

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5885

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MFS / MR FIRST MI LAST SUFFIX	OFFICE USE ONLY	
Mr. Leonard R Saenz		Date Received	RECEIVED JAN 12 11 51 AM '04 CLERK TEXAS RECORDS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE	Date Hand-delivered to Date Registered	
P.O. Box 43334 Austin Tx. 78704		Receipt #	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed	
(512) 698-3818		Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LAST SUFFIX	RECORD	
Mr. Gary R Rodriguez		RECORD	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE	RECORD	
P.O. Box 43334 Austin Tx. 78704		RECORD	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	RECORD	
(512) 698-3818		RECORD	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Ruled <input type="checkbox"/> 15th day after campaign treasurer appointment / officeholder duty <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach COH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 15 / 04 THROUGH 12 / 31 / 2004		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
03 / 09 / 2004		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Ruled <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (Party)	13 OFFICE SOUGHT (If any)	
		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 expenditures. -- Name Address / PO Box Apt / Suite # City State Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME LEONARD R. SAENZ 16 ACCOUNT # _____

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

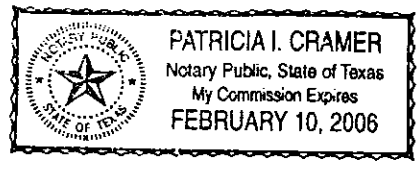
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 191.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 566.74
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 / Officeholder

APPEX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leonard Ray Saenz, this the 12th day of January, 2005, to certify which, witness my hand and seal of office.

Patricia I. Cramer
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F. 1 of 1
2 FILER NAME LAWARD R SAENZ		3 ACCOUNT # Ethics Commission file #
4 Date 7/31/04	5 Payee name Postmaster	7 Amount (\$) \$48.00
6 Payee address: City, State, Zip Code 3903 - South Congress Ave. Austin, Tx. 78704		
8 Purpose of payment (See instructions regarding type of information required.) P.O. Box Fee		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/7/04	Payee name T-Mobile	Amount (\$) \$82.33
Payee address: City, State, Zip Code P.O. Box 790047 St. Louis Mo 63179		
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 8/9/04	Payee name Time Warner Cable	Amount (\$) \$60.72
Payee address: City, State, Zip Code P.O. Box 85100 Austin Tx. 78708		
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	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 -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED