



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> JUDY DAE		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 170.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,323.42
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 405.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,849.41
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,857.12
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

**Judy Dae**

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 SAENZ, and my date of birth is OCTOBER 11, 1977.

My address is 1110 PASSON FLOWER WAY, RICHMOND, TX, 77406, FORT BEND.  
(street) (city) (state) (zip code) (country)

Executed in FORT BEND County, State of TEXAS, on the 31 day of MARCH, 2021.  
(month) (year)

**Oscar Saenz**

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> OSCAR SAENZ		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,153.42
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ (3,421.68)
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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# 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
2 FILER NAME OSCAR SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Jiahui Wan 6 Contributor address; City; State; Zip Code 4903 Keneshaw, Sugar Land, TX	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2021	Full name of contributor out-of-state PAC (ID#: _____) Randall Curry Contributor address; City; State; Zip Code 3422 Mimosa Way, Sugar Land, TX 77479	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2021	Full name of contributor out-of-state PAC (ID#: _____) Mourhaf Linda Sabouni Contributor address; City; State; Zip Code 23 Palm Blvd., Missouri City, TX 77459	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) Domalapalli Kmar Contributor address; City; State; Zip Code 3702 Springhill Ln, Sugar Land, TX 77479	Amount of contribution (\$) <b>100.00</b>
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME  
**OSCAR SAENZ**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/14/2021**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Tobin Englet**

7 Amount of contribution (\$)

**100.00**

6 Contributor address; City; State; Zip Code  
**4534 Bermuda Dr, Sugar Land, TX 77479**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**04/14/2021**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Prithvial and Manmeet Likhari**

Amount of contribution (\$)

**250.00**

Contributor address; City; State; Zip Code  
**4450 Palm Royale Blvd., Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/14/2021**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Harish & Shashi Jajoo**

Amount of contribution (\$)

**400.00**

Contributor address; City; State; Zip Code  
**62 Bradford Ct, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/19/2021**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Michael Gibson**

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code  
**911 Millpond Dr, Sugar Land**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME OSCAR SAENZ	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/01/2021	<b>5</b> Payee name Gabbie Mock	
<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description Student Showcase
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/05/2021	Payee name Jesse Torres	
Amount (\$) 600.00	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/07/2021	Payee name M3 GRAPHICS INC	
Amount (\$) 1,071.68	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME OSCAR SAENZ	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/12/2021	<b>5</b> Payee name Southern Chinese Daily	
<b>6</b> Amount (\$) <b>720.00</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description Advertisement
	<b>(c)</b> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/19/2021</b>	Payee name CORREDOR CONCEPTS	
Amount (\$) <b>380.00</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Advertisement
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/21/2021</b>	Payee name FBISD	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SOLICITAION/FUNDRAISING EXPENSE	Description Fee
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME OSCAR SAENZ	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/21/2021	<b>5</b> Payee name MCELVY VASQUEZ INC	
<b>6</b> Amount (\$)  200.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	<b>(b)</b> Description Services
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Signature: *Oscar Saenz*

Email: oscarsaenz.os@gmail.com

Signature: *Judy Dae*  
Judy Dae (Apr 23, 2021 15:34 CDT)

Email: judy4fbisd@gmail.com

# COH Report No. 02 - Combined

Final Audit Report

2021-04-23

Created:	2021-04-23
By:	oscar saenz (oscarsaenz.os@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAGvd_e3r_spETiMjtrTcq1S75CC7DMa9R

## "COH Report No. 02 - Combined" History

-  Document created by oscar saenz (oscarsaenz.os@gmail.com)  
2021-04-23 - 8:31:26 PM GMT- IP address: 75.88.130.239
-  Document e-signed by oscar saenz (oscarsaenz.os@gmail.com)  
Signature Date: 2021-04-23 - 8:33:37 PM GMT - Time Source: server- IP address: 75.88.130.239
-  Document emailed to judy Dae (judy4fbisd@gmail.com) for signature  
2021-04-23 - 8:33:39 PM GMT
-  Email viewed by judy Dae (judy4fbisd@gmail.com)  
2021-04-23 - 8:33:59 PM GMT- IP address: 66.249.80.121
-  Document e-signed by judy Dae (judy4fbisd@gmail.com)  
Signature Date: 2021-04-23 - 8:34:52 PM GMT - Time Source: server- IP address: 98.201.233.124
-  Agreement completed.  
2021-04-23 - 8:34:52 PM GMT