# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI Mr. Pedro I.		OFFICE USE ONLY	
NAME	NICKNAME LAST (Pete) Saenz	SUFFIX Jr.	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1	CITY; STATE; ZIP CODE Laredo Texas 78040	ECEIVED	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 956 ) 712-4448	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mr. Pedro	МI 1.	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	(Pete) Saenz	III	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1501 Chihuahua St.	SUITE #; CITY; STATE; Laredo Texas	ZIP CODE 78040	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 744-0365	EXTENSION		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before e	lection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01 / 01 / 2016	Month THROUGH 06 /	Day Year 30 / 2016	
11 ELECTION	Month Day Year Primary Genera	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known		
	Mayor of Laredo			
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

Padra I (Pata) Saanz Ir			15 Filer ID (Ethics Commission Filers) N/A	
16 NOTICE FROM POLITICAL COMMITTEE(S)	DLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Bases		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI.	1 % 0.00 I	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00			
តែ «ស្ត្រាត្តកា ស្ត្រាក្រុកប្	4. TOTAL POLITICAL EXPENDITURES \$ 549.49			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD     \$ 23,900.91			
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				
YOLANDA RAMIREZ Notary Public, State of Texas My Commission Expires April 18, 2018  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Pete Saenz, JR, this the 15th				
day of, 20_1, 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				

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pedro I. (Pete) Saenz, Jr. 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) ALS Laredo Holdings LLC 01/27/2016 \$1000.00 6 Contributor address; City; State; Zip Code 602 E CALTON RD FL 2 LAREDO TX 78041-3656 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Git/Awards/Memorials Expense Legal Services LoanRepayment/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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 5	2 FILER NAME Pedro I. (Pete) Saenz, Jr.	3 Filer ID (Ethics Commission Filers)	
4 Date 01/04/2016	5 Payee name Facebook	1	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code N/A		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 01/05/2016	Payee name Vonage		
Amount (\$) \$18.15	Payee address; City; State; Zip Code N/A		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Telephone Expense	Description Checkiftraveloutside of Texas. Complete Schedule T. 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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held	
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## 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 B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp		Travel In District Travel Out Of Dis	
	ы фонилисее	<b>G</b>		_	•	egory 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)						
i lotal pages schedule F1.		e) Saenz, Jr.			N/A	iles Commission Filers)
4 Date	5 Payee na				1 1471	
02/01/2016	Facebool					
6 Amount (\$)	7 Payee ac	Idress; City; State; Z	Zip Code			
\$62.00						
<b>402</b> .00						
8	(a) Category	(See categories listed at the top of this s	schedule)	(b) Description	1	
PURPOSE	,		,		travel outside of Texas, co	omplete Schedule T
OF	Advertisi	ng Expense		Check if	Austin, TX, officeholder liv	ring expense
EXPENDITURE		g,poo				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sough	nt	Office held
	ı					
Date	Payee na	ame				
02/05/2016	Vonage					
Amount (\$)	Payee ac	Idress; City; State; Z	Zip Code			
\$18.40	N/A					
	Category	(See categories listed at the top of this s	schedule)	Description		
PURPOSE OF	Telep	hone Expense			travel outside of Texas, co	
EXPENDITURE				Check if	Austin, TX, officeholder livi	ing expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sough	nt	Office held
Date	Payee na	ame				
03/01/2016	Faceboo					
Amount (\$)	Payee ad	ddress; City; State; Z	Zip Code			
\$58.00	N//					
	Categon	/ (See categories listed at the top of this	schedule)	Description	1	
PURPOSE					travel outside of Texas, co	mplete Schedule T
OF EXPENDITURE	Advertis	ing Expense		Check if	Austin, TX, officeholder liv	ing expense
EXPENDITURE		· O · ··m·······				
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		late / Officeholder name	<u> </u>	Office soug	ht	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### 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 Git/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)

Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Pedro I. (Pete) Saenz, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2016	5 Payee name Vonage	<u>.                                      </u>	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$18.40	N/A		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense		ide of Tiexas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/01/2016	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
\$75.25	N/A	,	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Evnense		· ·
EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
04/05/2016	Vonage		
Amount (\$)	Payee address; City; State; Zip Code		
\$18.40	N/A		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Talanhana Furranca		id e of Texas. Complete Schedule T.
OF EXPENDITURE	Telephone Expense	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Canddate/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)

Candidate/Officeholder/Politica		Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	
1 Total pages Schedule F1:	2 FILER NAME Pedro I. (Pete) Saenz, Jr.	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/02/2016	5 Payee name Facebook	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$120.09	N/A	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	7.000.00.00	L Check if Auslin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
05/05/2016	Vonage	
Amount (\$)	Payee address; City; State; Zip Code	
\$18.40	N/A	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Telephone Expense	Checkiftravel outside of Texas. Complete Schedule T.
EXPENDITURE		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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
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Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Pedro I. (Pete) Saenz, Jr.	3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/01/2016	5 Payee name Facebook	·	
6 Amount (\$) \$64.00	7 Payee address; City; State; Zip Code N/A		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date 06/06/2016	Payee name Vonage		
Amount (\$)	Payee address; City; State; Zip Code		
\$18.40	N/A		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Telephone Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
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