# 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 Commission 00088146		2 Total pages file 17	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Ms.	Raquel Y.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/12/2025	
	MICKNAME	Saenz		30111X		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
MAILING	2522 Haselwood Ln.				Receipt #	Amount
ADDRESS					receipt "	, anount
Change of Address	Round Rock, TX 78665				Date Processed	l
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
TREASURER NAME	Ms.	Raquel Y.				
	NICKNAME	LAST		SUFFIX		
		Saenza				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT / S	SUITE#; CITY;	STA	ΓΕ; ZIP CODE
TREASURER ADDRESS	2522 Haselwood Ln.					
(Residence or Business)						
(Residence of Business)	Round Rock, TX 78665					
	4554 0055 BUO		-V-TENIOLONI			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(505) 730-2695					
8 REPORT						
TYPE	X January 15	30th day before	election Ru	noff	15th day after cam	paign treasurer
		_			appointment (office	eholder only)
	July 15	8th day before	election Ex	ceeded modified oorting limit	Final Report (Attac	h C/OH-FR)
9 PERIOD COVERED	Month Day Year	T1	IDOLICII	Month Day	Year	
OOVERED	10/27/2024	11	IROUGH	12/31/2024	1	
10 ELECTION	ELECTION DATE	<del></del>		ELECTION TYPE		
10 ELECTION	ELECTION DATE  Month Day Year		rimary	Runoff	Other	
	11/05/2024			<u></u>	Culci	
		X G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)		1	2 OFFICE SOUGHT		
				State Board Of E	ducation District 1	10
			<b>-</b>			
		GO T	O PAGE 2			
I						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Saenz, Raquel Y. (M	5.)	<b>14</b> Filer ID (00088146	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 2,151.99
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 7,302.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Ms.	Raquel Y. Saenz	
		Signature of	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

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

## FORM C/OH COVER SHEET PG 3

		3 of 17	
	19 Filer ID	(Ethics Commission Filers)	
Saenz, Raquel Y. (Ms.)	00088146	T	
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,151.9	99
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 6,431.6	63
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 871.0	00
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	<b>\$</b> 685.0	00
		,	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/17
2	FILER NAME Saenz, Raqu			3	Filer ID (Ethics Commission Filers) 00088146
4	Date 10/27/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$1,899.99
8		San Francisco, CA 94105  upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> S)	
	Self-employed Arthur Rock & Co.  Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$) \$200.00	
	Fredericksburg, TX 78624  Principal occupation / Job title (See Instructions)  Not Employed  Employer (See Instructions)  Not Employed				
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$) \$25.00
	Dringing occu	Spring, TX 77388  spation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
	Doctoral Car		UC Irvine	>)	
	Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$27.00
		Tyler, TX 75703  upation / Job title (See Instructions)	<u> </u> s)		
	Not employe	zu	Not employed		

#### SCHEDULE F1

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

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

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

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

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:						
	Sch: 1/11 Rpt: 5/17	Saenz, Raquel Y. (Ms.) 00088146					
4	Date	5 Payee name					
	10/27/2024	Act Blue					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2.38	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.					
	LAFENDITORE	Check if Austin, TX, officeholder living expense					
		Fee					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	11/03/2024	Act Blue					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$9.96	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					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Data						
	Date 11/06/2024	Payee name Albdeiri, Rawan					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$350.00	3200 Montopolis Dr.					
		Apt 2107					
		Austin, TX 78744					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Consulting expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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

l	Credit Card Payment	The Instruction Guide explains how to o	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 2/11 Rpt: 6/17	Saenz, Raquel Y. (Ms.)		00088146
4	Date	5 Payee name		<u> </u>
	11/13/2024	American Printing		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$691.52	1606 Headway Circle		
		Austin, TX 78754		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Printing expense
				Filluling expense
9	Complete ONLY if direct	Candidate/Officeholder name Office so	llaht	Office held
ľ	expenditure to benefit C/OI		agiit	Cilide Held
H	Date	Payee name		
	10/29/2024	Blue Horizon Texas		
┝	Amount (\$)	Payee address; City; State; Zip C	ode,	
	\$250.00	Tayor address, City, State, Zip C	ouc	
	Ψ200.00			
		TX		
L	PURPOSE		(h)	- December 1
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				Contribution
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
L	experience to benefit Gree			
l	Date	Payee name		
	11/06/2024	Bodunrin, Oforitsenere		
l	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$400.00	5312 carpenter dr,		
L		Arlington, TX 76017		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Consulting expense
				· .
H	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		-	
H				

#### 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 Ex
Legal Services

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 3/11 Rpt: 7/17	Saenz, Raquel Y. (Ms.) 00088146					
4	Date	5 Payee name					
	11/05/2024	Chipotle					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$11.53	909 EAST WHITESTONE					
		Cedar park, TX 78613					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Food expense					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	11/05/2024	Einstein Bagels					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$10.19	720 US 79 WEST					
		Suite 110					
		Hutto, TX 78634					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Food expense					
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	11/03/2024	Golden Idea					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$23.00	2100 S W S Young Dr					
		Killeen, TX 76543					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Food expense					
		T dod expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 8/17	Saenz, Raquel Y. (Ms.) 00088146
4	Date	5 Payee name
	11/04/2024	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email account fees
		Littali account rees
Ļ	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	12/02/2024	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.58	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email account fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/07/2024	Hardesty-Crouch, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.00	1111 Easton Ln
		Allen, TX 75002
	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.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Consulting expense
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### SCHEDULE F1

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

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

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

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

	Candidate/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: 5/11 Rpt: 9/17	Saenz, Raquel Y. (Ms.) 00088146
4	Date	5 Payee name
	11/07/2024	Harper, Terrance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	312 Cobb Branch dr
		Maxwell, TX 78656
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.  Check if Austin, TX, officeholder living expense
		Consulting expense
		Consuming expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/01/2024	Jaimes, Abel
H	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	522 Dooley Rd
		Fredicksburg, TX 78624
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/06/2024	Jaimes, Abel
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	522 Dooley Rd
		Fredicksburg, TX 78624
	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.
		Check if Austin, TX, officeholder living expense
		Consulting expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 10/17	Saenz, Raquel Y. (Ms.) 00088146
4	Date	5 Payee name
	11/06/2024	Khan, Shiza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	738 Owl Creek Dr
		Murphy, TX 75094
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.
		Check if Austin, TX, officeholder living expense  Consulting expense
		Consulting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nomo
	11/05/2024	Payee name
		Longhorn Steak
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.62	1005 W University Ave
		Georgetown, TX 78628
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food expense
		1 oou expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Device same
	12/29/2024	Payee name  Meta Platforms
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.00	One Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Advertising
		Auvertiality
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (	Is Expense		xpense /ages/	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)	
1	Total pages Schedule F1:								Filer ID	(Ethics Commission Filers)	
L	Sch: 7/11 Rpt: 11/17	Sae	nz, Raquel Y. (Ms.)						00088146		
4		5 Paye									
L	10/30/2024	Met	a Platforms								
6	Amount (\$)	7 Paye	ee address; City;	State;	Zip Co	de					
	\$57.13	One	Hacker Way								
		Mer	llo Park, CA 94025								
8	PURPOSE	(a) Cate	gory (See Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	Adv	ertising Expense				<b>-</b>		le of Texas. Comp officeholder living		
							Advertising	17,	officeriolider living	expense	
9	Complete ONLY if direct	<u> </u>	date/Officeholder name	0	ffice sou	ght			Office he	ld	_
	expenditure to benefit C/OH	1									
T	Date	Paye	ee name								_
	10/31/2024	1	a Platforms								
	Amount (\$)	Paye	ee address; City;	State;	Zip Co	de					_
	\$115.00	_	Hacker Way								
		Mer	llo Park, CA 94025								
	PURPOSE	(a) Cate	gory (See Categories listed at	t the top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		ertising Expense	•	,		느		le of Texas. Comp		
							ш	TX,	officeholder living	expense	
							Advertising				
_	Complete ONLY if direct	Candi	date/Officeholder name	<u> </u>	ffice sou	aht			Office he	ld .	_
	expenditure to benefit C/O		auto, omoonoidor name	O	00 500	9.11			0.1100 110		
H	Date	Dov."	ee name								_
	11/01/2024	,	a Platforms								
	Amount (\$)		ee address; City;	State:	Zip Co	de					_
	\$35.00		Hacker Way	State,	2.p C0	uc					
	455.00		The stay								
		Mer	ılo Park, CA 94025								
	PURPOSE OF		gory (See Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE	Adv	ertising Expense				ш		le of Texas. Comp officeholder living		
							Advertising	١٨,	omocnoider livilly	опропас	
							Ŭ				
	Complete ONLY if direct		date/Officeholder name	0	ffice sou	ght			Office he	ld	_
	expenditure to benefit C/OH	1									
											_

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 8/11 Rpt: 12/17	Saenz, Raquel Y. (Ms.)  00088146
4	Date	5 Payee name
	11/04/2024	Meta Platforms
6	Amount (\$) \$275.75	7 Payee address; City; State; Zip Code One Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EAFENDITORE	Check if Austin, TX, officeholder living expense  Advertising
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/05/2024	Meta Platforms
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.00	One Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2024	Meta Platforms
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.59	One Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Retroactive advertising fees
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### 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 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: 9/11 Rpt: 13/17	Saenz, Raquel Y. (Ms.) 00088146					
4	Date	5 Payee name					
	11/06/2024	Panjwani, Jasmine					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$350.00	4911 Anthony Springs Ln					
		Sugar Land, TX 77479					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Consulting expense					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
L	experientare to benefit Grot	<u>'</u>					
	Date	Payee name					
	11/08/2024	Smart Digital Group PTY LTD					
	Amount (\$)	Payee address; City; State; Zip Code					
\$13.84 99 MOUNT STREET							
		NORTH SYDNEY NSW 2060 Australia					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE		Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Website fees					
		Woodke look					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
⊨	Data	Para and a second					
	Date	Payee name					
	12/09/2024	Smart Digital Group PTY LTD					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$13.46	99 MOUNT STREET					
	NORTH SYDNEY NSW 2060 Australia						
	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.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Website fees					
L	Operation ON VIVI	Outside to 10 ff and a later and a second to the second to					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
ldash	,						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 10/11 Rpt: 14/17	Saenz, Raquel Y. (Ms.) 00088146								
4	Date	5 Payee name								
	11/09/2024	Turo								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$1,101.28	111 Sutter Street								
		Suite 1300								
		San Francisco, CA 94104								
8	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.								
		Expense Check if Austin, TX, officeholder living expense  Car rental								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Payee name								
	11/10/2024	Turo								
	Amount (\$)	Payee address; City; State; Zip Code								
\$198.45   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								
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense  Car rental								
		Carrental								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH									
	Date	Payee name								
	11/06/2024	Valverde, Sofia								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$250.00	3517 high countryside drive								
		Grapevine, TX 76051								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Consulting Expense								
	LAPENDITORE	Check if Austin, TX, officeholder living expense								
		Consulting expense								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/Ol									

#### 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

	Candidate/Officeholder/Political Committee I			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)		
				The monuction of	iluc explains i	1011 10 001	пріс	1	_		(=u)	
1	Total pages Schedule F1:	2								Filer ID	(Ethics Commission Filers)	
	Sch: 11/11 Rpt: 15/17		Saenz, Raqu	ıel Y. (Ms.)						00088146		
4	Date	5	5 Payee name									
	12/03/2024	Williamson County Democratic Party										
6	Amount (\$)	-				Zin Co	d0					
ľ		<b> </b> ′	7 Payee address; City; State; Zip Code									
	\$35.00											
			TX									
8	PURPOSE	(a)	Category (so	e Categories listed at t	o top of this scho	dulo)	(b)	Description				
	OF	<b> </b> `´		s/Donations Ma		dule)	` '		outsio	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			fficeholder/Poli		ttee		Check if Austin,	TX,	officeholder living	g expense	
								Contribution				
9	Complete ONLY if direct		Candidate/Offic	eholder name	<u> </u>	ffice soug	aht			Office h	eld	
	expenditure to benefit C/OI				· ·		-					
⊨	Data	_										
	Date		Payee name									
	12/06/2024		Williamson C	County Democr	atic Party							
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de					
	\$75.00											
			TX									
_	DUDDOCE	(-)					/l-\					
	PURPOSE OF	(a)		e Categories listed at the		dule)	(D)	Description	outoi	do of Toyon Com	anlata Cahadula T	
EXPENDITURE			Contributions/Donations Made By Candidate/Officeholder/Political Committee				Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
			Carididate/O	inceriolaei/i on	licai Comini	lice		Contribution			0 · 1 · · · ·	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholdor namo		ffice soug	aht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	enoluei name	U	ilice sou(	JIII			Office II	eiu	

#### 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 Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 16/17 Saenz, Raquel Y. (Ms.) 00088146 Date Payee name 11/05/2024 Costco 6 Amount (\$) Payee address; City; State; Zip Code 10401 Research Blvd \$871.00 Reimbursement from political contributions intended Х Austin, TX 78759 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Gas expenses at the state reimbursement rate of 0.67 for 1300 miles Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Saenz, Raquel Y. (Ms.) 00088146 5 Name of person from whom amount is received 8 Amount (\$) Date 11/25/2024 \$685.00 Leadership for Educational Equity 6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10004 Purpose for which amount is received Check if political contribution returned to filer Refund for service fees not used