

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# 5772

# FORM JC/OH COVER SHEET PG 1

The JC/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 **Mr** FIRST **Leonard** MI **R**  
NICKNAME LAST SUFFIX  
**Saenz**

### OFFICE USE ONLY

Date Received  
Date Hand-delivered or Date Postmarked  
JUL 14 AM 11:09  
COUNTY CLERK  
TRAVIS COUNTY TEX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
**P.O. Box 43334**  
**Austin, Tex 78704**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 698-3818**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mr** FIRST **Bary** MI  
NICKNAME LAST SUFFIX  
**Rodriguez**

Receipt # Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
**P.O. Box 43334 Austin Tex 78704**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 698-3818**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
**03/02/04** **07/15/04**

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
**03/09/04**  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Statutory Court at Law #5**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* 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

additional pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

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. \*\*

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

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,750.85

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 13,143.46

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 757.79

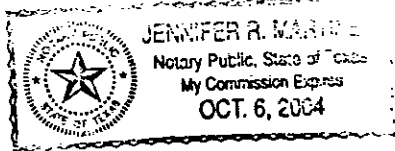
OUTSTANDING LOAN TOTALS

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.



*Leonard Ray Saenz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leonard Ray Saenz, this the 14 day of July, 2004, to certify which, witness my hand and seal of office.

*Jennifer R. Martinez*      Jennifer R. Martinez      Office Specialist  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

|  |  |  |  |
|--|--|--|--|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.                               |  | 1 Total pages Schedule A(J):<br><b>10+10</b> |  |
| 2 FILER NAME<br><b>Leonard R. SAENZ</b>  |  | 3 ACCOUNT # (Ethics Commission files)        |  |
| 4 Date<br><b>3-4-04</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Henry Christopher JR.</b> | 7 Amount of contribution (\$) <b>100.00</b>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>713 Contadora<br/>SAN ANTONIO, TX 78258</b> |  |  |  |
| 9 Contributor's principal occupation<br><b>Retired</b>   |  | 10 Contributor's job title<br><b>Retired</b> |  |
| 11 Contributor's employer/law firm   |  | 12 Law firm of contributor's spouse (if any) |  |
| 13 If contributor is a child, law firm of parent(s) (if any)                                   |  |  |  |

|   |  |   |  |
|---|--|---|--|
| Date<br><b>3-4-04</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Eddie Aldrete</b> | Amount of contribution (\$) <b>100.00</b>         | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>1032 W. Woodlawn<br/>SAN ANTONIO, TX 78201</b> |  |   |  |
| Contributor's principal occupation<br><b>Self-Employed</b>                                      |  | Contributor's job title<br><b>President Owner</b> |  |
| Contributor's employer/law firm<br><b>Self-employed</b>   |  | Law firm of contributor's spouse (if any)         |  |
| If contributor is a child, law firm of parent(s) (if any)                                       |  |   |  |

|   |   |   |  |
|---|---|---|--|
| Date<br><b>3-4-04</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>SUZANNE M. Spencer</b> | Amount of contribution (\$) <b>250.00</b>       | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>608 W. 12th St. Suite B<br/>Austin, TX 78701</b> |   |   |  |
| Contributor's principal occupation<br><b>Attorney</b>   |   | Contributor's job title<br><b>Self-Employed</b> |  |
| Contributor's employer/law firm<br><b>Self-employed</b>   |   | Law firm of contributor's spouse (if any)       |  |
| If contributor is a child, law firm of parent(s) (if any)   |   |   |  |

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):  
2 of 10

2 FILER NAME

LEONARD R. SAENZ

3 ACCOUNT # (Ethics Commission file)

4 Date

3-3-04

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

WALTER K. EDGAR

6 Contributor address; City; State; Zip Code

P.O. Box 472  
Waterville, WA 98868

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

ASST. Prosecuting Atty

11 Contributor's employer/law firm

Douglas County Prosecuting Attorney

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

3-3-04

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

Philip Sanders

Contributor address; City; State; Zip Code

2900 Cedarview DR.  
Austin, TX. 78704

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor's principal occupation

Attorney

Contributor's job title

Self-employed

Contributor's employer/law firm

-Self-employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

3-3-04

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

Eric Martens

Contributor address; City; State; Zip Code

1100 IRVINE BLVD. Ste 52  
TUSTIN, CA. 92780

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor's principal occupation

Attorney

Contributor's job title

Self-employed

Contributor's employer/law firm

Self-employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)

## SCHEDULE A (J)

|  |  |  |  |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.  |  | 1 Total pages Schedule A(J):<br><b>36+10</b>   |  |
| 2 FILER NAME<br><b>Leonard R. Saenz</b>  |  | 3 ACCOUNT # (Ethics Commission files)          |  |
| 4 Date<br><del>3-04-08</del><br><b>3-04-04</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Stephen Owen</b> | 7 Amount of contribution (\$)<br><b>50.00</b>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code<br><b>10781 S.E. Sunnyside Road, Suite 140<br/>Clackamas, OR. 97015</b> |  |  |  |
| 9 Contributor's principal occupation<br><b>Attorney</b>  |  | 10 Contributor's job title<br><b>Associate</b> |  |
| 11 Contributor's employer/law firm<br><b>Fitzwater + Meyer, LLP</b>  |  | 12 Law firm of contributor's spouse (if any)   |  |
| 13 If contributor is a child, law firm of parent(s) (if any)   |  |  |  |

|  |   |   |  |
|--|---|---|--|
| Date<br><b>3-4-04</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Carlo Maceras</b> | Amount of contribution (\$)<br><b>50.00</b>     | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code<br><b>6305 Clairmont Drive<br/>Austin Te. 78749</b> |   |   |  |
| Contributor's principal occupation<br><b>Self-employed</b>                                     |   | Contributor's job title<br><b>Self-employed</b> |  |
| Contributor's employer/law firm<br><b>Self-employed</b>  |   | Law firm of contributor's spouse (if any)       |  |
| If contributor is a child, law firm of parent(s) (if any)                                      |   |   |  |

|   |  |  |  |
|---|--|--|--|
| Date<br><b>3-5-04</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Jack Bauer</b> | Amount of contribution (\$)<br><del>50.00</del><br><b>300.00</b> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code<br><b>1505 Wilcoenis Lane<br/>Austin Te. 78756</b> |  |  |  |
| Contributor's principal occupation<br><b>Self-employed</b>                                    |  | Contributor's job title<br><b>Attorney</b>                       |  |
| Contributor's employer/law firm<br><b>Self-employed</b>                                       |  | Law firm of contributor's spouse (if any)                        |  |
| If contributor is a child, law firm of parent(s) (if any)                                     |  |  |  |

**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 (JUDICIAL)**

**SCHEDULE A (J)**

|  |   |  |  |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.  |   | 1 Total pages Schedule A(J):<br><b>4 of 10</b>     |  |
| 2 FILER NAME<br><b>Leonard R. SAENZ</b>  |   | 3 ACCOUNT # (Ethics Commission file)               |  |
| 4 Date<br><b>3-8-04</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>MARIANO CON DE FRANKENBERG</b> | 7 Amount of contribution (\$)<br><b>100.00</b>     | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>1403 Red Bud Trail Apt 12<br/>Austin, TX. 78746</b> |   |  |  |
| 9 Contributor's principal occupation<br><b>Attorney</b>  |   | 10 Contributor's job title<br><b>Self-employed</b> |  |
| 11 Contributor's employer/law firm<br><b>Self-employed</b>   |   | 12 Law firm of contributor's spouse (if any)       |  |
| 13 If contributor is a child, law firm of parent(s) (if any)   |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Date<br><b>3-8-04</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>JONATHAN M. KRAUSS</b> | Amount of contribution (\$)<br><b>50.00</b>            | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 773873<br/>Steamboat, Co. 80477</b> |   |  |  |
| Contributor's principal occupation<br><b>Attorney</b>   |   | Contributor's job title<br><b>Asst County Attorney</b> |  |
| Contributor's employer/law firm<br><b>Rock County Attorney's Office</b>                       |   | Law firm of contributor's spouse (if any)              |  |
| If contributor is a child, law firm of parent(s) (if any)                                     |   |  |  |

|   |  |   |  |
|---|--|---|--|
| Date<br><b>3-8-04</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Robert. Ice. NHAUER - RAMIREZ</b> | Amount of contribution (\$)<br><b>50.00</b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>1103 Nueces St.<br/>Austin, TX 78701</b> |  |   |  |
| Contributor's principal occupation<br><b>Attorney</b>                                     |  | Contributor's job title<br><b>Member</b>    |  |
| Contributor's employer/law firm<br><b>Self-employed</b>                                   |  | Law firm of contributor's spouse (if any)   |  |
| If contributor is a child, law firm of parent(s) (if any)                                 |  |   |  |

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):  
5 of 10

2 FILER NAME LEONARD R. SAENZ 3 ACCOUNT # (Ethics Commission Use)

|                         |   |  |  |
|-------------------------|---|--|--|
| 4 Date<br><u>3-8-04</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>TOMAS GARZA</u>      | 7 Amount of contribution (\$)<br><u>125.00</u> | 8 In-kind contribution description (if applicable) |
|                         | 6 Contributor address; City; State; Zip Code<br><u>812 SAN ANTONIO, Ste G-15<br/>AUSTIN, TX 78701</u> |  |  |

9 Contributor's principal occupation Attorney 10 Contributor's job title  
Member

11 Contributor's employer/law firm TOMAS GARZA LAW OFFICE 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

|                       |   |  |  |
|-----------------------|---|--|--|
| Date<br><u>3-8-04</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>MARK SAMPSON</u> | Amount of contribution (\$)<br><u>250.00</u> | In-kind contribution description (if applicable) |
|                       | Contributor address; City; State; Zip Code<br><u>605 W. OLTORF<br/>AUSTIN, TX. 78704</u>        |  |  |

Contributor's principal occupation Attorney Contributor's job title  
Member

Contributor's employer/law firm The Law Office of Mark Sampson P.C. Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

|                       |   |  |  |
|-----------------------|---|--|--|
| Date<br><u>3-8-04</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>LISA MAHONEY</u>           | Amount of contribution (\$)<br><u>100.00</u> | In-kind contribution description (if applicable) |
|                       | Contributor address; City; State; Zip Code<br><u>12611 CHATEAU FOREST LANE<br/>SAN ANTONIO, TX. 78230</u> |  |  |

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A(J):  
6 of 10

2 FILER NAME *LEONARD R. Saenz* 3 ACCOUNT # (Ethics Commission filers)

|  |   |   |  |
|--|---|---|--|
| 4 Date<br><i>3-08-04</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Elizabeth Colvin</i> | 7 Amount of contribution (\$)<br><i>\$50.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>1004 West Ave.<br/>Austin Tx. 78701</i> |   |   |  |

9 Contributor's principal occupation *Attorney* 10 Contributor's job title  
*member*

11 Contributor's employer/law firm *Wiseman, Duntz, Drent Colvin* 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

|  |   |   |  |
|--|---|---|--|
| Date<br><i>3-08-04</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Cheryl Layford</i> | Amount of contribution (\$)<br><i>50.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><i>6505 Fraesia Court<br/>Austin Tx. 78739</i> |   |   |  |

Contributor's principal occupation *not employed* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

|  |   |   |  |
|--|---|---|--|
| Date<br><i>3-04-04</i>                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Marta Martinez</i> | Amount of contribution (\$)<br><i>50.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code |   |   |  |

Contributor's principal occupation *SBC* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):  
7 of 10

2 FILER NAME  
LEONARD R. SAENZ

3 ACCOUNT # (Ethics Commission files)

4 Date: 3-8-04  
5 Full name of contributor:  out-of-state PAC (ID#):  
STEVE DUVALL  
6 Contributor address; City; State; Zip Code  
11200 SIERRA BLANCA  
AUSTIN, TX. 78726

7 Amount of contribution (\$): 100.00  
8 In-kind contribution description (if applicable)

9 Contributor's principal occupation  
10 Contributor's job title

11 Contributor's employer/law firm  
12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date: 3-8-04  
Full name of contributor:  out-of-state PAC (ID#):  
PAMELA J. SIGMAN  
Contributor address; City; State; Zip Code  
1205 W. 43rd St.  
AUSTIN, TX 78756

Amount of contribution (\$): 50.00  
In-kind contribution description (if applicable)

Contributor's principal occupation: ATTORNEY  
Contributor's job title: MEMBER

Contributor's employer/law firm: SIGMAN & SIGMAN L.L.P.  
Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date: 3-8-04  
Full name of contributor:  out-of-state PAC (ID#):  
BEN DRAWERT  
Contributor address; City; State; Zip Code  
3829 PALLOS VERDAS  
DALLAS TEXAS 75229

Amount of contribution (\$): \$ 25.00  
In-kind contribution description (if applicable)

Contributor's principal occupation  
Contributor's job title

Contributor's employer/law firm  
Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

|  |  |  |  |
|--|--|--|--|
| The instruction Guide explains how to complete this form.                                      |  | 1 Total pages Schedule A(J):<br><b>8 of 10</b> |  |
| 2 FILER NAME<br><b>Leonard R. Saenz</b>  |  | 3 ACCOUNT # (Ethics Commission Bers)           |  |
| 4 Date<br><b>3-8-04</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Roger L. Martinez</b> | 7 Amount of contribution (\$)<br><b>50.00</b>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>6912 GABRIEL Drive<br/>Austin Tx. 78749</b> |  |  |  |
| 9 Contributor's principal occupation<br><b>Student</b>   |  | 10 Contributor's job title                     |  |
| 11 Contributor's employer/law firm   |  | 12 Law firm of contributor's spouse (if any)   |  |
| 13 If contributor is a child, law firm of parent(s) (if any)                                   |  |  |  |

|  |  |   |  |
|--|--|---|--|
| Date<br><b>3-8-04</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Marie Hickman</b> | Amount of contribution (\$)<br><b>25.00</b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>1251 Eugenia Ter.<br/>Lawrenceville GA. 30045</b> |  |   |  |
| Contributor's principal occupation<br><b>Retired.</b>  |  | Contributor's job title                     |  |
| Contributor's employer/law firm  |  | Law firm of contributor's spouse (if any)   |  |
| If contributor is a child, law firm of parent(s) (if any)  |  |   |  |

|   |  |  |  |
|---|--|--|--|
| Date<br><b>3-10-04</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>DAVID MENDOZA</b> | Amount of contribution (\$)<br><b>100.00</b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>816 Congress Ave Ste 1700<br/>Austin Tx. 78701</b> |  |  |  |
| Contributor's principal occupation<br><b>Bikeas Staff Health Spaj Lobby</b>                         |  | Contributor's job title<br><b>Partner</b>    |  |
| Contributor's employer/law firm<br><b>Bikeas Staff Health Spaj</b>                                  |  | Law firm of contributor's spouse (if any)    |  |
| If contributor is a child, law firm of parent(s) (if any)   |  |  |  |

**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 (JUDICIAL)**

**SCHEDULE A (J)**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):  
9 of 10

2 FILER NAME  
*Leonard R. Saenz*

3 ACCOUNT # (Ethics Commission file)

4 Date: *3-20-04*  
5 Full name of contributor: *DAVID FUCHS*  
 out-of-state PAC (ID#)  
6 Contributor address; City; State; Zip Code  
*6036 E. Bayce  
Orange CA. 98867*

7 Amount of contribution (\$):  
*\$250.00*  
8 In-kind contribution description (if applicable)

9 Contributor's principal occupation: *Sales*

10 Contributor's job title: *Sales Manager*

11 Contributor's employer/law firm: *Double E*

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date: *3-12-04*  
Full name of contributor: *Tom Delaney*  
 out-of-state PAC (ID#)  
Contributor address; City; State; Zip Code  
*1455 W Monera Blvd  
San Diego, CA. 92110*

Amount of contribution (\$):  
*50.00*  
In-kind contribution description (if applicable)

Contributor's principal occupation: *Self-employed*

Contributor's job title: *Self-employed*

Contributor's employer/law firm: *Self-employed*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date: *3-20-04*  
Full name of contributor: *Susan Gutke*  
 out-of-state PAC (ID#)  
Contributor address; City; State; Zip Code  
*1602 E. 7th Street  
Austin TX. 78702*

Amount of contribution (\$):  
*50.00*  
In-kind contribution description (if applicable)

Contributor's principal occupation: *Self-employed*

Contributor's job title: *Self-employed*

Contributor's employer/law firm: *Self-employed*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**

**SCHEDULE A (J)**

|   |   |  |  |
|---|---|--|--|
| The instruction Guide explains how to complete this form.                                   |   | 1 Total pages Schedule A(J):<br><i>10 of 10</i>    |  |
| 2 FILER NAME<br><i>Leonard R. Saenz</i>   |   | 3 ACCOUNT # (Ethics Commission files)              |  |
| 4 Date<br><i>4/22/04</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>David Grassbaugh</i> | 7 Amount of contribution (\$)<br><i>100.00</i>     | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>P.O. Box 684948<br/>Austin Tx. 78768</i> |   |  |  |
| 9 Contributor's principal occupation<br><i>Attorney</i>                                     |   | 10 Contributor's job title<br><i>Self-employed</i> |  |
| 11 Contributor's employer/law firm<br><i>Self-employed</i>                                  |   | 12 Law firm of contributor's spouse (if any)       |  |

13 If contributor is a child, law firm of parent(s) (if any)

|   |   |  |  |
|---|---|--|--|
| Date<br><i>3-24-04</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Henderson Webb</i> | Amount of contribution (\$)<br><i>100.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><i>847 3rd St<br/>Hemlock CA. 90254</i> |   |  |  |
| Contributor's principal occupation<br><i>Sales</i>                                    |   | Contributor's job title                      |  |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)    |  |
| If contributor is a child, law firm of parent(s) (if any)                             |   |  |  |

|  |  |   |  |
|--|--|---|--|
| Date<br><i>3-6-04</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Leonard Saenz</i> | Amount of contribution (\$)<br><i>25.95</i>         | In-kind contribution description (if applicable)<br><i>Breakfast<br/>Tacos for<br/>Black coffee.</i> |
| Contributor address; City; State; Zip Code<br><i>P.O. Box 43334<br/>Austin Tx. 78704</i> |  |   |  |
| Contributor's principal occupation<br><i>Assoc. Vice Judge</i>                           |  | Contributor's job title<br><i>Assoc. Vice Judge</i> |  |
| Contributor's employer/law firm<br><i>Trans Co</i>                                       |  | Law firm of contributor's spouse (if any)           |  |
| If contributor is a child, law firm of parent(s) (if any)                                |  |   |  |

**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:  
1015

2 FILER NAME *Leonard R Saenz* 3 ACCOUNT # (Ethics Commission filers)

|  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| 4 Date<br><i>3-2-04</i>  | 5 Payee name<br><i>Quick Silver</i> | 7 Amount (\$)<br><i>\$ 500.00</i> |
| 6 Payee address; City; State; Zip Code<br><i>1779 Wells Branch Pkwy #110B -PMB 306<br/>Austin, Tx. 78728</i> |                                     |                                   |

|   |  |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>Website</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|   |  |                                |
|---|--|--------------------------------|
| Date<br><i>3-10-04</i>  | Payee name<br><i>Message Audience + Presentation</i> | Amount (\$)<br><i>8,863.52</i> |
| Payee address; City; State; Zip Code<br><i>2400 S 4th Street<br/>Austin Tx. 78704</i> |  |                                |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><i>Direct mail</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|  |  |                              |
|--|--|------------------------------|
| Date<br><i>3-15-04</i>   | Payee name<br><i>Message Audience + Presentation</i> | Amount (\$)<br><i>905.00</i> |
| Payee address; City; State; Zip Code<br><i>2400 S. 4th Street<br/>Austin Tx. 78704</i> |  |                              |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br><i>RADIO COMMERCIAL</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|--|--|

|  |  |                             |
|--|--|-----------------------------|
| Date<br><i>3-15-04</i>   | Payee name<br><i>Message Audience + Presentation</i> | Amount (\$)<br><i>24.93</i> |
| Payee address; City; State; Zip Code<br><i>2400 S. 4th Street<br/>Austin Tx. 78704</i> |  |                             |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br><i>paper for copies</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|--|--|

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|  |   |   |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form.  |   | 1 Total pages Schedule F:<br><b>2 of 5</b>  |
| 2 FILER NAME<br><b>LEONARD R. SAENZ</b>  |   | 3 ACCOUNT # (Ethics Commission files)   |
| 4 Date<br><b>3-12-04</b>   | 5 Payee name<br><b>Quick Silver</b>                 | 7 Amount (\$)<br><b>500.00</b>  |
| 6 Payee address; City; State; Zip Code<br><b>1779 Wells Branch Pkwy #110 B - PAB Job<br/>Austin TX 78728</b> |   |   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Website</b>            |   | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br><b>3-15-04</b>   | Payee name<br><b>Ben White Florist</b>              | Amount (\$)<br><b>24.36</b>   |
| Payee address; City; State; Zip Code<br><b>3200 S Congress Ave.<br/>Austin Texas 78704</b>                   |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Thank-you gifts</b>      |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><b>3-4-04</b>  | Payee name<br><b>KKLB</b>                           | Amount (\$)<br><b>920.00</b>  |
| Payee address; City; State; Zip Code<br><b>7524 Milam<br/>Austin Tex. 78752</b>                              |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>RADIO Spots</b>          |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><b>3-8-04</b>  | Payee name<br><b>McCoy's Building Supply Center</b> | Amount (\$)<br><b>50.98</b>   |
| Payee address; City; State; Zip Code<br><b>6200 Burleson Rd.<br/>Austin, Te. 78744</b>                       |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Wooden stakes</b>        |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>   |   |   |

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
3 of 5

2 FILER NAME  
LEONARD R Saenz

3 ACCOUNT # (Ethics Commission filers)

|   |                          |                         |
|---|--------------------------|-------------------------|
| 4 Date<br>4/5/04  | 5 Payee name<br>T-mobile | 7 Amount (\$)<br>179.63 |
| 6 Payee address: City: State: Zip Code<br>P.O. Box 790047<br>St. Louis Mo 63179 |                          |                         |

|   |   |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.)<br>cell phone bills | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|  |                          |                      |
|--|--------------------------|----------------------|
| Date<br>4/15/04  | Payee name<br>Postmaster | Amount (\$)<br>37.00 |
| Payee address: City: State: Zip Code<br>3963 - South Congress Ave.<br>Austin Tx. 78704 |                          |                      |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|  |                                       |                      |
|--|---------------------------------------|----------------------|
| Date<br>4/23-04                                    | Payee name<br>Cinco De Mayo Committee | Amount (\$)<br>25.00 |
| Payee address: City: State: Zip Code<br>Austin Tx. |                                       |                      |

|  |   |
|--|---|
| Purpose of payment (See instructions regarding type of information required.)<br>Sponsorship of Cinco De Mayo celebration. | ** Complete if direct expenditure to benefit C/OH **<br>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.) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|---|---|

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
4 of 5

2 FILER NAME  
Leonard R. Saenz

3 ACCOUNT # (Ethics Commission Use)

4 Date  
4/17/04

5 Payee name  
Time Warner Cable  
6 Payee address; City; State; Zip Code  
P.O. Box 85100  
Austin Te 78708

7 Amount (\$)  
30.36

8 Purpose of payment (See instructions regarding type of information required.)  
Road Runner Internet service

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

Date  
5/30/04

Payee name  
Time Warner Cable  
Payee address; City; State; Zip Code  
P.O. Box 85100  
Austin Te. 78708

Amount (\$)  
41.20

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

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

Date  
6/8/04

Payee name  
T-Mobile  
Payee address; City; State; Zip Code  
P.O. Box 790047  
St. Louis Mo 63179

Amount (\$)  
123.07

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

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

Date  
6-14-04

Payee name  
Time Warner Cable  
Payee address; City; State; Zip Code  
P.O. Box 85100  
Austin Te. 78708

Amount (\$)  
30.36

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

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |  |  |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |  | 1 Total pages Schedule F:<br><b>5 of 5</b>   |
| 2 FILER NAME<br><b>Leonard R. Saenz</b>   |  | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><b>6-25-04</b>  | 5 Payee name<br><b>T-Mobile</b><br>6 Payee address; City; State; Zip Code<br><b>P.O. Box 790047<br/>St. Louis Mo 63179</b>   | 7 Amount (\$)<br><b>156.94</b>   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>cell phone</b>      |  | 9 <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held |
| Date<br><b>6-25-04</b>  | Payee name<br><b>Message Audience &amp; Presentation Inc.</b><br>Payee address; City; State; Zip Code<br><b>2400 South Congress / South Lamar Street<br/>Austin TX 78704</b> | Amount (\$)<br><b>378.50</b>   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Robo CALLS</b>        |  | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>7-13-04</b>  | Payee name<br><b>Time Warner Cable</b><br>Payee address; City; State; Zip Code<br><b>P.O. Box 85100<br/>Austin TX 78708</b>  | Amount (\$)<br><b>30.36</b>  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Internet Service.</b> |  | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |
| Date  | Payee name<br>Payee address; City; State; Zip Code   | Amount (\$)  |
| Purpose of payment (See instructions regarding type of information required.)                             |  | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

*P. 1011*

2 FILER NAME

*Leonard R. Saenz*

3 ACCOUNT # (Ethics Commission files)

|               |   |   |
|---------------|---|---|
| 4 Date        | 5 Payee name<br><i>MEDIA Audience &amp; Presentation</i>                                | 8 Amount (\$)   |
| <i>3/2/04</i> | 6 Payee address; City; State; Zip Code<br><i>2400 S 4th Street<br/>Austin Tx. 78704</i> | <i>291.81</i>   |
|               | 7 Purpose of expenditure<br><i>Business Cards w/union bug</i>                           | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

|               |  |   |
|---------------|--|---|
| Date          | Payee name<br><del>Postage</del> <i>Postmaster</i>   | Amount (\$)   |
| <i>3/2/04</i> | Payee address; City; State; Zip Code<br><i>3903 South Congress Ave.<br/>Austin Tx. 78704</i> | <i>30.40</i>  |
|               | Purpose of expenditure<br><i>Postage.</i>  | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

|      |                                      |  |
|------|--------------------------------------|--|
| Date | Payee name                           | Amount (\$)  |
|      | Payee address; City; State; Zip Code |  |
|      | Purpose of expenditure               | <input type="checkbox"/> Reimbursement from political contributions intended |

|      |                                      |  |
|------|--------------------------------------|--|
| Date | Payee name                           | Amount (\$)  |
|      | Payee address; City; State; Zip Code |  |
|      | Purpose of expenditure               | <input type="checkbox"/> Reimbursement from political contributions intended |

|      |                                      |  |
|------|--------------------------------------|--|
| Date | Payee name                           | Amount (\$)  |
|      | Payee address; City; State; Zip Code |  |
|      | Purpose of expenditure               | <input type="checkbox"/> Reimbursement from political contributions intended |

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