

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">N/A</div>	<b>2</b> Total pages filed: <div style="text-align: center; font-size: 1.2em;">6</div>																				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">MS / MRS / MR</td> <td style="font-size: 0.8em;">FIRST</td> <td style="font-size: 0.8em;">MI</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">Pedro</td> <td style="text-align: center;">I.</td> </tr> <tr> <td style="text-align: center;">Pete</td> <td style="text-align: center;">Saenz</td> <td style="text-align: center;">Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	Mr.	Pedro	I.	Pete	Saenz	Jr.	<b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center; font-size: 0.8em;">           RECEIVED            2019 JUN 16 AM 10:11            CITY SECRETARY'S OFFICE         </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Date Received</td> <td style="font-size: 0.8em;">Date Hand-delivered on Date Postmarked</td> </tr> <tr> <td style="font-size: 0.8em;">Receipt #</td> <td style="font-size: 0.8em;">Amount \$</td> </tr> <tr> <td style="font-size: 0.8em;">Date Processed</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">Date Imaged</td> <td></td> </tr> </table>		Date Received	Date Hand-delivered on Date Postmarked	Receipt #	Amount \$	Date Processed		Date Imaged	
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<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="font-size: 0.8em;">APT / SUITE #;</td> <td style="font-size: 0.8em;">CITY;</td> <td style="font-size: 0.8em;">STATE;</td> <td style="font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">1501 Chihuahua St. Laredo, Texas 78040</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1501 Chihuahua St. Laredo, Texas 78040														
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<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: 0.8em;">APT / SUITE #;</td> <td style="font-size: 0.8em;">CITY;</td> <td style="font-size: 0.8em;">STATE;</td> <td style="font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">1501 Chihuahua St. Laredo, Texas 78040</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1501 Chihuahua St. Laredo, Texas 78040														
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<b>9</b> REPORT TYPE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" 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 type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)												
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<b>10</b> PERIOD COVERED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> <td style="text-align: center; font-size: 0.8em;">THROUGH</td> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">01</td> <td style="text-align: center;">2017</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2017</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07	01	2017		12	31	2017						
Month	Day	Year	THROUGH	Month	Day	Year																	
07	01	2017		12	31	2017																	
<b>11</b> ELECTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           ELECTION DATE            Month    Day    Year            /    /    /         </td> <td style="width: 60%;">           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special         </td> </tr> </table>			ELECTION DATE Month    Day    Year /    /    /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special																		
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<b>12</b> OFFICE	OFFICE HELD (if any)  <div style="text-align: center; font-size: 1.1em;">Mayor of Laredo</div>	<b>13</b> OFFICE SOUGHT (if known)																					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Mr. Pedro I. (Pete) Saenz, Jr.

15 Filer ID (Ethics Commission Filers)  
N/A

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

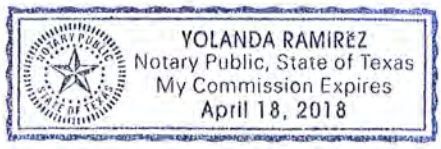
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 432.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,708.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 120,000.00

18 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.



*Pete Saenz Jr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pete Saenz, Jr., this the 16<sup>th</sup> day of January, 2018, to certify which, witness my hand and seal of office.

Yolanda Ramirez Signature of officer administering oath  
Yolanda Ramirez Printed name of officer administering oath  
Notary Public Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
Mr. Pedro I. (Pete) Saenz, Jr.		N/A
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 120,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 432.82
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4		<b>2</b> FILER NAME Pedro I. (Pete) Saenz, Jr.		<b>3</b> Filer ID (Ethics Commission Filers) N/A	
<b>4</b> Date 07/03/2017		<b>5</b> Payee name Facebook			
<b>6</b> Amount (\$) \$58.00		<b>7</b> Payee address; City; State; Zip Code N/A N/A			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/05/2017		Payee name Vonage			
Amount (\$) \$18.30		Payee address; City; State; Zip Code N/A N/A			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Telephone Expense		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/31/2017		Payee name Facebook			
Amount (\$) \$64.00		Payee address; City; State; Zip Code N/A N/A			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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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)

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<b>1</b> Total pages Schedule F1: -	<b>2</b> FILER NAME Pedro I. (Pete) Saenz, Jr.	<b>3</b> Filer ID (Ethics Commission Filers) N/A
<b>4</b> Date 08/07/2017	<b>5</b> Payee name Vonage	
<b>6</b> Amount (\$) \$18.30	<b>7</b> Payee address; City; State; Zip Code N/A N/A	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Telephone Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 09/01/2017	Payee name Facebook	
Amount (\$) \$62.00	Payee address; City; State; Zip Code N/A N/A	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 09/05/2017	Payee name Vonage	
Amount (\$) \$18.30	Payee address; City; State; Zip Code N/A N/A	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Telephone Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Travel Out Of District  
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<b>4</b> Date 10/02/2017	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code N/A N/A	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/04/2017	Payee name Vonage	
Amount (\$) \$18.48	Payee address; City; State; Zip Code N/A N/A	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Telephone Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/31/2017	Payee name Facebook	
Amount (\$) \$62.00	Payee address; City; State; Zip Code N/A N/A	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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Consulting Expense  
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Gift/Awards/Memorials Expense  
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Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

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<b>4</b> Date 11/06/2017		<b>5</b> Payee name Vonage			
<b>6</b> Amount (\$) \$18.48		<b>7</b> Payee address; City; State; Zip Code N/A N/A			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Telephone Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/01/2017		Payee name Facebook			
Amount (\$) \$16.48		Payee address; City; State; Zip Code N/A N/A			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/04/2017		Payee name Vonage			
Amount (\$) \$18.48		Payee address; City; State; Zip Code N/A N/A			
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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