

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |  |   |
|---|--|--|--|---|
| The C/OH Instruction Guide explains how to complete this form.  |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00088146 | 2 Total pages filed:<br>22   |   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>Ms.   | FIRST<br>Raquel Y.                                   | MI<br>MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>10/05/2024 |
|   | NICKNAME   | LAST<br>Saenz  | SUFFIX   |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>406 River Down Rd.<br><br>Georgetown, TX 78628  |  |  | Date Hand-delivered or Date Postmarked  |
|   |  |  |  | Receipt # Amount  |
|   |  |  |  | Date Processed  |
|   |  |  |  | Date Imaged   |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Ms.   | FIRST<br>Raquel Y.                                   | MI<br>MI   |   |
|   | NICKNAME   | LAST<br>Saenza                                       | SUFFIX   |   |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>406 River Down Rd<br><br>Georgetown, TX 78628   |  |  |   |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(505) 730-2695   |  |  |   |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |  |  |   |
| 9 PERIOD<br>COVERED   | Month Day Year THROUGH Month Day Year<br>07/01/2024 09/26/2024   |  |  |   |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>11/05/2024  |  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
|   |  |  |  |   |
| 11 OFFICE   | OFFICE HELD (if any)   |  | 12 OFFICE SOUGHT (if known)<br>State Board Of Education District 10  |   |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 22

|                |                        |             |                            |
|----------------|------------------------|-------------|----------------------------|
| 13 C / OH NAME | Saenz, Raquel Y. (Ms.) | 14 Filer ID | (Ethics Commission Filers) |
|                |                        | 00088146    |                            |

|  |  |                                      |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|  | COMMITTEE TYPE   | COMMITTEE NAME                       |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                    |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |    |          |
|-------------------------|---|----|----------|
| 16 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | 2,603.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ | 1,750.78 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 6,271.70 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00     |

|  |
|--|
| 17 AFFIDAVIT   |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. |
| Ms. Raquel Y. Saenz  |
| Signature of Candidate or Officeholder   |
| AFFIX NOTARY STAMP / SEAL ABOVE  |
| Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.  |
| Signature of officer administering   |
| Printed name of officer administering  |
| Title of officer administering oath  |

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 22

|  |   |   |          |
|--|---|---|----------|
| <b>18 FILER NAME</b><br>Saenz, Raquel Y. (Ms.)   |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088146 |          |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |          |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$  | 2,603.00 |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |          |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |          |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |          |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$  | 1,750.78 |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |          |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |          |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |          |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |          |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |          |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |          |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/8 Rpt: 4/22  |
| <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146 |
| <b>4</b> Date<br>07/13/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anderson, Clifford<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Cedar Park, TX 78613 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| Date<br>08/11/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bentch, Sue<br><hr/> Contributor address; City; State; Zip Code<br><br>Fredericksburg, TX 78624                      | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>09/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Berthold, Patricia<br><hr/> Contributor address; City; State; Zip Code<br><br>Bakersfield, CA 93314                  | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>09/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cain, Elizabeth<br><hr/> Contributor address; City; State; Zip Code<br><br>Boerne, TX 78006                          | Amount of Contribution (\$)<br><br>\$200.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>07/21/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cook, Lisa<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78726                               | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Teacher               |   | Employer (See Instructions)<br>Round rock isd            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/8 Rpt: 5/22  |
| <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146 |
| <b>4</b> Date<br>08/22/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Crosby, Sandra<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Buchanan Dam, TX 78609 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| Date<br>07/21/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ewald, Bart<br><hr/> Contributor address; City; State; Zip Code<br><br>Hilltop Lakes, TX 77871                     | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Retired               |   | Employer (See Instructions)<br>Retired                   |
| Date<br>08/21/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ewald, Bart<br><hr/> Contributor address; City; State; Zip Code<br><br>Hilltop Lakes, TX 77871                     | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Retired               |   | Employer (See Instructions)<br>Retired                   |
| Date<br>09/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ewald, Bart<br><hr/> Contributor address; City; State; Zip Code<br><br>Hilltop Lakes, TX 77871                     | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Retired               |   | Employer (See Instructions)<br>Retired                   |
| Date<br>08/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fay, Derrek<br><hr/> Contributor address; City; State; Zip Code<br><br>Hutto, TX 78634                             | Amount of Contribution (\$)<br><br>\$15.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/8 Rpt: 6/22   |
| <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)                                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146  |
| <b>4</b> Date<br>09/16/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GLOVER, Ellen<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>North Beach, MD 20714 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed       |   | <b>9</b> Employer (See Instructions)<br>Not Employed      |
| Date<br>07/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gallmeyer, Alice<br><hr/> Contributor address; City; State; Zip Code<br><br>Grand Rapids, MI 49507               | Amount of Contribution (\$)<br><br>\$25.00                |
| Principal occupation / Job title (See Instructions)<br>Speech-language pathologist |   | Employer (See Instructions)<br>West Ottawa public schools |
| Date<br>08/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gallmeyer, Alice<br><hr/> Contributor address; City; State; Zip Code<br><br>Grand Rapids, MI 49507               | Amount of Contribution (\$)<br><br>\$25.00                |
| Principal occupation / Job title (See Instructions)<br>Speech-language pathologist |   | Employer (See Instructions)<br>West Ottawa public schools |
| Date<br>09/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gallmeyer, Alice<br><hr/> Contributor address; City; State; Zip Code<br><br>Grand Rapids, MI 49507               | Amount of Contribution (\$)<br><br>\$25.00                |
| Principal occupation / Job title (See Instructions)<br>Speech-language pathologist |   | Employer (See Instructions)<br>West Ottawa public schools |
| Date<br>07/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garcia, Manuel A<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78750-3866                | Amount of Contribution (\$)<br><br>\$5.00                 |
| Principal occupation / Job title (See Instructions)<br>Not employed                |   | Employer (See Instructions)<br>Not employed               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/8 Rpt: 7/22  |
| <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146 |
| <b>4</b> Date<br>07/07/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Grisham, Robin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78628 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not employed |   | <b>9</b> Employer (See Instructions)<br>Not employed     |
| Date<br>08/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gutierrez, Noe<br><hr/> Contributor address; City; State; Zip Code<br><br>Round Rock, TX 78681                   | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/10/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Koym-Garza, Mario<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248                    | Amount of Contribution (\$)<br><br>\$75.00               |
| Principal occupation / Job title (See Instructions)<br>Data Scientist        |   | Employer (See Instructions)<br>Precocity LLC             |
| Date<br>09/10/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Koym-Garza, Mario<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248                    | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Data Scientist        |   | Employer (See Instructions)<br>Precocity LLC             |
| Date<br>08/05/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lilieholm, Rob<br><hr/> Contributor address; City; State; Zip Code<br><br>Hampden, ME 04444                      | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Professor             |   | Employer (See Instructions)<br>University of Maine       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/8 Rpt: 8/22  |
| <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)                                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146 |
| <b>4</b> Date<br>09/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mansson, Christina<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Round Rock, TX 78664 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Project Manager |   | <b>9</b> Employer (See Instructions)<br>WCG Clinical     |
| Date<br>09/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McGarrahan, Andy<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248                         | Amount of Contribution (\$)<br><br>\$3.00                |
| Principal occupation / Job title (See Instructions)<br>Psychologist             |   | Employer (See Instructions)<br>Self                      |
| Date<br>08/28/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McKnight, Barbara<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78704                        | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed             |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>07/08/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Molis, Rebecca<br><hr/> Contributor address; City; State; Zip Code<br><br>ROUND ROCK, TX 78681-3434                  | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Program Manager          |   | Employer (See Instructions)<br>Dell                      |
| Date<br>08/08/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Molis, Rebecca<br><hr/> Contributor address; City; State; Zip Code<br><br>ROUND ROCK, TX 78681-3434                  | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Program Manager          |   | Employer (See Instructions)<br>Dell                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/8 Rpt: 9/22  |
| <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)                                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146 |
| <b>4</b> Date<br>09/08/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Molis, Rebecca<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>ROUND ROCK, TX 78681-3434 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Program Manager |  | <b>9</b> Employer (See Instructions)<br>Dell             |
| Date<br>07/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moreira Portilho, Raquel<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626              | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Professor                |  | Employer (See Instructions)<br>Southwestern University   |
| Date<br>08/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moreira Portilho, Raquel<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626              | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Professor                |  | Employer (See Instructions)<br>Southwestern University   |
| Date<br>09/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moreira Portilho, Raquel<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626              | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Professor                |  | Employer (See Instructions)<br>Southwestern University   |
| Date<br>07/06/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Saenz, Sigifredo<br><hr/> Contributor address; City; State; Zip Code<br><br>Albuquerque, NM 87112                     | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed             |  | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 7/8 Rpt: 10/22 |
| <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146 |
| <b>4</b> Date<br>08/06/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Saenz, Sigifredo<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Albuquerque, NM 87112    | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| Date<br>09/06/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Saenz, Sigifredo<br><hr/> Contributor address; City; State; Zip Code<br><br>Albuquerque, NM 87112                      | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>09/04/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Democratic Women of the Brazos Valley<br><hr/> Contributor address; City; State; Zip Code<br><br>Bryan, TX 77805 | Amount of Contribution (\$)<br><br>\$400.00              |
| Principal occupation / Job title (See Instructions)                          |   | Employer (See Instructions)                              |
| Date<br>09/13/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>staerke, mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Leander, TX 78641                             | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>07/26/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>warrington, martha<br><hr/> Contributor address; City; State; Zip Code<br><br>Taylor, TX 76574                         | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/11 Rpt: 12/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146   |
| <b>4</b> Date<br>07/07/2024   | <b>5</b> Payee name<br>Act Blue  |  |
| <b>6</b> Amount (\$)<br>\$10.87                                     | <b>7</b> Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/14/2024  | Payee name<br>Act Blue   |  |
| Amount (\$)<br>\$1.98   | Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/21/2024  | Payee name<br>Act Blue   |  |
| Amount (\$)<br>\$0.80   | Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/11 Rpt: 13/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146   |
| <b>4</b> Date<br>07/28/2024   | <b>5</b> Payee name<br>Act Blue  |  |
| <b>6</b> Amount (\$)<br>\$2.97                                      | <b>7</b> Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>08/11/2024  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |  |
| Payee name<br>Act Blue  |  |  |
| Amount (\$)<br>\$24.71  | Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>08/18/2024  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |  |
| Payee name<br>Act Blue  |  |  |
| Amount (\$)<br>\$3.95   | Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/11 Rpt: 14/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146   |
| <b>4</b> Date<br>08/25/2024   | <b>5</b> Payee name<br>Act Blue  |  |
| <b>6</b> Amount (\$)<br>\$4.76                                      | <b>7</b> Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>09/01/2024  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |  |
| Payee name<br>Act Blue  |  |  |
| Amount (\$)<br>\$1.19   | Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>09/08/2024  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |  |
| Payee name<br>Act Blue  |  |  |
| Amount (\$)<br>\$10.87  | Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/11 Rpt: 15/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146  |
| <b>4</b> Date<br>09/15/2024   | <b>5</b> Payee name<br>Act Blue  |   |
| <b>6</b> Amount (\$)<br>\$4.08                                      | <b>7</b> Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/22/2024  | Payee name<br>Act Blue   |   |
| Amount (\$)<br>\$6.72   | Payee address; City; State; Zip Code<br>366 Summer Street<br><br>Somerville, MA 02144          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/19/2024  | Payee name<br>American Printing  |   |
| Amount (\$)<br>\$418.52   | Payee address; City; State; Zip Code<br>1606 Headway Circle<br><br>Austin, TX 78754            |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing push cards |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/11 Rpt: 16/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146  |
| <b>4</b> Date<br>07/01/2024   | <b>5</b> Payee name<br>Canva  |   |
| <b>6</b> Amount (\$)<br>\$15.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>75 East Santa Clara Street<br><br>San Jose, CA 95113 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/02/2024  | Payee name<br>Google LLC  |   |
| Amount (\$)<br>\$15.35  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Parkway<br><br>Mountain View, CA 94043      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/02/2024  | Payee name<br>Google LLC  |   |
| Amount (\$)<br>\$15.35  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Parkway<br><br>Mountain View, CA 94043      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Google account fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/11 Rpt: 17/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146   |
| <b>4</b> Date<br>09/03/2024   | <b>5</b> Payee name<br>Google LLC   |  |
| <b>6</b> Amount (\$)<br>\$15.35                                     | <b>7</b> Payee address; City; State; Zip Code<br>1600 Amphitheatre Parkway<br><br>Mountain View, CA 94043 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Google account fees      |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/14/2024  | Payee name<br>Jaimes, Abel  |  |
| Amount (\$)<br>\$500.00   | Payee address; City; State; Zip Code<br>522 Dooley Rd<br><br>Fredicksburg, TX 78624                       |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign consulting      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>07/03/2024  | Payee name<br>Meta Platforms  |  |
| Amount (\$)<br>\$13.52  | Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025                        |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/11 Rpt: 18/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146   |
| <b>4</b> Date<br>07/03/2024   | <b>5</b> Payee name<br>Meta Platforms  |  |
| <b>6</b> Amount (\$)<br>\$3.76                                      | <b>7</b> Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025                            |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>07/11/2024  | Candidate/Officeholder name Office sought Office held  |  |
| Amount (\$)<br>\$15.00  | Payee name<br>Meta Platforms<br><br>Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025 |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>08/01/2024  | Candidate/Officeholder name Office sought Office held  |  |
| Amount (\$)<br>\$25.00  | Payee name<br>Meta Platforms<br><br>Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025 |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/11 Rpt: 19/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146   |
| <b>4</b> Date<br>08/05/2024   | <b>5</b> Payee name<br>Meta Platforms  |  |
| <b>6</b> Amount (\$)<br>\$27.67                                     | <b>7</b> Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>08/06/2024  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |  |
| Payee name<br>Meta Platforms  |  |  |
| Amount (\$)<br>\$25.00  | Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025             |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>08/08/2024  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |  |
| Payee name<br>Meta Platforms  |  |  |
| Amount (\$)<br>\$25.00  | Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025             |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/11 Rpt: 20/22           | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146   |
| <b>4</b> Date<br>08/12/2024   | <b>5</b> Payee name<br>Meta Platforms  |  |
| <b>6</b> Amount (\$)<br>\$23.86                                     | <b>7</b> Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>08/15/2024  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |  |
| Payee name<br>Meta Platforms  |  |  |
| Amount (\$)<br>\$25.00  | Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025             |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>09/11/2024  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |  |
| Payee name<br>Meta Platforms  |  |  |
| Amount (\$)<br>\$21.32  | Payee address; City; State; Zip Code<br>One Hacker Way<br><br>Menlo Park, CA 94025             |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising social media        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/11 Rpt: 21/22          | <b>2</b> FILER NAME<br>Saenz, Raquel Y. (Ms.)                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088146  |
| <b>4</b> Date<br>07/08/2024   | <b>5</b> Payee name<br>Smart Digital Group PTY LTD                              |   |
| <b>6</b> Amount (\$)<br>\$14.06                                     | <b>7</b> Payee address; City; State; Zip Code<br><br>Australia                  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>08/08/2024  | Candidate/Officeholder name Office sought Office held                           |   |
| Payee name<br>Smart Digital Group PTY LTD                           |   |   |
| Amount (\$)<br>\$13.67  | Payee address; City; State; Zip Code<br><br>Australia                           |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website fees       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>09/09/2024  | Candidate/Officeholder name Office sought Office held                           |   |
| Payee name<br>Smart Digital Group PTY LTD                           |   |   |
| Amount (\$)<br>\$14.09  | Payee address; City; State; Zip Code<br><br>Australia                           |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website fees       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| 1 Total pages Schedule F1:<br>Sch: 11/11 Rpt: 22/22          | 2 FILER NAME<br>Saenz, Raquel Y. (Ms.)   | 3 Filer ID (Ethics Commission Filers)<br>00088146  |
| 4 Date<br>09/20/2024   | 5 Payee name<br>UZ Marketing   |  |
| 6 Amount (\$)<br>\$451.36                                    | 7 Payee address; City; State; Zip Code<br>5900 Bingle Rd.<br><br>Houston, TX 77092   |  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing yard signs |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought<br><br>Office held   |