

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Gilberto</i>	OFFICE USE ONLY Date Received <i>2008 APR 22 AM 8:04</i> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME LAST SUFFIX <i>Saenz</i>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>5643 N. FM. 493 Donna, TX 78537</i>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 464-2318</i>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Gilberto Saenz</i>				
	NICKNAME LAST SUFFIX <i>III</i>				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5643 N. FM 493 Donna, TX 78537</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 461-5393</i>				
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 08 3 / 31 / 08</i>				
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 4 / 08</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any) <i>J.P. Pet 1 Pct Hidalgo Co</i>		13 OFFICE SOUGHT (if known) <i>J.P. Pet 1 Pct Hidalgo Co.</i>		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Gilberto Saenz 16 ACCOUNT # (Ethics Commission Filers)

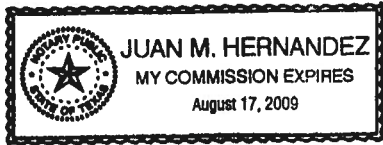
17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,550 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,825 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,061 ⁴²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

Gilberto Saenz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUAN M. HERNANDEZ, this the 9th day of APRIL 2008, to certify which, witness my hand and seal of office.

Juan M. Hernandez Signature of officer administering oath
JUAN M. HERNANDEZ Printed name of officer administering oath
Constable Clerk Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1-2 1-3</i>	
2 FILER NAME <i>Gilberto Suarez</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-9</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Salinas, Allan; Schmitt LLP</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2300 W Pike #201 Weslaco, TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>CPA's</i>		10 Employer (See Instructions)	
Date <i>2/9</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Guerra Funeral Homes</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2602 N Texas Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Funeral Home Owner</i>		Employer (See Instructions)	
Date <i>2/9</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gabe's Auto Shop</i>	Amount of contribution (\$) <i>125⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>319 W Hwy 83 San Juan, TX 78589</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Garage Owner</i>		Employer (See Instructions)	
Date <i>2/9</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Senardo Garza</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>222 W. Sugarcane Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Sold. BBQ Tickets</i>		Employer (See Instructions)	
Date <i>2/9</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mid Valley - T.V.</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>310 N. Texas Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner - Sold BBQ Tickets</i>		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2-2 2-3**

2 FILER NAME **Gilberto Saenz**

3 ACCOUNT # (Ethics Commission filers)

4 Date **2/9**

5 Full name of contributor out-of-state PAC (ID#: _____)
Raul Barza

6 Contributor address; City; State; Zip Code
**11813 Olive
Mercedes, TX 78570**

7 Amount of contribution (\$) **100⁰⁰**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
County Employee - BBQ

10 Employer (See Instructions)

Date **2/9**

Full name of contributor out-of-state PAC (ID#: _____)
Rocio Tamas

Contributor address; City; State; Zip Code
**1618 Tierra Santa
Weslaco, TX 78596**

Amount of contribution (\$) **2.50⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Donation - Tamas

Employer (See Instructions)

Date **2/9**

Full name of contributor out-of-state PAC (ID#: _____)
Abraham Tamas

Contributor address; City; State; Zip Code
**P.O. 658
Weslaco, TX**

Amount of contribution (\$) **250⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner - Tamas

Employer (See Instructions)

Date **2/19**

Full name of contributor out-of-state PAC (ID#: _____)
Centerline Construction

Contributor address; City; State; Zip Code
**502 W 34th
Weslaco, TX 78596**

Amount of contribution (\$) **500⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/19**

Full name of contributor out-of-state PAC (ID#: _____)
L. G. Investments LLP

Contributor address; City; State; Zip Code
**2100 W. Exp. 83
Mercedes, TX 78570**

Amount of contribution (\$) **1,000⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2-2 3-3

2 FILER NAME

C. Gilberto Suenz

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/27

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

Jaime Ortiz

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**216 S. Frances
Mercedes**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

City Employee

10 Employer (See Instructions)

Date

3/03

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

Antonina Medellin

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**PR Box 41A
Weslaco TX 78596**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

3/3

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

Juan Villescas

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**7010 N. FM 493
Donna, TX 78537**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Texas Highway Maintenance

Employer (See Instructions)

Date

3/4

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

SAENZ Utilities

Amount of contribution (\$)

1400⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**22290 N. FM 88
Edcouch, TX 78538**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PART Owner -

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1-5

2 FILER NAME

Gilberto Saenz

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/04

5 Payee name

Sam's

7 Amount (\$)

507³²

6 Payee address; City; State; Zip Code

Mc Allen

8 Purpose of payment (See instructions regarding type of information required.)

Supplies for BBQ Fund Raiser
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

2/05

Payee name

H.E.B

Amount (\$)

86⁸⁹

Payee address; City; State; Zip Code

310 N Westgate Dr
Weslaco 78596

Purpose of payment (See instructions regarding type of information required.)

Supplies for BBQ Fund Raiser
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

2/08

Payee name

Office Max

Amount (\$)

87^{.66}

Payee address; City; State; Zip Code

400 S. Exp 837
Mc Allen, TX 78003

Purpose of payment (See instructions regarding type of information required.)

Recs for Hall
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

2/08

Payee name

Duerra's Meat Market

Amount (\$)

350⁰⁰

Payee address; City; State; Zip Code

400 N. Westgate
Weslaco, TX 78596

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2-5

2 FILER NAME

Gilberto Suenz

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/09

5 Payee name

Acemzo Reyes

7 Amount (\$)

1,400⁰⁰

6 Payee address; City; State; Zip Code

mine 14 N. Fm 88
Weslaco, TX 78596

8 Purpose of payment (See instructions regarding type of information required.)

BBQ Buffet - Fund Raiser

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

2/12

Payee name

Beto's Printing

Amount (\$)

651⁵⁵

Payee address; City; State; Zip Code

110 W. 4th
San Juan, TX 78589

Purpose of payment (See instructions regarding type of information required.)

Signs - Stickers

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

2/12

Payee name

Weslaco FFA Sponsor

Amount (\$)

100⁰⁰

Payee address; City; State; Zip Code

Weslaco High School
Weslaco, TX 78596

Purpose of payment (See instructions regarding type of information required.)

Animal Sponsor

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

2/15

Payee name

Weslaco Reagent

Amount (\$)

200⁰⁰

Payee address; City; State; Zip Code

Miss Weslaco Sponsor
Weslaco, TX 78596

Purpose of payment (See instructions regarding type of information required.)

Jennifer L. Arias

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3-5

2 FILER NAME

Gilberto Suenz

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/18

5 Payee name

Mercedes Enterprise

7 Amount (\$)

225⁰⁰

6 Payee address; City; State; Zip Code

120 S. Texas
Mercedes, TX 78570

8 Purpose of payment (See instructions regarding type of information required.)

Newspaper Ad.

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

2/18

Payee name

Mid Valley Journalist

Amount (\$)

526⁵⁰

Payee address; City; State; Zip Code

401 S. Iowa
Weslaco, TX 78596

Purpose of payment (See instructions regarding type of information required.)

Newspaper Ad.

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/04

Payee name

Misc Expenses for Victory

Amount (\$)

300⁰⁰

Payee address; City; State; Zip Code

Party & Bull Desc.

Purpose of payment (See instructions regarding type of information required.)

Victory Party Celebrations

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

3/12

Payee name

Mid Valley Journalist

Amount (\$)

526⁵⁰

Payee address; City; State; Zip Code

401 S. Iowa
Weslaco, TX 78596

Purpose of payment (See instructions regarding type of information required.)

Newspaper Ad.

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
4-5

2 FILER NAME *Gilberto Suenz*

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/19

5 Payee name
Early Vote Expenses

7 Amount (\$)
1100⁰⁰

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)
gas, food,
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date
3/20

Payee name
Weslavo Little League
Payee address; City; State; Zip Code
*700 E. 6th
Weslavo, TX 78586*

Amount (\$)
250⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Spawns.
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date
3/20

Payee name
Arma Rodriguez
Payee address; City; State; Zip Code
*200 W. Mexico
Weslavo, TX 78591*

Amount (\$)
150⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Cash for Adult Centers
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date
3/21

Payee name
Donne Little League
Payee address; City; State; Zip Code
*200 S. 23rd
Weslavo, TX Donne, TX 78537*

Amount (\$)
300⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Team Spawns
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

5-5

2 FILER NAME

Gilberto Sauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22

5 Payee name

Donna Long League

7 Amount (\$)

300.00

6 Payee address; City; State; Zip Code

*South Ave # 1st St
Donna, TX 78537*

8 Purpose of payment (See instructions regarding type of information required.)

Team Sponsor

(If travel outside of Texas, complete Schedule T)

9 .. Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED