

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6301

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 / MRS / MR: **Mr.** FIRST: **Leonard** MI: **R.**  
NICKNAME: LAST: **Saenz** SUFFIX:

**OFFICE USE ONLY**

Date Received: **2006 JUL -7**

CLERK: **TRAVIS COHEN**

AMOUNT: **PH 4: 27**

RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

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

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS (Residence if due here)

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

8 CAMPAIGN TREASURER PHONE

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

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 (Abuse CCH - FR)

10 PERIOD COVERED

Month / Day / Year: **1 / 1 / 06** THROUGH Month / Day / Year: **7 / 7 / 06**

11 ELECTION

ELECTION DATE: Month / Day / Year: ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): **Statutory Court At Large #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

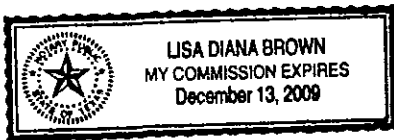
15 C/OH NAME <i>Leonard Ray Saenz</i>	16 ACCOUNT # (Ethics Commission Only):
--	--

17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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. **	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	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	\$ 27.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 27.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 244.73
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 7 day of July, 20 06, to certify which, witness my hand and seal of office

*Lisa Diana Brown*      *Lisa Diana Brown*      *Legal Secretary*  
 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>LEONARD R. SAENZ</b>		3 ACCOUNT # (Ethics Commission file #)
4 Date <b>5/11/06</b>	5 Payee name <b>Cinco De Mayo Committee</b>	7 Amount (\$) <b>\$ 25.00</b>
6 Payee address; City; State; Zip Code <b>TARRANT COUNTY - CITY OF AUSTIN EVENT</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Sponsor of Cinco De Mayo Celebration</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: Office sought: Office held:
Date <b>1/26/06</b>	Payee name <b>WELLS FARGO</b>	Amount (\$) <b>2.00</b>
6 Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>Bank Fee Charge</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: Office sought: Office held:
Date	Payee name	Amount (\$)
6 Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: Office sought: Office held:
Date	Payee name	Amount (\$)
6 Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

