

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6070

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Leonardo R
NICKNAME LAST SUFFIX
Saenz

OFFICE USE ONLY

Date Received
05 DEC 30 11:19 AM
Date Hand-Delivered or Date Postmarked
AS
19
RD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 698-3818

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Gary
NICKNAME LAST SUFFIX
Rodriguez

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 43334 Austin Tx 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 JC/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 05 THROUGH *12 / 31 / 05*

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 09 / 2004 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Statutory Court 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

Leonard Ray Saenz

16 ACCOUNT # (Ethics Commission File #)

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

\$ - 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

\$ 108.00

4. TOTAL POLITICAL EXPENDITURES

\$ 108.00

CONTRIBUTION BALANCE

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

\$ 271.38

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

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

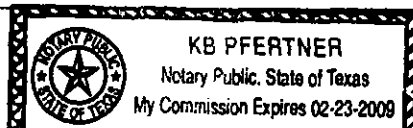
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LEONARD RAY SAENZ this the 30TH day of DECEMBER, 2005, to certify which, witness my hand and seal of office.

K.B. Pfeiffer
Signature of officer administering oath

K.B. Pfeiffer
Print name of officer administering oath

TEXAS NOTARY
Title of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F
101

2 FILER NAME **Leonard Ray Saenz** 3 ACCOUNT # (Ethics Commission file #)

4 Date 8/31/05	5 Payee name Capital Area Democratic Women	7 Amount (\$) \$ 30.00
6 Payee address: _____ City: _____ State: _____ Zip Code _____		

8 Purpose of payment (See instructions regarding type of information required.) Spencer	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date 9/26/05	Payee name South Austin Democrats	Amount (\$) \$ 30.00
Payee address: _____ City: _____ State: _____ Zip Code _____		

Purpose of payment (See instructions regarding type of information required.) Spencer	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date 1/30	Payee name U.S. Postmaster	Amount (\$) \$ 48.00
Payee address: _____ City: _____ State: _____ Zip Code _____		
3903 - South Congress Ave. Austin, Tex. 78704		

Purpose of payment (See instructions regarding type of information required.) P.O. Box Fee	-- 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 _____
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED