

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6006

FORM JC/OH  
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission file#)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI LAST SUFFIX	<b>OFFICE USE ONLY</b> Date Received Date Hand-Delivered or Date Postmarked Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15+ day after campaign finance appointment (if candidate call) <input type="checkbox"/> Final report (within 60 days)		
10 PERIOD COVERED	Month / Day / Year 1 / 1 / 2005 THROUGH 6 / 30 / 2005		
11 ELECTION	ELECTION DATE Month / Day / Year 03 / 09 / 2004 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)	13 OFFICE SOUGHT (if known)	
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: <input type="checkbox"/> additional pages		

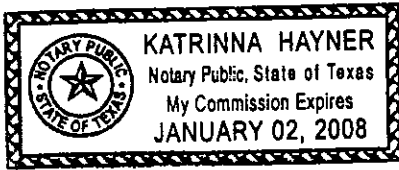
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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

15 C/OH NAME		16 ACCOUNT # (if applicable)	
17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> add here papers	-- 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	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	\$ - 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	\$ 187.36
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 379.38
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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leonard R. Saenz this the 13<sup>th</sup> day of July 20 05 to certify which, witness my hand and seal of office.

*Katrina Hayner*                      Katrinna Hayner                      Admin. Assistant  
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: <b>1 of 1</b>
2 FILER NAME <b>Leonardo R. Saenz</b>		3 ACCOUNT # (Ethics Commission file):
4 Date <b>3/19/05</b>	5 Payee name <b>Office Depot</b>	7 Amount (\$) <b>\$ 162.36</b>
6 Payee address: City: State: Zip Code <b>5300 MOPAC EXPY South W1 Austin Tx. 78749</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>File Cabinet - Storage</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:
Date <b>4/20/05</b>	Payee name <b>Cinco De Mayo Committee</b>	Amount (\$) <b>\$ 25.00</b>
Payee address: City: State: Zip Code <b>TARRANT County - City of Austin event</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Sponsor Cinco De Mayo Celebration</b>		-- 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:
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