

**COUNTY EXECUTIVE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM CEC
COVER SHEET PG 1**

The CEC Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00015946	2 Total pages filed: 9				
3 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/01/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged					
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6102 Ayers Ste. 107 Corpus Christi, TX 78415								
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST Rene								
NICKNAME LAST Saenz					SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); 6022 Sweet Gum Corpus Christi, TX 78415					APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS STREET OR PO BOX; 6022 Sweet Gum Corpus Christi, TX 78415					APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 288-5025								
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15			<input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Final Report <input type="checkbox"/> 10th day after campaign treasurer termination				
10 PERIOD COVERED Month Day Year 01/01/2026			Month Day Year THROUGH 01/22/2026					
11 ELECTION Month Day Year 03/03/2026			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other			

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**COUNTY EXECUTIVE COMMITTEE REPORT:
PURPOSE & TOTALS**

**FORM CEC
COVER SHEET PG 2**

12 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)		13 FILER ID (Ethics Commission Filer) 00015946
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 395.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,157.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,739.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Rene Saenz

Signature of Campaign Treasurer

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 oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
3 of 9

17 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)	18 Filer ID (Ethics Commission Filers) 00015946
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 395.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,157.20
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/9
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Francis Contributor address; City; State; Zip Code Corpus Christi , TX 78410	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa Contributor address; City; State; Zip Code Corpus Christi, TX 78407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/9
2 FILER NAME Nueces County Democratic Executive Committee (CEC)				3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos	7 Amount of Contribution (\$) \$12.00		
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412			
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Texas A&M University Corpus Christi		
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn	Amount of Contribution (\$) \$20.00		
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None		
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	Amount of Contribution (\$) \$150.00		
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404			
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi		
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00		
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412			
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMIUCC		
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyola Martin, Isabel	Amount of Contribution (\$) \$20.00		
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/9</p>
<p>2 FILER NAME Nueces County Democratic Executive Committee (CEC)</p>			<p>3 Filer ID (Ethics Commission Filers) 00015946</p>
<p>4 Date 01/10/2026</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oropeza, Armando (Mr.)</p>	<p>6 Contributor address; City; State; Zip Code Mineral Wells, TX 76067</p>	<p>7 Amount of Contribution (\$) \$25.00</p>
<p>8 Principal occupation / Job title (See Instructions) retired</p>		<p>9 Employer (See Instructions) none</p>	
<p>Date 01/14/2026</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen</p>	<p>Amount of Contribution (\$) \$3.00</p>	
<p>Contributor address; City; State; Zip Code Corpus Christi, TX 78413</p>			
<p>Principal occupation / Job title (See Instructions) Domestic Engineer</p>		<p>Employer (See Instructions) Self</p>	
<p>Date 01/03/2026</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez Sr., Carlos H.</p>	<p>Amount of Contribution (\$) \$10.00</p>	
<p>Contributor address; City; State; Zip Code Corpus Christi, TX 78415</p>			
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>	

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.			
2 FILER NAME Nueces County Democratic Executive Committee (CEC)			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (If applicable)
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/9
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
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 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/1 Rpt: 9/9	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/20/2026	5 Payee name Reliant Energy	
6 Amount (\$) \$57.20	7 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held