

# 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: <span style="font-size: 1.5em;">15</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Pedro</i>	MI <i>I</i>
	NICKNAME <i>(Pete)</i>	LAST <i>Saenz</i>	SUFFIX <i>Jr.</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	<i>1501 Chihuahua St. Laredo, Texas 78040</i>	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(956)</i>	PHONE NUMBER <i>744-0365</i>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Pedro</i>	MI <i>I</i>
	NICKNAME <i>(Pete)</i>	LAST <i>Saenz</i>	SUFFIX <i>III</i>
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<i>1501 Chihuahua St. Laredo, Texas 78040</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(956)</i>	PHONE NUMBER <i>744-0365</i>	EXTENSION
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year <i>10 / 09 / 2018</i>		Month    Day    Year <i>10 / 27 / 2018</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month    Day    Year <i>11 / 06 / 2018</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Mayor of Laredo</i>		13 OFFICE SOUGHT (if known) <i>Mayor of Laredo</i>

**OFFICE USE ONLY**

Date Received *2018 OCT 29 PM 2:29*

RECEIVED  
CITY SECRETARY'S OFFICE

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Pedro I (Pete) Saenz Jr. 15 Filer ID (Ethics Commission Filers)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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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)	\$ 5,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 59,864.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,870.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 200,993.76

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  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pete Saenz, this the 29 day of October, 2018, to certify which, witness my hand and seal of office.

Tiffany L. Franklin  
Signature of officer administering oath

Tiffany L. Franklin  
Printed name of officer administering oath

Deputy City Secretary IV  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Pedro I (Pete) Saenz Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,500.<sup>00</sup></i>
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	\$ <i>50,000.<sup>00</sup></i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>59,864.50</i>
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	\$



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Pedro (Pek) I Scenz Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/17/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ermilio Enrique Richer III</b>	7 Amount of contribution (\$) <b>\$2,500.00</b>
6 Contributor address; City; State; Zip Code <b>834 Union Pacific Blvd. Laredo, Texas 78045</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/17/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Liza Richer</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>834 Union Pacific Blvd. Laredo, Texas 78045</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/17/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cancel Summers</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>120 Canterbury Ln Laredo, Texas 78041</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mel Quesada</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 2647 Laredo, Texas 78044</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

**Peetra J (Pete) Sienz Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/16/18**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Anthony F. Dobski**

7 Amount of contribution (\$)

**\$1,000.00**

6 Contributor address; City; State; Zip Code

**3008 O. Henry Dr. Laredo, Texas 78041**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**10/17/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Michael A. Morasco III**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code

**236 Lake Powell Dr. Laredo, Texas 78041**

Principal occupation / Job title (See Instructions)

Employer (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 (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Pedro I. (Pete) Saenz Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>50,000.00</b>
5 Date of loan <b>10/24/18</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Pedro I. Saenz Jr.</b>	9 Loan Amount (\$) <b>20,000.00</b>
6 Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>2619 Monterey St. Laredo, Texas 78046</b>	10 Interest rate <b>3%</b>
		11 Maturity date <b>Upon Demand</b>
12 Principal occupation / Job title (See Instructions) <b>Mayor of Laredo</b>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>10/19/18</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Pedro I. Saenz Jr.</b>	Loan Amount (\$) <b>30,000.00</b>
Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code <b>2619 Monterey St. Laredo, Texas 78046</b>	Interest rate <b>3%</b>
		Maturity date <b>Upon Demand</b>
Principal occupation / Job title (See Instructions) <b>Mayor of Laredo</b>		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>9</b>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/09/2018</b>	<b>5</b> Payee name <b>Juan F. Pineck</b>	
<b>6</b> Amount (\$) <b>2,000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>502 Campanario Ln. Laredo, Texas 78043</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	<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	
<b>Date</b> <b>10/09/2018</b>	<b>Payee name</b> <b>Juan F. Pineck</b>	
<b>Amount (\$)</b> <b>154.99</b>	<b>Payee address; City; State; Zip Code</b> <b>502 Campanario Ln. Laredo, Texas 78043</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Materials Expense</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	
<b>Date</b> <b>10/09/2018</b>	<b>Payee name</b> <b>Juan F. Pineck</b>	
<b>Amount (\$)</b> <b>297.56</b>	<b>Payee address; City; State; Zip Code</b> <b>502 Campanario Ln. Laredo, Texas 78043</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Materials Expense</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>9</i>	<b>2</b> FILER NAME <i>Pedro J. (Pete) Scazz Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/09/2018</i>	<b>5</b> Payee name <i>Fit 2 Print, LLC</i>	
<b>6</b> Amount (\$) <i>400.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1812 Houston Street Laredo, Texas 78040</i>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	<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 <i>10/09/2018</i>	Payee name <i>Quarter Mile</i>	
Amount (\$) <i>344.26</i>	Payee address; City; State; Zip Code <i>6420 Polaris Dr. Ste 4. Laredo, Texas 78041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	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 <i>10/09/2018</i>	Payee name <i>Quarter Mile</i>	
Amount (\$) <i>1,256.58</i>	Payee address; City; State; Zip Code <i>6420 Polaris Dr. Ste 4. Laredo, Texas 78041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	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 MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 9	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 10/11/2018	<b>5</b> Payee name Juan F. Pineda				
<b>6</b> Amount (\$) 592.86	<b>7</b> Payee address; City; State; Zip Code 502 Campanario Ln. Laredo, Texas, 78043				
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Materials 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/11/2018	Payee name Juan F. Pineda				
Amount (\$) 50.00	Payee address; City; State; Zip Code 502 Campanario Ln. Laredo, Texas 78043				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/11/2018	Payee name GMA Stitches				
Amount (\$) 60.00	Payee address; City; State; Zip Code 5401 McPherson Ave. Laredo, Texas 78041				
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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>9</i>	<b>2</b> FILER NAME <i>Pedro I. (Pete) Sorenz Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/12/2018</i>	<b>5</b> Payee name <i>LA Paletova</i>	
<b>6</b> Amount (\$) <i>166.70</i>	<b>7</b> Payee address; City; State; Zip Code <i>315 Calle Del Norte Rd. Laredo, Texas 78041</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	<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 <i>10/18/2018</i>	Payee name <i>Juan F. Pineda</i>	
Amount (\$) <i>247.56</i>	Payee address; City; State; Zip Code <i>502 Companario Ln Laredo, Texas 78043</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Materials Expense</i>	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 <i>10/18/2018</i>	Payee name <i>Juan F. Pineda</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>502 Companario Ln. Laredo, Texas 78043</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	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 MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>a</b>	<b>2</b> FILER NAME <b>PEDRO I. SAENZ JR.</b> <sup>(Pete)</sup>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/18/18</b>	<b>5</b> Payee name <b>JUAN PINEDA</b>	
<b>6</b> Amount (\$) <b>\$154.02</b>	<b>7</b> Payee address; City; State; Zip Code <b>502 CAMPANARIO LN. LAREDO, TX. 78043</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>MATERIALS EXPENSE (LOWE'S)</b>	<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 <b>10/18/18</b>	Payee name <b>PRO VALUE MEDIA</b>	
Amount (\$) <b>\$6,432.49</b>	Payee address; City; State; Zip Code <b>1202 E. DEL MAR Blvd. STE.104 LAREDO, TX. 78041</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>10/16/18</b>	Payee name <b>PMDG MARKETING COMMUNICATIONS</b>	
Amount (\$) <b>\$23,325.00</b>	Payee address; City; State; Zip Code <b>901 VICTORIA, SUITE C LAREDO, TX. 78040</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE CONSULTING</b>	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 MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>9</b>	<b>2</b> FILER NAME <b>PEDRO I. (PETE) SAENZ JR.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/22/18</b>	<b>5</b> Payee name <b>JUAN PIÑEDA</b>	
<b>6</b> Amount (\$) <b>\$ 449.74</b>	<b>7</b> Payee address; City; State; Zip Code <b>502 CAMPANARIO LN. LAREDO, TX 78043</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>MATERIALS EXPENSE</b>	<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
<b>Date</b> <b>10/23/18</b>	<b>Payee name</b> <b>PMDG MARKETING COMMUNICATIONS</b>	
<b>Amount (\$)</b> <b>\$3,460</b>	<b>Payee address; City; State; Zip Code</b> <b>901 VICTORIA ST. LAREDO, TX 78040</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>Description</b> <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
<b>Date</b> <b>10/26/18</b>	<b>Payee name</b> <b>Eddie Gallegos</b>	
<b>Amount (\$)</b> <b>\$ 120.00</b>	<b>Payee address; City; State; Zip Code</b> <b>1414 MONTERREY LAREDO, TX 78040</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Poll watching</b>	<b>Description</b> <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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>9</u>	<b>2</b> FILER NAME <u>PEDRO I (PETE) SAENZ JR.</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>10/26/18</u>	<b>5</b> Payee name <u>RENE JUAREZ</u>	
<b>6</b> Amount (\$) <u>\$360.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>4313 FREEDOM LN.</u> <u>LAREDO, TEXAS 78046</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Poll watching</u>	<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 <u>10/26/18</u>	Payee name <u>ROSARIO JUAREZ</u>	
Amount (\$) <u>\$216.00</u>	Payee address; City; State; Zip Code <u>4313 FREEDOM LN.</u> <u>LAREDO, TX 78046</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Poll watching</u>	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 <u>10/26/18</u>	Payee name <u>BEATRIZ MERINO</u>	
Amount (\$) <u>\$300.00</u>	Payee address; City; State; Zip Code <u>622 BOUGAINVILLEA</u> <u>LAREDO, TX 78046</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Poll watching</u>	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

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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <u>9</u>	<b>2</b> FILER NAME <u>PEDRO I. (PETE) SAENZ JR.</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>10/26/18</u>	<b>5</b> Payee name <u>JENNIFER CERDA</u>	
<b>6</b> Amount (\$) <u>\$ 300.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>601 SAN JOSE LAREDO, TX 78040</u>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Poll Watching</u>	<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 <u>10/26/18</u>	Payee name <u>Alicia Flores</u>
Amount (\$) <u>\$ 360.00</u>	Payee address; City; State; Zip Code <u>618 BOUGAINVILLEA LAREDO, TX 78046</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Poll Watching</u>
	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 <u>10/26/18</u>	Payee name <u>DANIEL FLORES</u>
Amount (\$) <u>\$ 360.00</u>	Payee address; City; State; Zip Code <u>618 BOUGAINVILLEA LAREDO, TX 78046</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Poll Watching</u>
	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: _____	

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# POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>9</i>	<b>2</b> FILER NAME <i>Pedro J (Pete) Scauz Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/26/18</i>	<b>5</b> Payee name <i>Alberto Alba</i>	
<b>6</b> Amount (\$) <i>1080.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>Laredo Texas 78046</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	<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	
<b>Date</b> <i>10/22/18</i>	<b>Payee name</b> <i>PMDG</i>	
<b>Amount (\$)</b> <i>17,276.74</i>	<b>Payee address; City; State; Zip Code</b> <i>901 Victoria St. Suite C Laredo, Texas 78040</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	

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