

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: <u>34</u>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:15%;">MS / MRS / MR <u>MR</u></td> <td style="width:35%;">FIRST <u>David</u></td> <td style="width:10%;">MI <u>R</u></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <u>Saucedo</u></td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR <u>MR</u>	FIRST <u>David</u>	MI <u>R</u>	NICKNAME	LAST <u>Saucedo</u>	SUFFIX	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> OCT 05 2026 BY: _____ Date Hand-delivered or Date Postmarked <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	<table style="width:100%;"> <tr> <td style="width:30%;">ADDRESS / PO BOX:</td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td colspan="5"><u>1665 End St Eagle Pass, Tx. 78852</u></td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	<u>1665 End St Eagle Pass, Tx. 78852</u>							
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:30%;">Month Day Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:30%;">Month Day Year</td> </tr> <tr> <td><u>07 / 01 / 26</u></td> <td></td> <td><u>09 / 24 / 26</u></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	<u>07 / 01 / 26</u>		<u>09 / 24 / 26</u>						
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12 OFFICE	<table style="width:100%;"> <tr> <td style="width:50%;">OFFICE HELD (if any) <u>None</u></td> <td style="width:50%;">OFFICE SOUGHT (if known) <u>County Judge Maverick</u></td> </tr> </table>			OFFICE HELD (if any) <u>None</u>	OFFICE SOUGHT (if known) <u>County Judge Maverick</u>										
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14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	<p style="font-size: 0.8em;">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.</p> <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td style="width:80%;">COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4,500⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

25,102³¹

CONTRIBUTION
BALANCE

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

\$

1,941²⁶

OUTSTANDING
LOAN TOTALS

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

\$

30,930⁷⁰

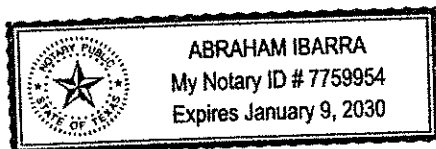
18 SIGNATURE

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David N. Sancedo this the 5th day of October

20 26, 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 _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

David R. Spucedo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,500⁰⁰</i>
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	☐ SCHEDULE E: LOANS	\$ <i>0</i>
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,550⁰⁰</i>
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>4,000⁰⁰</i>
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>21,832³¹</i>
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

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: <u>1 of 2</u>
2 FILER NAME <u>David R. Saucedo</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>07-21-2026</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>John Banks</u> 6 Contributor address; City; State; Zip Code <u>2811 Lorcola Court, Round Rock, TX 78681</u>	7 Amount of contribution (\$) \$ <u>1,000</u> ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>07-21-2026</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Sanchez & Wilson PLLC</u> Contributor address; City; State; Zip Code <u>6243 IH10 West 1025, San Antonio, TX 78201</u>	Amount of contribution (\$) \$ <u>1,500</u> ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>07-27-2026</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Robert W. Wilson</u> Contributor address; City; State; Zip Code <u>17202 Eagle Star, San Antonio, TX 78248</u>	Amount of contribution (\$) \$ <u>1,500</u> ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>08-19-2026</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Venados Distribution Services</u> Contributor address; City; State; Zip Code <u>299 E. Mann St, Eagle Pass, TX 78852</u>	Amount of contribution (\$) \$ <u>500</u> ⁰⁰
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
2 FILER NAME David R. Saucedo		3 Filer ID (Ethics Commission Filers)
4 Date 09-24-2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Robert W. Wilson 6 Contributor address; City; State; Zip Code 17202 Eagle Star, San Antonio, TX 78248	7 Amount of contribution (\$) \$500⁰⁶
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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
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.

1 Total pages Schedule F1: <i>1 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>07-30-2026</i>		5 Payee name <i>David R. Saucedo</i>			
6 Amount (\$) <i>\$1,000.00</i>		7 Payee address; <i>1665 End St</i> ☒ Check if individual's residence address.		City; <i>Euless</i>	State; <i>Tx.</i>
				Zip Code <i>78852</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Loan repayment/reimbursement</i>		(b) Description <i>Pay back money lent to campaign</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>08-05-2026</i>		Payee name <i>3-D Signs</i>			
Amount (\$) <i>\$2500.00</i>		Payee address; <i>7986 1st St</i> ☐ Check if individual's residence address.		City; <i>Somerset</i>	State; <i>Tx.</i>
				Zip Code <i>78069</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>political signs</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>08-20-2026</i>		Payee name <i>David R. Saucedo</i>			
Amount (\$) <i>50.00</i>		Payee address; <i>1665 End St</i> ☒ Check if individual's residence address.		City; <i>Euless</i>	State; <i>Tx.</i>
				Zip Code <i>78852</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Loan repayment/reimbursement</i>		Description <i>Pay back money lent to campaign</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>08-20-2026</i>		Payee name <i>David R. Saucedo</i>			
Amount (\$) <i>50.00</i>		Payee address; <i>1665 End St</i> ☒ Check if individual's residence address.		City; <i>Euless</i>	State; <i>Tx.</i>
				Zip Code <i>78852</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Loan repayment/reimbursement</i>		Description <i>Pay back money lent to campaign</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 2 of 28 2 FILER NAME DAVID R. SAUCEDO 3 Filer ID (Ethics Commission Filers)

4 Date 07-02-2026 6 Payee name E.P. T.X.N., Daniel Ramos

6 Amount (\$) 800.00 7 Payee address: 959 Medina St Eagle Pass, Tx. 78852 City: State: Zip Code
☒ Reimbursement from political contributions intended ☒ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising expense (b) Description Political Ads
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 07-05-2026 Payee name Dollar General

Amount (\$) 39.38 Payee address: 1910 Del Rio Blvd, Eagle Pass, Tx. 78852 City: State: Zip Code
☒ Reimbursement from political contributions intended ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food / Beverage expense Description Food for volunteer meeting
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 07-05-2026 Payee name CASINO GROCERY

Amount (\$) 99.32 Payee address: 2226 Del Rio Blvd. Eagle Pass, Tx. 78852 City: State: Zip Code
☒ Reimbursement from political contributions intended ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food / Beverage expense Description Food for volunteer meeting
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: 3 of 28	2 FILER NAME Dana R. Saucedo	3 Filer ID (Ethics Commission Filers)
4 Date 07-14-2026	5 Payee name Ibarra Tax Services	
6 Amount (\$) 20.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 398 Main St Eagle Pass Tx 78852 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking ☐ Check if travel outside of Texas. Complete Schedule T.	(b) Description Notarize Ethics reports ☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 07-16-2026	Payee name Eagle Grocery	
Amount (\$) 50.18 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 299 E. Main St Eagle Pass, Tx. 78852 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense ☐ Check if travel outside of Texas. Complete Schedule T.	Description food for volunteers ☐ 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 07-16-2026	Payee name CASINO Grocery	
Amount (\$) 32.99 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2226 Del Rio Blvd. Eagle Pass, Tx. 78852 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ☐ Check if travel outside of Texas. Complete Schedule T.	Description ☐ 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 PERSONAL FUNDS

SCHEDULE G

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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
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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.

1 Total pages Schedule G: 4 of 28	2 FILER NAME David R. Saucedo	3 Filer ID (Ethics Commission Filers)
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4 Date 07-24-2026	5 Payee name E.P.I.X.N. Daniel Ramos
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6 Amount (\$) 100 ☒ Reimbursement from political contributions intended	7 Payee address; 959 Medina St #5, Eagle Pass, Tx. 78852 ☐ Check if individual's residence address.	City; Eagle Pass	State; Tx	Zip Code 78852
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description political Ads.
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07-28-2026	Payee name Jesus Flores
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Amount (\$) 60.00 ☒ Reimbursement from political contributions intended	Payee address; 1664 Spirit Lane, Eagle Pass, Tx 78852 ☒ Check if individual's residence address.	City; Eagle Pass	State; Tx	Zip Code 78852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries wages / contract labor	Description pay to put up signs
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07-24-2026	Payee name Fuddrucker's
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Amount (\$) 31.00 ☒ Reimbursement from political contributions intended	Payee address; 406 S. Bibb, Eagle Pass, Tx. 78852 ☐ Check if individual's residence address.	City; Eagle Pass	State; Tx	Zip Code 78852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage expense	Description meeting with pd team
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: <i>5 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>07-27-2026</i>		5 Payee name <i>Huddle House</i>			
6 Amount (\$) <i>62</i> <i>21</i> ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>2352 E1 Indio Hwy Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		(b) Description <i>meeting with ad team</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>07-29-2026</i>		Payee name <i>Eagle Grocery</i>			
Amount (\$) <i>48</i> <i>86</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>299 E. Mint St Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		Description <i>Food for volunteer meeting</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name _____ Office sought _____ Office held _____					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>07-29-2026</i>		Payee name <i>Casino Grocery</i>			
Amount (\$) <i>32</i> <i>92</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>3518 Del Rio Hwy Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		Description <i>Food for volunteer meeting</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name _____ Office sought _____ Office held _____					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: 7 of 28		2 FILER NAME David R. Saucedo		3 Filer ID (Ethics Commission Filers)	
4 Date 08-21-2026		5 Payee name Love's			
6 Amount (\$) 10.00 ☒ Reimbursement from political contributions intended		7 Payee address: 21548 Fm 471, Natalia, Tx. 78059 ☐ Check if individual's residence address.		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel out of district		(b) Description Pick up signs Somerv. Tx.		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 08-21-2026		Payee name Dollar General			
Amount (\$) 28.12 ☒ Reimbursement from political contributions intended		Payee address: 7125 E. 6th St Somervet, Tx. 78069 ☐ Check if individual's residence address.		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description STRAPS to hold down signs		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 08-21-2026		Payee name Pizza Hut			
Amount (\$) 65.42 ☒ Reimbursement from political contributions intended		Payee address: 2425 E. Main St., Eagle Pass Tx 78852 ☐ Check if individual's residence address.		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage expense		Description Dinner Volunteers		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <u>8 of 28</u>		2 FILER NAME <u>David R. Saucido</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>08-13-2026</u>		5 Payee name <u>Huddle House</u>			
6 Amount (\$) <u>29.44</u> ☒ Reimbursement from political contributions intended		7 Payee address: <u>2352 E1 Indio Hwy Eagle Pass, Tx. 78852</u> City: State: Zip Code ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food / Beverage expense</u>		(b) Description <u>MEETING WITH AD TEAM</u>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <u>08-24-2026</u>		Payee name <u>Daniel Ramos</u>			
Amount (\$) <u>400.00</u> ☒ Reimbursement from political contributions intended		Payee address: <u>959 Medina St #25, Eagle Pass, Tx. 78852</u> City: State: Zip Code ☒ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>		Description <u>political ads social media</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <u>08-24-2026</u>		Payee name <u>Jesus Flores</u>			
Amount (\$) <u>50.00</u> ☒ Reimbursement from political contributions intended		Payee address: <u>1664 Spirit Lane, Eagle Pass, Tx. 78852</u> City: State: Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries / wages contract labor</u>		Description <u>PUTTING UP SIGNS</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>9 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>08-24-2026</i>		5 Payee name <i>Toshua Tenney</i>			
6 Amount (\$) <i>200.00</i>		7 Payee address: <i>4551 Bridgwood San Antonio Tx. 78832</i>		City:	State: Zip Code
☒ Reimbursement from political contributions intended		☒ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		(b) Description <i>development of political Ads</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>08-25-2026</i>		Payee name <i>Valero</i>			
Amount (\$) <i>42.00</i>		Payee address: <i>2757 N. Veterans Blvd, Eagle Pass Tx. 78852</i>		City:	State: Zip Code
☒ Reimbursement from political contributions intended		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRAVEL in DISTRICT</i>		Description <i>PUTTING UP SIGNS VOLUNTEERS</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					

Date <i>08-25-2026</i>		Payee name <i>Valero</i>			
Amount (\$) <i>42.00</i>		Payee address: <i>2757 N. Veterans Blvd, Eagle Pass Tx. 78852</i>		City:	State: Zip Code
☒ Reimbursement from political contributions intended		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRAVEL in DISTRICT</i>		Description <i>PUTTING UP SIGNS VOLUNTEERS</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					

Date <i>08-25-2026</i>		Payee name <i>Eagle Pass Business Journal</i>			
Amount (\$) <i>380.00</i>		Payee address: <i>438 N. Monro St Eagle Pass Tx. 78852</i>		City:	State: Zip Code
☒ Reimbursement from political contributions intended		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>Political Ads</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					

Complete ONLY if direct expenditure to benefit C/OH

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>10 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>08-25-2026</i>		5 Payee name <i>Harbin Freight</i>			
6 Amount (\$) <i>22.85</i> ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>2084 N. Veterans Blvd, Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Other, material</i>		(b) Description <i>Stamps for signs</i>	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		(d) ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name <i>08-26-2026</i> <i>Huddle House</i>					
Amount (\$) <i>35.00</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>2352 E1 Indie Hwy, Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		Description <i>Meeting with ad team</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name <i>08-28-2026</i> <i>E1 Latino</i>					
Amount (\$) <i>2500.00</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>1212 Katy Dr, Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>political ads</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>11 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>08-28-2026</i>		5 Payee name <i>830 Signs</i>			
6 Amount (\$) <i>906.52</i> ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>437 Quarry St Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>		(b) Description <i>push cards door hangers</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <i>08-29-2026</i>		Payee name <i>Saul Gomez</i>			
Amount (\$) <i>300.00</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>1561 Taft St, Eagle Pass Tx. 78852</i> ☒ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>Political Ads on Social media</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <i>08-31-2026</i>		Payee name <i>Amazon</i>			
Amount (\$) <i>368.32</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>410 Terry Ave N. Seattle WA 98109</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Polling expense</i>		Description <i>T-shirts for Volunteers</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>12 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>08-31-2026</i>		5 Payee name <i>Harbor Freight</i>			
6 Amount (\$) <i>23.05</i> ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>2084 N. Veterans Blvd. Eagle Pass TX 78852</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Polling expense, other</i>		(b) Description <i>cables for signs</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <i>09-01-2026</i>		Payee name <i>Jesus Flores</i>			
Amount (\$) <i>50.00</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>1664 Spirit Lane Eagle Pass TX 78852</i> ☒ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries Wages/Contract Labor</i>		Description <i>putting up signs</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <i>09-01-2026</i>		Payee name <i>Exxon Mini Mart</i>			
Amount (\$) <i>20.00</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>1989 S. Veterans Blvd.</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel in district</i>		Description <i>Volunteer putting up signs</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>13 of 28</i>		2 FILER NAME <i>David R Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-01-2026</i>		5 Payee name <i>Pizza Hut</i>			
6 Amount (\$) <i>67⁷²</i> ☒ Reimbursement from political contributions intended		7 Payee address: <i>2425 E. Main St.</i>		City: <i>Eagle Pass</i>	State: <i>Tx.</i>
		Zip Code <i>78852</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		(b) Description <i>Dinner for Volunteers</i>	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>09-01-2026</i>		Payee name <i>Maribel Garcia Rodriguez</i>			
Amount (\$) <i>131⁹⁰</i> ☒ Reimbursement from political contributions intended		Payee address: <i>2200 Willow Trail, Eagle Pass</i>		City: <i>Eagle Pass</i>	State: <i>Tx.</i>
		Zip Code <i>78852</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing expense</i>		Description <i>TRANSFERS FOR Volunteer T-shirts</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>09-02-2026</i>		Payee name <i>Miniz 117</i>			
Amount (\$) <i>10⁰⁰</i> ☒ Reimbursement from political contributions intended		Payee address: <i>697 Medina St.</i>		City: <i>Eagle Pass</i>	State: <i>Tx.</i>
		Zip Code <i>78852</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Travel in district</i>		Description <i>Volunteer putting up signs</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>14 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-02-2026</i>		5 Payee name <i>SKILLITS</i>			
6 Amount (\$) <i>10.00</i> ☒ Reimbursement from political contributions intended		7 Payee address: <i>2505 E. MAIN ST</i>		City: <i>Eagle Pass</i>	State: <i>Tx.</i>
		Zip Code <i>78852</i>		☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		(b) Description <i>Meat with Candidate</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>09-02-2026</i>		Payee name <i>Marbor Freight</i>			
Amount (\$) <i>22.20</i> ☒ Reimbursement from political contributions intended		Payee address: <i>2084 N. VETERANS Blvd</i>		City: <i>Eagle Pass</i>	State: <i>Tx.</i>
		Zip Code <i>78852</i>		☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>polling expense, other</i>		Description <i>Cable Ties for signs</i>	
		☐ 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 <i>09-07-2026</i>		Payee name <i>El Relincho RESTAURANT</i>			
Amount (\$) <i>47.00</i> ☒ Reimbursement from political contributions intended		Payee address: <i>1920 N. VETERANS Blvd</i>		City: <i>Eagle Pass</i>	State: <i>Tx.</i>
		Zip Code <i>78852</i>		☐ Check if individual's residence address.	
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: <i>15 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-07-2026</i>		5 Payee name <i>Huddle House</i>			
6 Amount (\$) <i>15.00</i> ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>2352 E. Indio Hwy, Eagle Pass TX 78852</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		(b) Description <i>Meeting for ads</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>09-07-2026</i>		Payee name <i>Murphy USA 8953</i>			
Amount (\$) <i>20.00</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>2090 N. Veterans Blvd. Eagle Pass TX 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>polling expense other</i>		Description <i>Volunteers putting up signs</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>09-07-2026</i>		Payee name <i>Pizza Hut</i>			
Amount (\$) <i>57.13</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>2425 E. Main St. Eagle Pass TX 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		Description <i>Dinner for Volunteers</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <u>16 of 28</u>		2 FILER NAME <u>David R. Saucedo</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>09-08-2026</u>		5 Payee name <u>Harbor Freight</u>			
6 Amount (\$) <u>98</u> <u>12</u> ☒ Reimbursement from political contributions intended		7 Payee address; <u>2804 N. Veterans</u> ☐ Check if individual's residence address.		City; <u>Eagle Pass</u>	State; <u>Tx.</u>
				Zip Code <u>78852</u>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Polling expense, other</u>		(b) Description <u>Cable Ties for signs</u>	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <u>09-08-2026</u>		Payee name <u>La Parilla</u>			
Amount (\$) <u>97</u> <u>53</u> ☒ Reimbursement from political contributions intended		Payee address; <u>2640 Del Rio Blvd.</u> ☐ Check if individual's residence address.		City; <u>Eagle Pass</u>	State; <u>Tx.</u>
				Zip Code <u>78852</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Food / Beverage expense</u> ☐ Check if travel outside of Texas. Complete Schedule T.		Description <u>meeting with media</u> ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date <u>09-08-2026</u>		Payee name <u>Skills</u>			
Amount (\$) <u>10</u> <u>00</u> ☒ Reimbursement from political contributions intended		Payee address; <u>2505 E. Main St.</u> ☐ Check if individual's residence address.		City; <u>Eagle Pass</u>	State; <u>Tx.</u>
				Zip Code <u>78852</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Food / Beverage Expense</u> ☐ Check if travel outside of Texas. Complete Schedule T.		Description <u>Meeting for Ads</u> ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>17 of 28</i>		2 FILER NAME <i>DAVID R. SANCUDO</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-09-2026</i>		5 Payee name <i>Murphy USA</i>			
6 Amount (\$) <i>80.00</i> ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>2090 N. VETERANS BLVD. Eagle Pass TX 78852</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>TRAVEL OUT OF DISTRICT</i>		(b) Description <i>PICK UP MICROPHONE, MATERIALS</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>09-09-26</i>		Payee name <i>Wal-Mart</i>			
Amount (\$) <i>21.63</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>175 IH 35N, Devine, TX. 78016</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>POLLING EXPENSE, OTHER</i>		Description <i>microphone for recording</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>09-09-26</i>		Payee name <i>Amazon</i>			
Amount (\$) <i>58.41</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>410 Terry Ave N. Seattle WA 98109</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>POLLING EXPENSE, OTHER</i>		Description <i>STABILIZER for recording interviews</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>18 of 28</i>	2 FILER NAME <i>David R. Saucedo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09-10-2026</i>	5 Payee name <i>Pizza Hut</i>	
6 Amount (\$) <i>52.36</i> ☐ Reimbursement from political contributions intended	7 Payee address: <i>2425 E. Main St.</i> ☐ Check if individual's residence address.	City: <i>Eagle Pass</i> State: <i>Tx</i> Zip Code: <i>78852</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i> ☐ Check if travel outside of Texas. Complete Schedule T.	(b) Description <i>dinner for 50k walking volunteers</i> ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <i>09-10-2026</i>	Payee name <i>Miniz 117</i>		
Amount (\$) <i>20.60</i> ☒ Reimbursement from political contributions intended	Payee address: <i>697 Medina St.</i> ☐ Check if individual's residence address.	City: <i>Eagle Pass</i> State: <i>Tx.</i> Zip Code: <i>78852</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel in district</i> ☐ Check if travel outside of Texas. Complete Schedule T.	Description <i>Volunteers putting up signs</i> ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <i>09-10-2026</i>	Payee name <i>Eagle Grocery</i>		
Amount (\$) <i>53.10</i> ☐ Reimbursement from political contributions intended	Payee address: <i>299 E. Main St.</i> ☐ Check if individual's residence address.	City: <i>Eagle Pass</i> State: <i>Tx.</i> Zip Code: <i>78852</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i> ☐ Check if travel outside of Texas. Complete Schedule T.	Description <i>Food for meeting with volunteers</i> ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>19 of 28</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-10-2026</i>		5 Payee name <i>CASINO GROCERY</i>			
6 Amount (\$) <i>32.94</i> ☒ Reimbursement from political contributions intended		7 Payee address: <i>2226 Del Rio Blvd.</i>		City: <i>Eagle Pass</i>	State: <i>Tx.</i>
		Zip Code: <i>78832</i>		☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		(b) Description <i>Food for Volunteer meeting</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>09-12-2026</i>		Payee name <i>Jesus Flores</i>			
Amount (\$) <i>50.00</i> ☐ Reimbursement from political contributions intended		Payee address: <i>1664 Spirit Lane</i>		City: <i>Eagle Pass Tx.</i>	State: <i>78852</i>
		Zip Code: <i>78852</i>		☒ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>SALARIES WAGES / CONTRACT LABOR</i>		Description <i>PUTTING UP SIGNS</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name _____ Office sought _____ Office held _____					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>09-11-2026</i>		Payee name <i>Pizza Hut</i>			
Amount (\$) <i>53.66</i> ☒ Reimbursement from political contributions intended		Payee address: <i>2425 E MAIN ST</i>		City: <i>Eagle Pass Tx</i>	State: <i>78852</i>
		Zip Code: <i>78852</i>		☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage expense</i>		Description <i>dinner for bloodwalking volunteers</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name _____ Office sought _____ Office held _____					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>20 of 28</i>		2 FILER NAME <i>DAVID R. SAUCEDO</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-12-2026</i>		5 Payee name <i>San Miguel</i>			
6 Amount (\$) <i>258.49</i> ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>408 South Texas Dr. Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>gift, award, memorial, other</i>		(b) Description <i>celebration luncheon for volunteers</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>09-12-2026</i>		Payee name <i>Mimis 117</i>			
Amount (\$) <i>43.66</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>697 Medina St. Eagle Pass, Tx. 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>polling expense, other</i>		Description <i>volunteers, putting up signs</i>		
	☐ 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					
Date <i>09-14-2026</i>		Payee name <i>Saul Gomez</i>			
Amount (\$) <i>700.00</i> ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>1561 Tabor St. Eagle Pass Tx. 78852</i> ☒ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>political ads, social media</i>		
	☐ 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					
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>21 of 21</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-14-2026</i>		5 Payee name <i>830 Signs</i>			
6 Amount (\$) <i>906.57</i>		7 Payee address; <i>437 Quarry St.</i>		City; <i>Eagle Pass, Tx.</i>	State; <i>78852</i>
☒ Reimbursement from political contributions intended		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>		(b) Description <i>pushcards, door hangers</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>09-14-2026</i>		Payee name <i>24 hour Wristbands</i>			
Amount (\$) <i>349.65</i>		Payee address; <i>14550 Beechnut St,</i>		City; <i>Houston, Tx.</i>	State; <i>77083</i>
☒ Reimbursement from political contributions intended		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing expense</i>		Description <i>Wristbands for campaign</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>09-15-2026</i>		Payee name <i>Sweet Twists Bakery</i>			
Amount (\$) <i>30.00</i>		Payee address; <i>259 N. Monroe</i>		City; <i>Eagle Pass</i>	State; <i>Tx.</i>
☒ Reimbursement from political contributions intended		☐ Check if individual's residence address.		<i>78852</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		Description <i>Meeting for political ad team</i>	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>22 of 28</i>	2 FILER NAME <i>David R. Saucade</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09-14-2026</i>	6 Payee name <i>Lowes</i>	
6 Amount (\$) <i>12 92</i> ☒ Reimbursement from political contributions intended	7 Payee address; <i>574 S. Bibb Ave.</i> ☐ Check if individual's residence address.	City; State; Zip Code <i>Eagle Pass Tx. 78852</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Polling expense other</i>	(b) Description <i>nails for political signs</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>09-15-2026</i>	Payee name <i>Mini Mart</i>	
Amount (\$) <i>25 62</i> ☒ Reimbursement from political contributions intended	Payee address; <i>165 Del Rio Hwy</i> ☐ Check if individual's residence address.	City; State; Zip Code <i>Eagle Pass Tx. 78852</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel in district</i>	Description <i>putting up political signs</i>
	☐ 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 <i>09-15-2026</i>	Payee name <i>Pizza Hut</i>	
Amount (\$) <i>62 43</i> ☒ Reimbursement from political contributions intended	Payee address; <i>2425 E. Main St</i> ☐ Check if individual's residence address.	City; State; Zip Code <i>Eagle Pass Tx. 78852</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage expense</i>	Description <i>Dinner for blockwalking volunteers</i>
	☐ 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 23 + 28		2 FILER NAME David R. Saucedo		3 Filer ID (Ethics Commission Filers)	
4 Date 09-16-2026		5 Payee name Jesus Flores			
6 Amount (\$) 70.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1664 Spirit Lane Eagle Pass Tx. 78852 ☒ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description putting up signs		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

Date 09-16-26		Payee name Golden Chick			
Amount (\$) 21.64 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2100 E. MAIN ST. Eagle Pass Tx. 78852 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage expense		Description Dinner Volunteers making shirts		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

Date 09-17-2026		Payee name Chili's Grill & Bar			
Amount (\$) 37.62 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 254 Bibb St Eagle Pass Tx. 78852 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage expense		Description Meeting on political ads		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: 24 of 24		2 FILER NAME DAVID R. SAUCEDO		3 Filer ID (Ethics Commission Filers)	
4 Date 09-17-2026		5 Payee name Pizza Hut			
6 Amount (\$) 53.66 ☒ Reimbursement from political contributions intended		7 Payee address: 2425 E. MAIN ST. Eagle Pass Tx. 78852		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage expense		(b) Description dinner for 60+ walking volunteers		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

Date 09-18-2026		Payee name Minis 117			
Amount (\$) 20.00 ☐ Reimbursement from political contributions intended		Payee address: 697 Medino St. Eagle Pass Tx. 78852		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL in district		Description Putting up signs		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

Date 09-18-2026		Payee name Huddle House			
Amount (\$) 31.77 ☒ Reimbursement from political contributions intended		Payee address: 2352 E. India Hwy Eagle Pass Tx. 78852		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage expense		Description Meeting with volunteers		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: 25 of 28		2 FILER NAME DAVID R. SAUCCO		3 Filer ID (Ethics Commission Filers)	
4 Date 09-18-2021		6 Payee name Chilis Grill & Bar			
6 Amount (\$) 51.29 ☒ Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 254 Bibb St Eagle Pass, TX 78852 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage expense		(b) Description Meeting on Political Ads		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 09-18-2021		Payee name EL LATINO			
Amount (\$) 1,500.00 ☒ Reimbursement from political contributions intended		Payee address: City: State: Zip Code 1212 Katy Dr. Eagle Pass TX 78852 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Ads, newspaper		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date 09-18-2021		Payee name E.P.T.X.N. Daniel Ramos			
Amount (\$) 500.00 ☒ Reimbursement from political contributions intended		Payee address: City: State: Zip Code 959 Medina St. #5, Eagle Pass TX 78852 ☒ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description political ads, social media		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>27 of 48</i>		2 FILER NAME <i>David R. Saucedo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-22-26</i>		5 Payee name <i>News GEM</i>			
6 Amount (\$) <i>1000.00</i> ☒ Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code <i>2431 Del Rio Blvd Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		(b) Description <i>political ads</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>09-22-26</i>		Payee name <i>Rurico Driscoll</i>			
Amount (\$) <i>100.00</i> ☒ Reimbursement from political contributions intended		Payee address: City: State: Zip Code <i>459 San Marcos Eagle Pass Tx 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>Window Decals</i>		
	☐ 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					
Date <i>09-22-26</i>		Payee name <i>Pizza Hut</i>			
Amount (\$) <i>40.30</i> ☒ Reimbursement from political contributions intended		Payee address: City: State: Zip Code <i>2425 E. MAIN St Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage expense</i>		Description <i>dinner blackwaking volunteers</i>		
	☐ 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					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: <i>28 + 28</i>		2 FILER NAME <i>DAVID R. SAUCEDO</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>09-24-2026</i>		5 Payee name <i>Jesus Flores</i>			
6 Amount (\$) <i>75.00</i> ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>1664 SPIRIT LANE, Eagle Pass, TX 78452</i> ☒ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>		(b) Description <i>putting up signs</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
☐ Reimbursement from political contributions intended		☐ Check if individual's residence address.			
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		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
☐ Reimbursement from political contributions intended		☐ Check if individual's residence address.			
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		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
☐ Reimbursement from political contributions intended		☐ Check if individual's residence address.			
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		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <i>1 of 1</i>	2 FILER NAME <i>David R. Saucedo</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date <i>02-25-2022</i>	6 Payee name <i>Eagle Pass News Leader</i>	
7 Amount (\$) <i>1,000⁰⁰</i>	8 Payee address; City; State; Zip Code <i>977 Main St Eagle Pass Tx. 78852</i> ☐ Check if individual's residence address.	
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
11 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		
	☐ Check if individual's residence address.		
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political		
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

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