

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MR

FIRST

Oscar

MI

NICKNAME

LAST

Saenz

SUFFIX

OFFICE USE ONLY

RECEIVED

MAY 01 2023

FORT BEND ISD  
DEPT. OF LEGAL SERVICES

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1110 PASSION FLOWER WAY RICHMOND, TX  
77406

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 956 )

821-6879

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

MR

FIRST

Cesar

MI

A

NICKNAME

LAST

Rodriguez

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

14363 EDMERE

APT. 704

EL PASO

TX

79938

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 915 )

234-4697

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 Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

03

28

2023

THROUGH

Month

Day

Year

04

26

2023

11 ELECTION

ELECTION DATE

Month

Day

Year

5

6

2023

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other  
Description

POSTION 1

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>OSCAR SAENZ</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 315.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2061.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1420.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 886.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

*Oscar Saenz*  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Oscar Senz, and my date of birth is October 11, 1977.

My address is 1110 Passion Flower Way, Richmond, TX, 77046, Fort Bend.  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 28th day of April, 2023.  
(month) (year)

*Oscar Saenz*  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <b>CESAR RODRIGUEZ</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> <b>NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1746.80
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1420.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

\$1000.00

9 Employer (See Instructions)  
Not Provided

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)  
Not Provided

Employer (See Instructions)  
Not Provided

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)  
Not Provided

Employer (See Instructions)  
Not Provided

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Revised 11/15/2022

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <b>CESAR RODRIGUEZ</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/13/2023</b>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jim &amp; Cherie Wright</b>		7 Amount of contribution (\$) <b>\$96.80</b>	
		6 Contributor address; City; State; Zip Code <b>42 Burwick St Sugar Land TX 77479</b>			
8 Principal occupation / Job title (See Instructions) <b>Retired</b>			9 Employer (See Instructions) <b>Retired</b>		
Date <b>4/19/2023</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cherie Hendershot</b>		Amount of contribution (\$) <b>\$100.00</b>	
		Contributor address; City; State; Zip Code <b>158 Palm Blvd Missouri City TX 77459</b>			
Principal occupation / Job title (See Instructions) <b>Health Coach</b>			Employer (See Instructions) <b>Self</b>		
Date <b>4/26/2023</b>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Harish &amp; Shashi Jajoo</b>		Amount of contribution (\$) <b>\$100.00</b>	
		Contributor address; City; State; Zip Code <b>62 Bradford Cir Sugar Land TX 77479</b>			
Principal occupation / Job title (See Instructions) <b>Not Provided</b>			Employer (See Instructions) <b>Not Provided</b>		
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>CESAR RODRIGUEZ</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/26/2023	<b>5</b> Payee name Brand Boosters LLC			
<b>6</b> Amount (\$) \$1420	<b>7</b> Payee address; 301 N McColl Rd Suite G,		City; McAllen,	State; TX Zip Code 78501
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Yard Signs / Road Signs	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Candidate / Officeholder name			
Amount (\$)	Office sought			
Date	Office held			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Candidate / Officeholder name			
Amount (\$)	Office sought			
Date	Office held			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Candidate / Officeholder name			
Amount (\$)	Office sought			
Date	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED