# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00088146		2 Total pages filed: 17		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE UNI Y	
OFFICEHOLDER NAME	Ms.	Raquel Y.			Date Received	JOE ONE!	
					ELECTRONICA	LLY FILED	
	NICKNAME	LAST		SUFFIX	10/28/2024		
		Saenz					
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER MAILING	406 River Down Rd.				Receipt #	Amount	
ADDRESS	TV 70000				<u> </u>		
Change of Address	Georgetown, TX 78628				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-8		
TREASURER NAME	Ms.	Raquel Y.					
	NICKNAME	LAST		SUFFIX			
	TWO TWO TWO	Saenza		301			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	PT / SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER ADDRESS	406 River Down Rd						
(Residence or Business)							
	Georgetown, TX 78628						
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION				
TREASURER	(505) 730-2695	IE NOMBER	EXILINGION				
PHONE	(303) 130 2003						
8 REPORT TYPE	January 15	7 20th day before	es sleetien	Runoff	15th day after cam	encian traccuror	
	January 15	30th day before	e election	Runon	appointment (office		
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	09/27/2024	Tł	HROUGH	10/26/202	4		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	l □F	Primary	Runoff	Other		
	11/05/2024		General	Special			
				Ш			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT			
				State Board Of E	Education District	10	
				_1			
		GO.	TO PAGE 2				
		GO	IO PAGE 2				

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	3 C / OH NAME Saenz, Raquel Y. (Ms.)  14 Filer ID 00088146								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu  These expenditures may have been made without is d officeholders are required to report this information	the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL	Texas State Teachers Association PAC							
		COMMITTEE ADDRESS							
	X SPECIFIC	8716 N. Mopac Expy							
		Austin, TX 78759-0000							
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
		TX							
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00							
	S)	\$ 7,280.00							
EXPENDITURE TOTALS									
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 9,932.35					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 4,184.54					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00					
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		Ms.	Raquel Y. Saenz						
		Signature of	Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
		aid	, this the	day					
of	, 20, to c	ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath					

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

				JVER :	3 of 17
_	ER NAN		<b>19</b> Filer ID	(Ethics C	ommission Filers)
		aquel Y. (Ms.)	00088146		
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,680.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	600.00
3.		\$			
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	8,964.52	
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	967.83
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/17
2	FILER NAME Saenz, Raqu	iel Y. (Ms.)			3	Filer ID (Ethics Commission Filers) 00088146
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$1,000.00
8	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)	
	Not Employe			Not Employed		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Crawford, Julie Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$) \$50.00
	Dringing coou	Fredericksburg, TX 78624		Employer (See Instructions	<u>''</u>	
	Principal occupation / Job title (See Instructions)  Not Employed  Not Employed					
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Democratic Women of Comal County  Contributor address; City; State; Zip Code	•	Amount of Contribution (\$) \$1,750.00		
		New Braunfels, TX 78130-6204				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:_ Duff, Douglas Contributor address; City; State; Zip Code Fredericksburg, TX 78624				Amount of Contribution (\$) \$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID#:_Edney, Kirk  Contributor address; City; State; Zip Code  College Station, TX 77845		)		Amount of Contribution (\$) \$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)	

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/17	
2	FILER NAME Saenz, Raqu	iel Y. (Ms.)			3	Filer ID (Ethics Commission 00088146	Filers)
4	Date 10/21/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Ewald, Bart</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Hilltop Lakes, TX 77871 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired	,		Retired	,		
	Date 10/18/2024	Full name of contributor		)		Amount of Contribution (\$)	\$100.00
	Daine die al access	FREDERICKSBURG, TX 78624-6723	_	Faralana (O. a. la atautica	<u></u>		
	Principal occupation / Job title (See Instructions)  Not Employed  Not Employed						
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Gallmeyer, Alice  Contributor address; City; State; Zip Code	•	Amount of Contribution (\$)	\$25.00		
	Principal occu	Grand Rapids, MI 49507 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
		uage pathologist		West Ottawa public sch	•	S	
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#: Highland Lakes Democratic Women Contributor address; City; State; Zip Code  Meadowlakes, TX 78654			•	Amount of Contribution (\$) \$	1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Juett, Gwynne  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624-3620		•	Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/17	
2	FILER NAME Saenz, Raqu	uel Y. (Ms.)			3	Filer ID (Ethics Commission 00088146	n Filers)
4	Date 10/26/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (II Langston, Jana</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$150.00
_		Georgetown, TX 78633			L		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/19/2024	Full name of contributor out-of-state PAC (II Mayfield, Mark  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu	OGDENSBURG, NY 13669 pation / Job title (See Instructions)	Employer (See Instructions	·/			
	Not Employed  Not Employed  Not Employed						
	Date 10/19/2024					Amount of Contribution (\$)	\$50.00
		Temple, TX 76501					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (II McGill, Laurie  Contributor address; City; State; Zip Code  Canyon Lake, TX 78133		)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (II Molis, Rebecca Contributor address; City; State; Zip Code  ROUND ROCK, TX 78681-3434	)		Amount of Contribution (\$)	\$25.00	
	Principal occu Program Ma	pation / Job title (See Instructions) nager		Employer (See Instructions Dell	5)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/17	
2	FILER NAME Saenz, Raqu	iel Y. (Ms.)			3	Filer ID (Ethics Commission 00088146	on Filers)
4	Date 10/16/2024	<ul><li>5 Full name of contributor Nilsen, susan</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe	d		Not Employed			
	Date 10/06/2024	Full name of contributor  Saenz, Sigifredo  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occur	Albuquerque, NM 87112 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Not Employed  Not Employed  Not Employed						
	Date 10/10/2024	Full name of contributor Saenz, Sigifredo Contributor address; City; State		Amount of Contribution (\$)	\$1,000.00		
		Albuquerque, NM 87112					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Full name of contributor Texas AFL-CIO Contributor address; City; State Austin, TX 78711-2727	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/09/2024	Full name of contributor Texas American Federation Contributor address; City; State Austin, TX 78741	)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/17	
2	FILER NAME Saenz, Raqı			3	Filer ID (Ethics Commiss 00088146	ion Filers)
4	Date 10/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ Whited, Keith 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Fredericksburg, TX 78624 upation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_Williams, Priscilla  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Fredericksburg, TX 78624 upation / Job title (See Instructions)	Employer (See Instructions	 i)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_warrington, martha Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Taylor, TX 76574  upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	<u> </u> 5)		

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Saenz, Raquel Y. (Ms.) 00088146 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/19/2024 Vaclav, Jerry \$600.00 i Lodging 7 Contributor address; City; State; Zip Code Fredicksburg, TX 78624 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Self-employed Self-employed 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 10/17	Saenz, Raquel Y. (Ms.)		00088146
4	Date	5 Payee name		
	10/02/2024	Abel, Jaimes		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$500.00	522 Dooley Road		
		Fredericksburg, TX 78624		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense	` ,	Check if travel outside of Texas. Complete Schedule T.
l	LAFLINDITORE			Check if Austin, TX, officeholder living expense
				Consulting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/OI		grit	Office field
⊨	Date	Payee name		
	09/29/2024	Act Blue		
┝	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$14.23	366 Summer Street		
		Somerville, MA 02144		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Cince ricia
H	Date	Payee name		
	09/30/2024	Act Blue		
H	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$3.95	366 Summer Street		
l				
		Somerville, MA 02144		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		-	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 11/17	Saenz, Raquel Y. (Ms.) 00088146
4	Date	5 Payee name
	10/06/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.86	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
L	·	
	Date	Payee name
	10/13/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fee
		ree
⊢	Commiste ONII V if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	10/20/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.84	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fee   Fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office pought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
1		
L		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica			Gilt/Awards/Memorial Legal Services	s Expense	Salaries/M		se s/Contract Labor		OTHER (enter a	a category not listed abov	/e)
	Credit Card Payment			The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 3/5 Rpt: 12/17		Saenz, Raqı	uel Y. (Ms.)						00088146		
4	Date	5	Payee name									
	10/15/2024		Canva									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$15.00		75 East San	ta Clara Street	į							
			San Jose, C	A 95113								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF	<b> </b> `´	Fees	e Categories listed at	the top of this sche	euule)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_	, TX,	officeholder livin	g expense	
								Canva fees				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	10/02/2024		Google LLC									
	Amount (\$)		Payee addres		·	Zip Co	de					
	\$15.35		1600 Amphi	theatre Parkwa	ay							
			Mountain Vi	ew, CA 94043								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					_			nplete Schedule T.	
								Google fee	, IA,	officeholder livin	g expense	
								200g.0 .00				
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						3					
_	Date		Payee name									
	10/25/2024		Holiday Inn	Express								
	Amount (\$)		Payee addres		State:	Zip Co	dь					
	\$131.10		1119 E TYL	-	State,	Zip Co	uc					
	4101.10		1110 2 112									
			Athens, TX	75751								
	DUDDOCE	(0)					(h)	Description				
	PURPOSE OF	(a)	Category (Se Travel In Dis	e Categories listed at	the top of this sche	edule)	(n)	Description  Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Havel III Dis	Strict						officeholder livin		
								Hotel for cam	ıpai	ign travel in	-district	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
L	expenditure to benefit C/OI	H 										
			<del></del>									

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Vages	/Contract Labor		OTHER (enter	a category not liste	d above)
		_		The Instruction G	ulue explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 4/5 Rpt: 13/17		Saenz, Raq	uel Y. (Ms.)						00088146		
4	Date	5	Payee name									
	10/23/2024		La Quinta									
6	Amount (\$)	17	Payee addres	ss; City;	State	; Zip Co	nda					
ľ	• • •	ľ			State	, Ζιρ Ου	ue					
	\$284.80		1195 EARL	RUDDER FW								
			College Sta	tion, TX 77845								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel In Di			,		_	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX	officeholder livir	ng expense	
								Hotel for cam	pa	ign travel ir	n-district	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н					•					
H	Data	_										
	Date		Payee name									
	10/25/2024		RBFCU									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$15.00		1209 W Uni	versity Ave								
			Georgetowr	n. TX 78628								
_	PURPOSE	(0)					(b)	- · · ·				
	OF	(a)		ee Categories listed at	the top of this sch	nedule)	(D)	Description	outci	do of Toyas Co	mplete Schedule T.	
	EXPENDITURE		Fees					<b>=</b>		officeholder livir		
								Wire fee			.gp	
_	Complete ONLY if direct	Щ	Candidata/Offi	ceholder name		Office cou	abt			Office h	vold	
	expenditure to benefit C/O		Januluale/Oni	cendider name	,	Office sou	igiit			Office i	iciu	
	· 											
	Date		Payee name									
	10/08/2024		Smart Digita	al Group PTY L	.TD							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$14.27		99 MOUNT	STREET		·						
	·											
			NODTH CV		000 At	_						
			NORTH SY	DNEY NSW 20	060 Australia	a 						
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees								mplete Schedule T.	
								_	, TX,	officeholder livir	ng expense	
								Website fee				
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 5/5 Rpt: 14/17	Saenz, Raquel Y. (Ms.) 00088146					
4	Date	5 Payee name					
	10/25/2024	Texas Democratic Party					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$6,200.00	314 E Highland Mall Blvd					
		Austin, TX 78752					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX of florbalder living suppose					
		Candidate/Officeholder/Political Committee					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	10/04/2024	Turo					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,011.46	111 Sutter Street					
		Suite 1300					
		San Francisco, CA 94104					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense					
Transportation expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					
	Date	Payee name					
	10/09/2024	Turo					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$653.67	111 Sutter Street					
	,	Suite 1300					
		San Francisco, CA 94104					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense					
		Transportation expense					
	0 1: 0::::::						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/ Committee Lega	I/Beverage Expense Awards/Memorials Expense al Services e Instruction Guide explains h		xpense Vages/Contract Labor	Travel	I in District I Out of District :R (enter a category not listed abo	ve)		
1	Total pages Schedule G:	2 FILER NAME				3 Filer	•	r Filers)		
	Sch: 1/3 Rpt: 15/17	Saenz, Raquel	Y. (Ms.)			0008	88146			
4	Date	5 Payee name								
	10/22/2024	3rd on Main								
6	Amount (\$)	7 Payee address;	City; State;	Zip Co	ode					
	\$15.72	201 S Main								
	Reimbursement from political contributions intended	201a Bryan, TX 7780	12							
_					(h) Description [	Chook if t	wayal autaida af Tayaa Camplata	Cabadula T		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
	EXPENDITURE	F00d/Beverage	: Lxperise		Food expense	_				
					·					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officehold	er name		Office sought		Office held			
	Date	Payee name								
	10/21/2024	Baked or Fried								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$14.48	4301 Boonville	Rd							
	Reimbursement from political contributions intended	Bryan, TX 7780	)2							
	PURPOSE OF	'	ategories listed at the top of this sche	edule)	Description	=	travel outside of Texas. Complete			
EXPENDITURE		Food/Beverage	e Expense		L	_ Cneck if A	Austin, TX, officeholder living expe	ense		
					Food expense					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehold	er name		Office sought		Office held			
	Date	Payee name								
	10/19/2024	Buc-ee's								
	Amount (\$)	Payee address;	City; State;	Zip Co	ode					
	\$804.00	2760 IH 35 N								
	Reimbursement from political contributions intended	New Braunfels	TX 78130							
	PURPOSE		ategories listed at the top of this sche	dule)	Description	_	ravel outside of Texas. Complete			
OF EXPENDITURE		Travel In Distri	ct		Check if Austin, TX, officeholder living expense  Gas expense - 1200 miles, at state rate of 0.67 per mile					
					Gas expense - 1	∠uu mile	s, at state rate of 0.67	per mile		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehold	er name		Office sought		Office held			

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense F  - Gift/Awards/Memorials Expense F			pense xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment	T	he Instruction Guide explains h	now to co	mplete this form.					
1	Total pages Schedule G: Sch: 2/3 Rpt: 16/17	<b>2</b> FILER NAME Saenz, Raqu	el Y. (Ms.)			1	Filer ID (Ethics Commission Filers) 00088146			
4	Date	5 Payee name				<u> </u>		-		
	10/20/2024	Cava								
6	Amount (\$)	7 Payee address	; City; State;	Zip Co	ode			_		
	\$11.96	1099 Univers	ity Dr							
	Reimbursement from	Suite 115								
	political contributions intended	College Station, TX 77840								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Sched								
	EXPENDITURE	Food/Bevera	ge Expense	Ch	Check if Austin, TX, officeholder living expense					
			Food expense							
9	Complete ONLY if direct	Candidate/Officeho	lder name		Office sought		Office held	-		
	expenditure to benefit C/OH									
	Date	Payee name								
	10/21/2024	Freebirds Wo	orld Burrito							
	Amount (\$)	Payee address	; City; State;	Zip Co	ode					
	\$9.95	3525 D Long	mire							
	Reimbursement from	Suite D								
	political contributions intended	College Station	on, TX 77845							
	PURPOSE	Category (See	Categories listed at the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.	_		
OF EXPENDITURE		Food/Bevera	ge Expense			Ch	neck if Austin, TX, officeholder living expense			
					Food expense					
	Complete ONLY if direct	Candidate/Officeho	lder name		Office sought		Office held	-		
	expenditure to benefit C/OH									
	C/OH							_		
	Date	Payee name								
	10/24/2024	Neza Mexica	n Cuisine							
	Amount (\$)	Payee address	•	Zip Co	ode					
	\$48.00	416 S Palesti	ne St							
	Reimbursement from political contributions intended	Athens, TX 7	5751							
	PURPOSE	Category (See	Categories listed at the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.	_		
	OF EXPENDITURE	Food/Bevera	ge Expense			Ch	neck if Austin, TX, officeholder living expense			
					Food expense					
								_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeho	llder name		Office sought		Office held			
								_		

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)			
Credit Card Payment  The Instruction Guide explains how to complete this form.												
1	Total pages Schedule G:	2	FILER NAME	Ξ				3	Filer ID	(Ethics Commiss	ion Filers)	
	Sch: 3/3 Rpt: 17/17		Saenz, Rac	juel Y. (Ms.)					000881	L46		
4	Date	5	Payee name									
	10/19/2024		Pokeworks									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$17.20		170 Century	y Sq.								
	Reimbursement from political contributions intended		Number 11									
			College Station, TX 77840									
8	PURPOSE	(a)	Category (s	ee Categories listed at the top	of this sche	dule)	(b) Description	ו 🔲 כ	Check if trave	el outside of Texas. Compl	ete Schedule T.	
	OF EXPENDITURE		Food/Bever	age Expense					Check if Austi	in, TX, officeholder living e	xpense	
	EXI ENDITORE						Food expense	е				
L												
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Office	holder name			Office soug	ht		Office held		
	C/OH											
F	Date	Г	Payee name									
	10/26/2024		Tex-Rican I									
H	Amount (\$)	H	Payee address; City; State; Zip Code									
\$20.52 1026 S Fort Hood St					Otato,	2.p 00	.ac					
	Reimbursement from political contributions intended Killeen, TX 76541											
							el outside of Texas. Compl	ete Schedule T				
	OF		,	rage Expense	OI tills scrie	idule)	Description			in, TX, officeholder living e		
EXPENDITURE				gp			Food expense	e				
Complete ONLY if direct Candidate			ndidate/Office	holder name			Office soug	ht		Office held		
	expenditure to benefit C/OH											
⊨		_										
	Date 10/18/2024		Payee name									
L		L	The Auslan		04-4	7:- 0-	-1-					
	Amount (\$) \$26.00		Payee addre 323 E Main		State;	Zip Co	ae					
			323 E Main	Si.								
	X Reimbursement from political contributions intended		Fredericksh	ourg, TX 78624								
	PURPOSE		Category (s	ee Categories listed at the top	of this sche	dule)	Description			el outside of Texas. Compl		
l	OF EXPENDITURE		Food/Bever	age Expense				ш	Check if Austi	in, TX, officeholder living e	xpense	
							Food expense	e				
L												
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office soug	ht		Office held		
Г												
1												
I												