CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICEHOLDER NAME Daniel NICHAME Daniel NICHAME Dan Sanchez CANDIDATE / OFFICEHOLDER ADDRESS / FOOD ADDRESS / FOOD ADDRESS / FOOD ADDRESS / FOOD CANDIDATE / OFFICEHOLDER ADDRESS / FOOD ADDRESS / FOOD ADDRESS / FOOD ADDRESS / FOOD APPLICATION AND ADDRESS / FOOD ADDR				
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	Dan So	induz	15 ACCOUNT# (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF		
	COMMITTEE TYPE	COMMITTEE NAME	THE RESERVE NOTICE OF SUCH EXPENDITURES.	
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	*	
EXPENDITURE	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,100.00	
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CONTRIBUTION BALANCE	5. TOTAL PO	POLITICAL EXPENDITURES DISTRIBUTIONS MAINTAINED AS OF THE LAST D.	\$ 9,777.81	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT		i swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by	
	ELISSA ROCHA ommission Expires rember 28, 2015	Dan 9	idate or Officeholder	
AFFIX NOTARY STAMP	/ SEAL ABOVE	-		
Sworn to and subso		e, by the said Daniel Senchy, 20 15, to certify which, witness my	y hand and seal of office.	
Signature of officer adminis	stering oath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:	
2 FILER NAME	Dan Sanchez		3 ACCOUNT # (E	ithics Commission Filers)	
5/12/15	5 Full name of contributorout-of-state PAC(ID#:	R.05	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
,10	P.O. Box 266 245		2500.00	! 	
9 Drive along	Houston X 1201		(if travel outside	of Texas, complete Schedule T)	
<u> </u>	oation / Job title (See Instructions) ice President	10 Employer (See I	instructions)		
0/(7/15	Full name of contributor U out-of-state PAC (ID#:_ Rup ublic Services, T.A. Contributor address; City; State; Zip Code	<i>C</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	18500 No. Allied Way		1,000.		
	Phoenix AZ 85054		(if travel outside o	of Texas, complete Schedule T)	
	PAC Job title (See Instructions)	Employer (See I	nstructions)	The second secon	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution	
5/28/15	Contributor address; City; State; Zip Code 7802 Silent Forest Dr Sugar Land TX 7747	_	Contribution (\$)	description (if applicable)	
	pation / Yob title (See Instructions)	Employer (See I			
5/28/5	Full name of contributor out-of-state PAC (ID#_ David & Susan Olivera Contributor address; City; State; Zip Code 7408 N 4 th ST	,	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	McAllen Tx 78504		,		
Principal occup	Hatton / Job title (See Instructions)	Employer (See I	(If travel outside on natructions)	f Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC(ID#:_ Ramon Montalvo III)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
7/20/13	Contributor address; City; State; Zip Code 208 S Texas Blvd		600.		
	Weslaco TX 78596		(If travel outside o	f Texas, complete Schedule T)	
	nation / Job title (See Instructions)	Employer (See In	nstructions)	TONDS, COMPLETE SUMBLE 1)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Dan Sanchez	-	3 ACCOUNT # (E	Ethics Commission Filers)
5/201	5 Full name of contributor aut-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
5/28 15	Frabell C Cordon 6 Contributor address; City; State; Zip Code 1521 MiSty Lane	· · · · · · · · · · · · · · · · · · ·	2500.00	
a D	Weslaco Tx 78596			of Texas, complete Schedule T)
	pation / Job title (See Instructions) 517655 ОWAEL	10 Employer (See	Instructions)	100
5/27 -	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
16 1115	2811 E Mile 9/2 N		20∞.ºº	
	Donna Tx 78537		(If travel outside o	of Texas, complete Schedule T)
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Date _	Full name of contributor out-of-state PAC(ID#:_		Amount of	In-kind contribution
5/21	Jose L. Munoz		contribution (\$)	description (if applicable)
0/28/15	Jose L. Munoz Contributor address; City; State; Zip Code P.O. Box 46		250,00]
	Mercedes Tx 78570	5	(If travel outside	of Texas, complete Schedule T)
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Date	Full name of contributor uit-of-state PAC(iD#:_)	Amount of	în-kind contribution
5/28/15	Juan F Gonzales Contributor address; City; State; Zip Code RR Box 446	Jr	contribution (\$)	description (if applicable)
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	Raymondville Tx 7	₈ 580	(If traval outsides	of Toyon nominists Original Wi
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T)
D-4-	Business man			
6 x 5	Full name of contributor out-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
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Accounting/Banking Consulting Expense		tion/Fundraising Expense Transportation Equipment & Related Expense		
Event Expense	• •	In District Contributions/Donations Made By Out Of District Candidate/Officeholder/Political Committee		
Fees		Out Of District Candidate/Officeholder/Political Committee Overhead/Rental Expense / OTHER (enter a category not listed above)		
	The Instruction Guide explain	is how to complete this form.		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
2 of 4	1 Jan Sandhez	- (
4 Date	5 Payee name			
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	ATTACH ADDITIONAL CODIES	OF THIS SCHEDULE AS NEEDED		

P.O. Box 12070

		TEGORIES FOR BOX 8(a	1)	
Advertising Expense	Gift/Awards/Memorials Expense Sa	larles/Wages/Contract Labor	Loan Repayment/Reimbursement	
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expenditure to benefit C/OH	EAFERDITURE	TOTOL TOTOL T	F	-00d/R	everages
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Of	fice sought	Office held
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