

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087945	2 Total pages filed: 9								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable Selina		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/13/2025								
	NICKNAME LAST SUFFIX Saenz										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Selina										
	NICKNAME LAST SUFFIX Saenz										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 255-0027										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" 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)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" 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 COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025										
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special								
11 OFFICE	OFFICE HELD (if any) District Judge District 65 El Paso		12 OFFICE SOUGHT (if known)								

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Saenz, Selina (The Honorable)	14 Filer ID (Ethics Commission Filers) 00087945
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15 NOTICE FROM POLITICAL COMMITTEE(S) <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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 897.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT					
<p>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.</p> <div style="text-align: center;"><u>The Honorable Selina Saenz</u> Signature of Candidate or Officeholder</div>					
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <table style="width:100%"><tr><td style="width:33%">_____ Signature of officer administering oath</td><td style="width:33%">_____ Printed name of officer administering oath</td><td style="width:33%">_____ Title of officer administering oath</td></tr></table>			_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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18 FILER NAME Saenz, Selina (The Honorable)		19 Filer ID 00087945	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,000.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	2.91

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):
Sch: 1/1 Rpt: 4/9

2 FILER NAME
Saenz, Selina (The Honorable)

3 Filer ID (Ethics Commission Filers)
00087945

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/9	
2 FILER NAME Saenz, Selina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087945	
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code		10 Interest Rate
			11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

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: Sch: 1/2 Rpt: 6/9	2 FILER NAME Saenz, Selina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00087945
4 Date 06/30/2025	5 Payee name Saenz, Selina (Mrs.)	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 7101 N. Mesa #117 El Paso, TX 79912	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of 11/14/23 El Paso County Filing Fee Payment made from personal funds.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Saenz, Selina (Mrs.)	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 7101 N. Mesa #117 El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of 10/25/23 Buttons by Wesley payment made with personal funds.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Saenz, Selina (Mrs.)	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 7101 N. Mesa #117 El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of 12/3/2023 Eastside Democrats Sponsorship payment made with personal funds.
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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/9	2 FILER NAME Saenz, Selina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00087945
4 Date 06/30/2025	5 Payee name Saenz, Selina (Mrs.)	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 7101 N. Mesa #117 El Paso, TX 79912	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of 12/7/2023 Westside Democrats sponsorship payment made with personal funds.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Saenz, Selina (Mrs.)	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 7101 N. Mesa #117 El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of 1/24/24 Ivan Pierre Aguirre photography payment made with personal funds.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Saenz, Selina (Mrs.)	
Amount (\$) \$2,475.00	Payee address; City; State; Zip Code 7101 N. Mesa #117 El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of 2/20/24 Pro Radio LLC payment made with personal funds.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 8/9
2 FILER NAME Saenz, Selina (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087945
4 Date 01/31/2025	5 Name of person from whom amount is received GECU Federal Credit Union	8 Amount (\$) \$0.50
	6 Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79998	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer interest	
Date 02/28/2025	Name of person from whom amount is received GECU Federal Credit Union	Amount (\$) \$0.45
	Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79998	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest	
Date 03/31/2025	Name of person from whom amount is received GECU Federal Credit Union	Amount (\$) \$0.50
	Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79998	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest	
Date 04/30/2025	Name of person from whom amount is received GECU Federal Credit Union	Amount (\$) \$0.48
	Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79998	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest	
Date 05/31/2025	Name of person from whom amount is received GECU Federal Credit Union	Amount (\$) \$0.50
	Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79998	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE **K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 2/2 Rpt: 9/9

2 FILER NAME

Saenz, Selina (The Honorable)

3 Filer ID (Ethics Commission Filers)
00087945

4 Date

06/30/2025

5 Name of person from whom amount is received

GECU Federal Credit Union

8 Amount (\$)

\$0.48

6 Address of person from whom amount is received; City; State; Zip Code

El Paso, TX 79998

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer