, ME 04444				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
	Professor	,	University of Maine	.,		
\vdash						

The Instru	iction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/22
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Saenz, Raqu	uel Y. (Ms.)		00088146
4 Date 09/18/2024	 Full name of contributor out-of-state PAC (ID#: Mansson, Christina Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$100.00
	Round Rock, TX 78664		,
Principal occu Project Mana	upation / Job title (See Instructions) ager	9 Employer (See Instructions WCG Clinical	3)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/12/2024	McGarrahan, Andy		\$3.00
	Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Psychologist		Self	~
Date			Amount of Contribution (\$)
08/28/2024	Full name of contributor out-of-state PAC (ID#: McKnight, Barbara)	Amount of Contribution (\$) \$5.00
00,22.1	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/08/2024	Molis, Rebecca		\$25.00
	Contributor address; City; State; Zip Code		
	ROUND ROCK, TX 78681-3434		
Principal occu Program Ma	upation / Job title (See Instructions) anager	Employer (See Instructions Dell	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/08/2024	Molis, Rebecca		\$25.00
	Contributor address; City; State; Zip Code		
	ROUND ROCK, TX 78681-3434	-	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Program Ma	nager	Dell	

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/22	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Saenz, Raqu	uel Y. (Ms.)			00088146	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/08/2024	Molis, Rebecca			-	\$25.00
		6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
	ļ	ROUND ROCK, TX 78681-3434				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Program Ma	nager	Dell			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/22/2024	Moreira Portilho, Raquel			······	\$20.00
	c	Contributor address; City; State; Zip Code				Ŧ -
	ļ					
		Georgetown, TX 78626				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	上 5)		
	Professor		Southwestern University			
⊢	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	08/22/2024	Moreira Portilho, Raquel	/			\$20.00
	00/22/2021	·				Ψ20.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78626				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ل ۱)		
	Professor		Southwestern University			
╞		Full name of contributor Out-of-state PAC (ID#:	-	_	Amount of Contribution (\$)	
	Date 09/22/2024)		Amount of Contribution (\$)	\$20.00
	0912212024	Moreira Portilho, Raquel				Φ 20.00
		Contributor address; City; State; Zip Code				
	ļ					
		Georgetown, TX 78626				
\vdash	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Professor		Southwestern University			
╘				, —		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 250.00
	07/06/2024					\$250.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
\vdash	Driveland energy	Albuquerque, NM 87112		ŕ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	;0 	Not Employed			

	The Instrue	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/22	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Saenz, Raqu	iel Y. (Ms.)			00088146	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/06/2024	Saenz, Sigifredo				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Albuquerque, NM 87112				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	·)		Amount of Contribution (\$)	
	09/06/2024	Saenz, Sigifredo				\$250.00
		Contributor address; City; State; Zip Code				
		Albuquerque, NM 87112				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/04/2024	Texas Democratic Women of the Brazos Valley	,			\$400.00
		Contributor address; City; State; Zip Code				
		Bryan, TX 77805				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/13/2024	staerkel, mark				\$50.00
		Contributor address; City; State; Zip Code				
		Leander, TX 78641				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/26/2024	warrington, martha				\$25.00
		Contributor address; City; State; Zip Code				
		Taylor, TX 76574				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/22
2 FILER NAME Saenz, Raquel Y. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088146
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 08/26/2024 warrington, martha 6 Contributor address; City; State; Zip Code Taylor, TX 76574	7 Amount of Contribution (\$)\$25.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 warrington, martha Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$25.00
Taylor, TX 76574 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Not Employed Not Employed	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 1/11 Rpt: 12/22	Saenz, Raquel Y. (Ms.)	00088146								
4	Date 07/07/2024	5 Payee name Act Blue									
6 Amount (\$) \$10.87 7 Payee address; City; State; Zip Code \$10.87 Somerville, MA 02144											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Fees											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/14/2024	Act Blue									
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144									
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/21/2024	Act Blue									
	Amount (\$) \$0.80	Payee address;City;State;Zip Code366 Summer Street									
		Somerville, MA 02144									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra								Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME	Ξ				3	3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/11 Rpt: 13/22		Saenz, Raquel Y. (Ms.) 00088146									
4	Date 07/28/2024		Payee name Act Blue									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
\$2.97 366 Summer Street Somerville, MA 02144												
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b) Descriptic	on				
a PORPOSE (a) Category (See Categories listed at the top of this schedule) OF Fees EXPENDITURE Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	Jht			Office he	ld	
	Date		Payee name									
	08/11/2024		Act Blue									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$24.71		366 Summ Somerville,									
	PURPOSE OF EXPENDITURE		Category _{(S} Fees	ee Categories listed at	the top of this sch	edule)		f travel ou		e of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	Jht			Office he	ld	
	Date		Payee name									
	08/18/2024		Act Blue									
	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	de					
	\$3.95		366 Summ									
			Somerville,	MA 02144								
	PURPOSE OF EXPENDITURE		Category _{(S} Fees	ee Categories listed at	the top of this sch	edule)		f travel ou		e of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Dffice sou	jht			Office he	ld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide ex	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)					
	Sch: 3/11 Rpt: 14/22	Saenz, Raquel Y. (Ms.) 00088146											
4	Date	5	5 Payee name										
	08/25/2024		Act Blue										
6	Amount (\$)	7	7 Payee address; City; State; Zip Code										
	\$4.76												
			Somerville, MA 02144										
8	PURPOSE	(a)			- 1	b) Description							
	OF		Category (See Categories listed at the top of Fees	this schedule)	ľ		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE					Check if Austir	ι, TX,	, officeholder living expense					
						Fees							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	soug	ht		Office held					
	Date		Payee name										
	09/01/2024		Act Blue										
	Amount (\$)		Payee address; City;	State; Zip	Coc	е							
	\$1.19		366 Summer Street										
			Somerville, MA 02144										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Fees	this schedule)				ide of Texas. Complete Schedule T. , officeholder living expense					
	Complete ONLY if direct		Candidate/Officeholder name	Office	soug	ht		Office held					
	expenditure to benefit C/OI	-1											
	Date		Payee name										
	09/08/2024		Act Blue										
	Amount (\$)		Payee address; City;	State; Zip	Coc	е							
	\$10.87		366 Summer Street										
			Somerville, MA 02144		_								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	0	b) Description							
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T.					
						Fees	I, IX,	, officeholder living expense					
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office	SOUR	ht		Office held					
	expenditure to benefit C/OF			2		-							
-													

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)									
1	Sch: 4/11 Rpt: 15/22	2 FILER NAME 3 Filer ID (Ethics Commission File Saenz, Raquel Y. (Ms.) 00088146										
4	Date 09/15/2024	5 Payee name Act Blue										
6 Amount (\$) 7 Payee address; City; State; Zip Code \$4.08 366 Summer Street Somerville, MA 02144												
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 Fees												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	09/22/2024	Act Blue										
	Amount (\$) \$6.72	Payee address; City; State; Zip Code 366 Summer Street										
	PURPOSE OF EXPENDITURE	Somerville, MA 02144 (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 Fees										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	07/19/2024	American Printing										
	Amount (\$) \$418.52	Payee address; City; State; Zip Code 1606 Headway Circle										
		Austin, TX 78754										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Cards									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 F	ILER NAME	Filer ID	(Ethics Commission Filers)							
	Sch: 5/11 Rpt: 16/22		Saenz, Raquel Y. (Ms.) 00088146									
4	Date 07/01/2024		5 Payee name Canva									
6	Amount (\$)	7 F	ayee address; City;	State;	; Zip Co	le						
	\$15.00		5 East Santa Clara Stre San Jose, CA 95113	eet								
8	PURPOSE	(a) ((b) Description						
-	 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 Fees 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	e C	Office sou	ht		Office he	ld			
	Date	F	ayee name									
	07/02/2024		Google LLC									
	Amount (\$)	F	ayee address; City;	State;	; Zip Co	le						
	\$15.35		600 Amphitheatre Park Iountain View, CA 9404	-								
	PURPOSE OF EXPENDITURE		Category (See Categories listed	at the top of this sch	edule)			ide of Texas. Comp , officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	e C	Office sou	ht		Office he	ld			
	Date	F	ayee name									
	08/02/2024		Soogle LLC									
	Amount (\$)		ayee address; City;	State	; Zip Co	le						
	\$15.35		600 Amphitheatre Park		,	-						
		N	1ountain View, CA 9404	13								
	PURPOSE OF EXPENDITURE		Category (See Categories listed	at the top of this sch	edule)		n, TX,	ide of Texas. Comp , officeholder living fees				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	e C	Dffice sou	ht		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide ex	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 6/11 Rpt: 17/22		Saenz, Raquel Y. (Ms.) 00088146									
4	Date 09/03/2024		5 Payee name Google LLC									
6	Amount (\$)	7	Payee address; City;	State [.]	Zin Co	le						
U	\$15.35											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Google account fees								officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office sou	Jht		Office held				
	Date		Payee name									
	09/14/2024		Jaimes, Abel									
	Amount (\$) \$500.00											
		<u> </u>	Fredicksburg, TX 78624			<u> </u>						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Consulting Expense	this sche	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense ulting				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office held				
	Date		Payee name									
	07/03/2024		Meta Platforms									
	Amount (\$) \$13.52		Payee address; City; One Hacker Way	State;	Zip Co	de						
			Menlo Park, CA 94025									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	this sche	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense al media				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)					
	Sch: 7/11 Rpt: 18/22		Saenz, Raquel Y. (Ms.) 00088146										
4	Date	5	Payee name										
	07/03/2024		Meta Platforms										
6	Amount (\$)	7	7 Payee address; City; State; Zip Code										
	\$3.76												
			Menlo Park, CA 94025										
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description							
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. , officeholder living expense					
						Advertising s							
						/ avertising s	0010	armedia					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	bugh	t		Office held					
	Date		Payee name										
	07/11/2024		Meta Platforms										
	Amount (\$)		Payee address; City; State; Zip Code										
	\$15.00		One Hacker Way										
			ý										
			Menlo Park, CA 94025										
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description							
	OF EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T.						
						Check if Austin, TX, officeholder living expense Advertising social media							
						Auventising s	0010	armedia					
	Complete ONLY if direct		Candidate/Officeholder name	Office so		+		Office held					
	expenditure to benefit C/OI			L .		Once held							
	_	_											
	Date		Payee name										
	08/01/2024		Meta Platforms										
	Amount (\$)			ate; Zip C	Code								
	\$25.00		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	outsi	de of Texas. Complete Schedule T.					
	EXPENDITORE							officeholder living expense					
						Advertising s	ocia	al media					
	Complete ONLY if direct		Candidate/Officeholder name	Office so	bugh	t		Office held					
	expenditure to benefit C/OI	1											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til / - Gift/Awards/Memorials Expense Printing Expense Til							Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/11 Rpt: 19/22		Saenz, Rac									
4	Date	5	Payee name									
	08/05/2024		Meta Platfo	rms								
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$27.67		One Hacke	r Way								
			Menlo Park	, CA 94025								
8	PURPOSE OF	(a)			at the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense			ļ			de of Texas. Com officeholder living	plete Schedule T.	
							L	Advertising so			j expense	
								5				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	· (Dffice sou	ght			Office he	əld	
	Date		Payee name									
	08/06/2024		Meta Platfo	rms								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$25.00		One Hacke	r Way								
			Menlo Park									
	PURPOSE OF EXPENDITURE	(a)	Category _(S) Advertising		at the top of this sch	iedule)	[, TX,	officeholder living	iplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug					ght	ght Office held				
	Date		Payee name									
	08/08/2024		Meta Platfo	rms								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$25.00		One Hacke			· •						
				,								
			Menlo Park	, CA 94025								
	PURPOSE OF	(a)			at the top of this sch	edule)	(b)	Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.										
-	Complete ONLY if direct	L(Candidate/Offi	ceholder name	. (Office sou	ght			Office he	eld	
	expenditure to benefit C/OI					·	-					
-												

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 9/11 Rpt: 20/22		Saenz, Raquel Y. (Ms.)					00088146		
4	Date	5	Payee name							
	08/12/2024		Meta Platforms							
6	Amount (\$)	7								
	\$23.86		One Hacker Way							
			Menlo Park, CA 94025							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description				
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. , officeholder living expense		
		Advertising social media								
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	yht		Office held		
	Date		Payee name							
	08/15/2024	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 to	op of this sch	edule)	(b) Description				
EXPENDITURE			Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
							social media			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held		
	Date		Payee name							
	09/11/2024		Meta Platforms							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
\$21.32 One Hacker Way										
Menlo Park, CA 94025										
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description		ide of Taura Departure Only 11 T		
EXPENDITURE			Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
Advertising social media										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Dffice sou	jht		Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission)									
1	Sch: 10/11 Rpt: 21/22	Saenz, Raquel Y. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088146 00088146						
4	Date	5 Payee name							
	07/08/2024	Smart Digital Group PTY LTD							
6	Amount (\$) \$14.06	7 Payee address; City; State; Zip Code							
_	DUDDOCE								
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 fee 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/08/2024	Smart Digital Group PTY LTD							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$13.67	Australia							
	PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/09/2024	Smart Digital Group PTY LTD							
Amount (\$) Payee address; City; State; Zip Code \$14.09									
		Australia							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:					3 Filer ID	(Ethics Com	nission Filers)	
1	Sch: 11/11 Rpt: 22/22		⊏ quel Y. (Ms.)			00088			
						00088	140		
4	Date 09/20/2024	5 Payee name UZ Market							
6	Amount (\$) \$451.36	 Payee addre 5900 Bingl Houston, T 	e Rd.	e; Zip Code					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing yard signs 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sought	t	Off	ice held		