

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: <div style="font-size: 2em; text-align: center;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Gilberto</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">SAENZ</div>	OFFICE USE ONLY Date Received: <i>2008 FEB -4 AM 8:54</i> Date Hand-delivered (or Date Postmarked): Receipt # Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">5643 N. FM493 DONNA, TEXAS 78537</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(956) 975-8979 464-2319</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">GILBERTO II</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">SAENZ</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">5643 N. FM493 DONNA, TEXAS 78537</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(956) 461-5397 376-6544</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;">1 / 01 / 08 THROUGH 1 / 31 / -08</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">3 / 04 / 09</div>	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>Pct 1 PC 1 Hidalgo</i> OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">Justice of the Peace J.P. Pct 1 PC 1 Hidalgo</div>		
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	\$ 50 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1450 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 16.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 1615.97
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



JUAN M. HERNANDEZ
MY COMMISSION EXPIRES
August 17, 2009

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 Gilberto Saenz, this the 31 day of JAN 2008, to certify which, witness my hand and seal of office.

Juan M. Hernandez Juan M. Hernandez
Signature of officer administering oath Printed name of officer administering oath 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 - of 2</i>	
2 FILER NAME <i>GILBERTO SAENZ</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/08/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>A. Mingo Ball Bonds</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O.B. 882 Edinburg, TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/26/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>EVARISTO Guerrero</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5139 N. Victoria Rd DONNA, TX 78537</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/26/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lawrence : William Revelle</i>	Amount of contribution (\$) <i>25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5367 N. Victoria Rd DONNA, TX 78537</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/26/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William Revelle</i>	Amount of contribution (\$) <i>25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4915 N. Victoria Rd DONNA, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/30/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Teresa Tiserina</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1004 N. INTERNATIONAL Weslaco TX 78596</i>		(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 of 2

2 FILER NAME
Gilberto Saenz

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/31/08

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

6 Contributor address; City; State; Zip Code
Fm 88 - mi 12 1/2 N
Weslaco, TX 78596

7 Amount of contribution (\$)
\$ 400⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1/31/08

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

Contributor address; City; State; Zip Code
5214 JACKSON ST
HOUSTON, TX 77004

Amount of contribution (\$)
\$ 300⁰⁵

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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)

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)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

Gilberto Suenz

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/15/08

5 Payee name

Beto's PRINTING

7 Amount (\$)

703.62

6 Payee address; City; State; Zip Code

110 W. 4th
SAN JUAN, TX 78589

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

Signs & Magnets

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held
Gilberto Suenz J.P. JP
Pt 1 Pt 1 Pt 1 - Pt 1

Date

1/17/08

Payee name

Mc Coy's

Amount (\$)

16.95

Payee address; City; State; Zip Code

910 Exp. 83
WESLACO, TX 78596

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

STAKES for Signs

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held
Gilberto Suenz JP JP
Pt 1 Pt 1 Pt 1 Pt 1

Date

1/21/08

Payee name

TRINITY Publication

Amount (\$)

510⁰⁰

Payee address; City; State; Zip Code

PO Box 140285
Austin, TX 78714-0285

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

Advertising

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held
Gilberto Suenz J.P. JP
Pt 1 Pt 1 Pt 1 Pt 1

Date

1/22/08

Payee name

Miss Mercedes Sponsor

Amount (\$)

85⁰⁰

Payee address; City; State; Zip Code

400 S. OHIO
Mercedes, TX 78570

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

Advertising

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held
Gilberto Suenz JP JP
Pt 1 Pt 1 Pt 1 Pt 1

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 of 2

2 FILER NAME

Gilberto Saenz

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/25/08

5 Payee name

City of Weslaco

6 Payee address; City; State; Zip Code

260 S. KANSAS
Weslaco, TX 78596

7 Amount (\$)

300.00

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

Home Rental

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Gilberto Saenz JP Pt 1 Pt 1
JP Pt 1 Pt 1

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