CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 38 DF	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Daniel NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY	
4 CANDIDATE/	Dan Sanche	cz –	CAMERON COUNTY DEPARTMENT OF ELECTIONS &	
OFFICEHOLDER MAILING ADDRESS Change of Address	28233 Bass Blvd. Harlingen, Texas 785	STATE; ZIP CODE	JAN 1 5 2016	
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) PHONE NUMBER 491-3283	EXTENSION	Pare Hand-get vered or Care Posturasked	
6 CAMPAIGN TREASURER	ms/mrs/mr First Rosalinda	MI	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Rosie Cobarrub	olas	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE	
ADDRESS (Residence or Business)	27095 Baker Potts Re			
,	Harlingen, Texas 785	552		
8 CAMPAIGN TREASURER PHONE	(956) PHONE NUMBER 454-1726	EXTENSION		
9 REPORT TYPE	July 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	08 / 01 / 2015	THROUGH 12/	131 /2015	
11 ELECTION	Month Day Year Primary 03/01/2016 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	Cameron County Commissioner Pct	13 OFFICE SOUGHT (If known Cameron Comeron Company)		
GO TO PAGE 2				

Bar.

Production of the Production o

enge to &

others of the second

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	an Sanche	ez.	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		OOWWITTEE OAWI AIGN THEASUREIT ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	Į.	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 52,850°°		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ _ O -		
	4. TOTAL POLITICAL EXPENDITURES \$51,976.13				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 20,213,87				
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 perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
NOTARY FUBLIC STATE OF TEXAS LLESICA MIROSLAVA CRAFTS MY COMM. EXP. 01-22-2016 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworp to and subscribed before me, by the said					
1 Hoters Public					
Signature distiller administering oath Printed name of officer administering oath Title of officer administering oath					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	• • • • • • • • • • • • • • • • • • • •	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)	
4 Date 10-23-15	5 Payee name Chuy's Custom Spo	rt3	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
110,96	160 E Stenger St San Benito Tx 78.	586	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	Bumper Stickers		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held	
Date	Payee name		
11-4-15	Chuy's Custom &	ports	
Amount (\$)	Payee address; City; State; Zip Code 160 E Stenger St		
351, "	San Benito Tx 785	86	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	Bumper Stickers		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12-3-15	Chuy's Custon S Payee addless; City; State; Zip Code 100 F Steins 2 C St	Dorts	
Amount (\$)	Payee addless; City; State; Zip Code		
536.92	TWO E STARGET ST		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Other	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	-	Check if Austin, TX, officeholder living expense	
	T Shirts		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	DNS	\$ 52,850=	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICA	L CONTRIBUTIONS	* 2500 18	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE	\$51,976.13		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MAD	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE F	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL C	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE	FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUN RETURNED TO FILER	DS, AND CONTRIBUTIONS	\$	

		,		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dan Sanchez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Nolan Perez 6 Contributor address; City; State; Zip Code Dec. 30 2015 Harlingen Tx 78552 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) Guerra, Leeds, Saloo d Hernandez PLLC Contributor address; City; State; Zip Code 10213 North 10th St Dec. 30 υO 1000. 2015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Nov. 11 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Full name of community of the contributor address; City; State; Zip Code Contributor address; City; State; Zip Code (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_____ Sept. 15 2,000.00 Business Owner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Inst	ruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Dan Sanchez	3 Filer ID (Ethics Commission Filers)
2015 6 6	Full name of contributor out-of-state PAC (ID#:) Rene Ramirer Contributor address; City; State; Zip Code 12 W. Nolana Ave. Swite 415 CAllen TX 78504	7 Amount of contribution (\$) 2500°
8 Principal occupation	on / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2015 2	Contributor address; City; State; Zip Code 200 W Expressway 83 Nercedes Tx 78570	2500°
Principal occupation	m / Job title (See Instructions) Employer (See Instructions)	tions)
	Full name of contributor out-of-state PAC (ID#:) Stefanc's P172a Mustafa Shehada Contributor address; City; State; Zip Code 1201 W Bus 83 tarlingen TX 78552 on / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Kestaur	ant Owner	
2015 1	Full name of contributor out-of-state PAC (ID#:) HAbel Candona Contributor address; City; State; Zip Code 521 Misty Lane 1631aco Tx 78596	Amount of contribution (\$)
Principal occupation	Employer (See Instructions) Employer (See Instructions)	etions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
Nov. 17	Mary Alice & Rolando Go. 6 Contributor address; City; State;		2500°
2015	La Feria Tx 78559	2. ip 0000	
8 Principal occu		9 Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC	. 1	Amount of contribution (\$)
Nov. 17	Cordina Garza Crock Contributor address; City; State;		2500.00
2015	Contributor address; City; State; 25721 Altas Palmas Rd Harlingen Tx 78552		
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
Nov. 17	Contributor address; City; State;	Zip Code	2500=
2015	27304 Bass Blud Harlingen Tx 78552		
Principal occu Business	pation / Job title (9de Instructions) Home maker / Tea cher	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Pablo Garza		2500.00
2015	9732 N. Bentsen Rd	; Zip Code	2500.
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
•	ntractor	2	,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date Nov. 17 2015	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
8 Principal occup	Han Tx 78552	mployer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
Nov. 17 2015	Ricardo Gallaga Contributor address; City; State; Zip 3530 Garrett Rd. Han Tx 78552		2500,00
· سا	ation / 30b title (See Instructions)	nployer (See Instruction	ons)
Engineer			
Date	Full name of contributor		Amount of contribution (\$)
Nov. 17 2015	Reza Badiozzamani Contributor address; City; State; Zip 2820 Royal falm Circle McAllen Tx 78501		2500 ==
1		mployer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
Nov.17	Ricardo Guerra	. , , ,	ρO
2015	Contributor address; City; State; Zip 6700 N. Mile 31/2 West Weslaco Tx 78596	Code	2500.
	pation / Job title (See Instructions)	mployer (See Instructi	ons)
Maintanc	e Contractor		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	<u> </u>	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Dan Sanchez	3 Filer ID (Ethics Commission Filers)
4 Date Oct. 4 2015	5 Full name of contributor out-of-state PAC (ID#:) CRO International LLP 6 Contributor address; City; State; Zip Code 300 South 8th Manuel Tx 7850	7 Amount of contribution (\$)
	pation / Job title (See Instructions) 9 Employer (See Instructions) 1	tions)
Date	Full name of contributor	Amount of contribution (\$)
Dec. 7 2015	Christian or Sylvia Villareal Contributor address; City; State; Zip Code 3109 Treasure Hills Blud Han Tx 78550	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
14ccou	itant/Dentist	
Dec.7 2015	Full name of contributor out-of-state PAC (ID#:) Jaime Sanchez Contributor address; City; State; Zip Code P. O. BOX 435 Los Indios TX 78577	Amount of contribution (\$) 300^{20}
. ^	pation / Job title (See Instructions) Employer (See Instructions)	otions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9-29 2015	Noe Alaniz Contributor address; P. D. Box 293 Rio Hondo Tx 78583	15000
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	otions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Dan Sanchez	3 Filer ID (Ethics Commission Filers)
4 Date Dec. 30 2015	5 Full name of contributor out-of-state PAC (ID#:) Rene A. Ramire? 6 Contributor address; City; State; Zip Code 612 W. Nolana Ave Swite 415 NCALLEN IX 78504	7 Amount of contribution (\$) 2500.
\sim	pation / Job title (See Instructions) 9 Employer (See Instructions) 1 Sultant	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Jesus Sulinas	Amount of contribution (\$)
Dec 3 2015	Contributor address; City; State; Zip Code 1201 E Expuy 83 Missip Tx 78572	5000°°
Principal occup	eation / Job title (See Instructions) Enginneer Enginneer	tions)
Date Dec.18 2015	Full name of contributor out-of-state PAC (ID#:) Margaret Jorn Contributor address; City; State; Zip Code 153 Nueces Park Harlingen Tx 78552	Amount of contribution (\$) HOO ©
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Dec. 30 2015	Full name of contributor out-of-state PAC (ID#:) Richard Garz Contributor address; City; State; Zip Code 3910 W Freddy Gonzalez Dr Edinburg Tx 78539 Deation / Job title (See Instructions) Employer (See Instruc	Amount of contribution (\$)
T molpar occu	Developer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date Oct. 7 QD 5 8 Principal occur	5 Full name of contributor out-of-state PAC Carlos or Elena Marin 6 Contributor address; City; State; 295 Calle Jacaranda Bluille. Tx 78520 Dation / Job title (See Instructions)	l	7 Amount of contribution (\$) 2000,
	Enginner / Physician		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Oct. 22 2015	John W. Hudson Contributor address; City; State; 3014 Fairway Dr Sugarland Tx 77478	Zip Code	250.00
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
En	gineer / Developer		
Oct . 7 2015	Full name of contributor out-of-state PAC Halff Associates - Contributor address; City; State; 1201 N. Browser Roa Richardson Tx 750	State PAC Zip Code	Amount of contribution (\$) 2000 i
i ' A '	pation / Job title (See Instructions) Chitects	Employer (See Instruc	tions)
Date Oct. 6 2015	Gabriel Communical	(ID#:) DONS LLC ; Zip Code	Amount of contribution (\$) 2000 .
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction	Guide explains how to complete this form	n.	1 Total pages Schedule A2:
² FILER NAME DO	n Sanchez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2500 ==
1	of contributor out-of-state PAC (ID#: us Democratic Party or address; City; State; Zip Co E. Ben White Suite I		8 Amount of 9 In-kind contribution description 2500 000
AVSTI	TEXAS itle (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occu	pation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law	firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law	firm of parent(s) (if any) (FOR JUDICIAL)		
	e of contributor		Amount of . In-kind contribution Contribution \$. description .
			Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job	title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occ	upation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law	firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, lav	v firm of parent(s) (if any) (FOR JUDICIAL)		
			•
			,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a ca	strict tegory not listed above)
-	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Et	hics Commission Filers)
4 Date 12-30-15	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
27.10 50	709 N 77 Sunshine		
3548.	Han Tx 78550		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Diding: Al aid	Check if travel outside of Texas. Comple	ete Schedule T.
OF EXPENDITURE	Other: Mail	Check if Austin, TX, officeholder liv	ving expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
12-30-15	US PS		
Amount (\$)	Payee address; City; State; Zip Code	3	
20°09	709 N. 77 Sunshine S	/-	
<i>~</i> U	Han Tx 78550		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other: Mail	Check if travel outside of Texas. Comple	
EXPENDITURE	Office, work	Check if Austin, TX, officeholder liv	ing expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
		1	
DUDDOG	Category (See Categories listed at the top of this schedule)	Description Check #translautride of Tauce County	to Cabadala T
PURPOSE OF		Check if travel outside of Texas. Comple Check if Austin, TX, officeholder liv	
EXPENDITURE		Oncor a Austin, 1A, onicendider in	mg expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1 		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Foot/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment		o complete this form.			
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission File	ers)		
4 Date 12 - 30 - 15	5 Payee name USPS				
6 Amount (\$)	7 Payee address; City; State; Zip Code 709 N. 77 Sunshines Haclinaen Tx 7855	st D			
8	(a) Category (See degories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other: Mail	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 H	Office sought Office held			
Date	Payee name				
12-28-15	Staples				
Amount (\$)	Payee address; City; State; Zip Code				
18500	2436 Pablo Kisel 1 B'ville Tx 785\$1	Dioa			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Office Supplies	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/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

:

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Gredit 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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Tra	avel Out Of District ner (enter a category not listed above)		
1 Total pages Schedule F1:	•		Filer ID (Ethics Commission Filers)		
4 Date 12-16-15	5 Payee name Chuy's Custor	n Sports			
6 Amount (\$)	7 Payee address; City; State; 2 160 E Stenger San Benito Ty	zip Code - 78586			
8	(a) Category (See Categories listed at the top of this				
PURPOSE OF	Other		of Texas. Complete Schedule T. officeholder living expense		
EXPENDITURE	TShirts	S S S S S S S S S S	Officeriories training expenses		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
9-12-15	Jose Tobar				
Amount (\$)	Payee address; City; State;	Zip Code			
400.	Han. Tx. 285	55 0			
	Category (See Categories listed at the top of this				
PURPOSE OF	Other:		f Texas. Complete Schedule T.		
EXPENDITURE	Sponsorship	LI UNEUK II AUSUII, 1A, C	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
9-3-15	Wounded War				
Amount (\$)	Payee address; City; State; 2	Zip Code			
500.		520			
PURPORE	Category (See Categories listed at the top of this		f Texas. Complete Schedule T.		
PURPOSE OF	Other:		officeholder living expense		
EXPENDITURE	Sponsorship				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Onations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Ages/Contract Labor Other (enter a c	District ategory not listed above)		
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (E	Ethics Commission Filers)		
4 Date 9-20-15	Family Crisis Center	ir			
6 Amount (\$)	7 Payee address; City; State; Zip Code Colly W Taylor St.				
900	Han. Tx 78550				
8 BURDOCE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Comp	olete Schedule T.		
PURPOSE OF EXPENDITURE	Other	Check if Austin, TX, officeholder living expense			
	Donation				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name	. 1-			
10-10-15	Salt Winter War	riors/Buckne	r Children's		
Amount (\$)	Payee address; City; State; Zip Code 3780 N Bentson Pa	Im Dc	Home		
250-	Mission Tx 78574				
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Comp	lota Cabadida T		
PURPOSE OF EXPENDITURE	Other: Donation	Check if Austin, TX, officeholder I			
EXI ENDITORE	Children's Shoes				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11-18-15	B15D				
Amount (\$)	Payee address; City; State; Zip Code 1900 Price Road				
80	B'ville Tx 78520				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Other-	Check if travel outside of Texas. Comp Check if Austin, TX, officeholder I			
EXPENDITURE	Migrant Students				
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				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	•	Legal Services The Instruction Guide expl		/ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ict gory not listed above)
		The Instruction Guide expl	ains now to co	ompiete this form.		
1 Total pages Schedule F1: 5 • F 27	2 FILER NA	Dan Sanch	iez		3 Filer ID (Ethic	cs Commission Filers)
4 Date 2-1-15	5 Payee na	u of San Be	enito			
6 Amount (\$)	7 Payee ad	ddress; City; State; N. Sam Hou	Zip Code			
15-	San	Benito, Tx	785	1		
8	(a) Category	/ (See Categories listed at the top of th	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Even	t Expense arade			outside of Texas. Complete in, TX, officeholder living	
EXPENDITURE	- Pa	arade				
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ıme		•		
11-17-15	Bo	& Scouts 0		erica		
Amount (\$)	Payee ad					
50000	6912 Han		3			
	Category	(See Categories listed at the top of the	his schedule)	Description		
חופפטפב	1			l — ·	utside of Texas. Complete S	Schedule T.
PURPOSE OF	Othe	0.8			·	
EXPENDITURE		1 1		L Glieck ii Austria	n, TX, officeholder living	expense
	<u>'</u>	ionsorship				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12-3-15	M5	Designs		No.		
Amount (\$)	Payee ad		Zip Code	^		
1 - 20	140	5 50 Palm C	iourt	ひて		
173.6	111-	T. >81	7-5			
1101	Ho	IN 1x 10.	<u> </u>	941		
		(See Categories listed at the top of th		Description		
PURPOSE	h 1.10	Alicina Trungas	Λ	Check if travel ou	utside of Texas. Complete S	Schedule T.
OF	Have	Home Expense	こ		n, TX, officeholder living	
EXPENDITURE	1 -0) ·			17 1711 011100112122	охронов
		rtising Expense Banner	:			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIE	ES OF THIS S	SCHEDULE AS NEI	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	,	ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 10-16-15	5 Payee name Tip of Texas Famil	y Outrea	ch
6 Amount (\$)	7 Payed address; City; State; Zip Code 455 E Levee S+) `	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8 PURPOSE	Other	Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	Sponsorshi p	L Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10-16-15	Harlingen FFA		
Amount (\$)	Payee address; J City; State; Zip Code		
400	Hgn Tx 78550		
	Category (See Categories listed at the top of this schedule)	Description	ide of Tours Complete Debugger
PURPOSE OF	Other		ide of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	Sponsorship		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-9-15	Vista Mobile		
Amount (\$)	Payee address; City; State; Zip Code		
600	Biville Tx 78526		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other Advertisement		ide of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	Other Advertisement Signs		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	•	Vages/Contract Labor	Other (enter a category not listed above)
.	The Instruction Guide explains how to c	omplete this form.	,
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 11-10-15	5 Payee name	ン	
6 Amount (\$) 2189 74	7 Payee address; City; State; Zip Code		
940 II	Buille Fx Han Tx	78550	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Event Expense		utside of Texas. Complete Schedule T.
EXPENDITURE	CVCI CI CIPCI GC	L Uneck it Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11-10-15		11 11110	Donat
Amount (\$)	Davis address Otto Otto 77 O. I	lld Welfare	
2000	P.O. Box 2715 Boca C	hica Rhad	Ste. 3 # 113
250	BIVILLE TX 78521	11.000	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other		tside of Texas. Complete Schedule T.
EXPENDITURE	Sponsurship	L Check if Austin,	, TX, officeholder living expense
	200.130.130.116		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	1		
Date	Payee name		- ^
11-30-15		3 of Am	ierica Sun Benito
Amount (\$)	Payee address; City; State; Zip Code		
10000	P.O. BOX 1715		
100	San Benito Tx 7858	6	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Other	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE	~ .	Check if Austin,	, TX, officeholder living expense
	Sponsorship		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		Office Sought	Onice Held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

		, :	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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
Check Control of the Control

Candidate/Officeholder/Politica Credit Card Payment	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 co	omplete this form.	<u> </u>		
1 Total pages Schedule F1:	Dan Sanchez		3 Filer ID (Ethics Commission Filers)		
4 Date 19-15	5 Payee name Lamar Advertisi	ng			
6 Amount (\$)	7 Payee address; City; State; Zip Code	Ĵ			
437200	2001 Industrial 1 San Benito Tx 78586	Nay			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Printing Expense	i 🖂	utside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense		
	Signs				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		and a straight and the straight of the straigh		
11-19-15	Lamar Advertis	ing			
Amount (\$)	Payee address; City; State; Zip Code)	s in the second second		
111110	in 00 2001 Industrial Way				
1990	San Benito Tx 7858	ر کورو			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing Expense	Check if travel or	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Thirty expense	Check if Austin	n, TX, officeholder living expense		
	Signs				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11-17-15	Lamar Advertision	19			
Amount (\$)	Payee address; City; State; Zip Code	J			
1000	2001 Industrial Way				
WUU.	San Renito Tx 78586				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing to sonse	Check if travel or	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Thinks expense	Check if Austin	n, TX, officeholder living expense		
	Printing Expense - Signs				
Complete Chilly if dis-	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/O		Onice sought	Office neid		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		



SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Others (orders of the control of the c

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/V	Vages/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 F1:	² FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)
4 Date 12-12-15		ng
6 Amount (\$)	7 Payee address; City; State; Zip Code 2001 Industrial Way San Blaito Tx 7858	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
OF	Printing Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	-Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	•
12-13-15	Cameron County Der	nocratic Party
Amount (\$)	Payee address; City; State; Zip Code	J
125200	954 E Harrison	
1230	Biville Tx 78520	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Esac	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		Since sought Since Hold
Date	Payee name	
11-2-15	La Sierra Event	Center
Amount (\$)	Payee address; City; State; Zip Code	
000	3742 N. 77 Sunsh	line St
1 500.	Han TV 78550	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Event Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Ol	п	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	_	ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 12-3-15	La Sierra Event (Center	
6 Amount (\$) 2525.	7 Payee address; City; State; Zip Code 3742 N. 77 Sunsh Han Tx 78550	ine St	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	To 1 Time sa	Check if travel	outside of Texas. Complete Schedule T.
OF	Event Expense	Check if Aust	in, TX, officeholder living expense
EXPENDITURE	l		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-2-15	Pink Ape Media		
Amount (\$)	Payee address; City; State; Zip Code	H. if	
00	3101 Pablo Kiesel Blud	,#4	
50007	Buille Tx 78526		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
12-15-15	Pink Ape Media		
Amount (\$)	Payee address; City; State; Zip Code	x -H .1	
00	3101 Pablo Kiesel Bluc	d + 4	
Q000	MILLIA TO DEED!		
	B'ville 7x 18526	1	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	DI	Check if travel of	outside of Texas. Complete Schedule T.
OF	Polling Expense	Check if Aust	in, TX, officeholder living expense
EXPENDITURE			
OI-t- ONLY II Jun 1	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OF		Onice sought	Office field
inputation to bottom of of	•		
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NE	EDED

		··.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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.				
4	·	ompioto tina torin.	,	
1 Total pages Schedule F1:	Dan Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
12-23-15	Got Print. com			
6 Amount (\$)	7 Payee address; City; State; Zip Code	1-01		
1271 44	7651 N. San Fernand	ao Ro		
12101	Burbank CA 91505			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
		l ' ' '	utside of Texas. Complete Schedule T.	
PURPOSE OF	Printing Expense	l []	n, TX, officeholder living expense	
EXPENDITURE		onder is receive	, TX, onlocation average expenses	
9 Complete ONLY if direct	L Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI		Omoo oodga	Cinico Heid	
	Davis acres			
Date	Payee name			
11-17-15	Solice Technolog	IPS		
Amount (\$)	Payee address; City; State; Zip Code	10		
00	1200 Bonham Rd		•	
1200	0 .11 - 00001			
1000.	Brille Tx 78521	7		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Adipation Expose.	Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin	, TX, officeholder living expense	
)		·	
	Occalidate (Official all)			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
	C 1:			
12-12-15	Irene Jalinas			
Amount (\$)	Payee address; City; State; Zip Code			
nm 00	1621 E Taylor St.			
150	11 T. 78550			
	Aga IX 1000	I	·····	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Hood Expense		utside of Texas. Complete Schedule T.	
EXPENDITURE		Gneck if Austin	n, TX, officeholder living expense	
	Food Expense Tamales / Menudo			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office neid	
			446444444444444444444444444444444444444	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 12-6-15	5 Paype name Walmart		
6 Amount (\$)	7 Payee address; City; State; Zip Code 3500 W Alton Gloor Blu	d	
31.61	B'ville Tx 78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other Campaign Box 4 Dolly		de of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	Chur's Custom S	Sports	
Amount (\$)	Payee address; City; State; Zip Code		
2442.12	160 E Stenger St San Benito Tx 785	86	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OHOC		de of Texas. Complete Schedule T. 'X, officeholder living expense
	T Shirts		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-29-15	Walmart		
Amount (\$)	Payee address; City; State; Zip Code 3500 W Alton 61000 B1V.11e Tx 78520	Blud	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		de of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

		A Section 2	
`			
		· .	
	,		
			• .
•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Dicholder/Political Committee

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	•	inter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer	ID (Ethics Commission Filers)
4 Date 11-15-15 6 Amount (\$)	5 Payee name La Vaquita 7 Payee address; City; State; Zip Code 757 E Stenger St	8584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Check if travel outside of Tex. Check if Austin, TX, office	,
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date 12-3-15	Payee name	·	
Amount (\$)	Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
35.18	9605 FM 1732 Biville Tx 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Office Supplies	Description Check if travel outside of Texa	•
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date 12-6-15	Payee name Family Dollar		
Amount (\$)	Payee address; City; State; Zip Code 9605 FM 1732 BIVILLE TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description Check if travel outside of Text Check if Austin, TX, office	,
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

		-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)
4 Date 12-18-15	5 Payee name Harbor Freight	<u> </u>
6 Amount (\$)	7 Payee address; City; State Zip Code	
62.60	B'ville Tx 78521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
12-22-15	Harbor Freight	
Amount (\$)	Payee address; City; State; Zip Code 1601 Price Rd Stel	
28.07	Biville Tx 78521	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
12-19-15	Longhorn	
Amount (\$)	Payee address; City; State; Zip Code	
300	106 Bass Pro Dr Han Tx 78550	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Food / Beverage	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food / Beverage Expense	L Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
SAPORTERISTS TO SOMETH OF STREET		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	,	ages/Contract Labor Other (enter a catego	ory not listed above)
	The Instruction Guide explains how to co	·	/
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Ethica	s Commission Filers)
4 Date \2-19-15	Don Beto's		
6 Amount (\$) 8 1, 27	7 Payee address; City; State; Zip Code 109 N. Main St La Faria TX 78559		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) Description Check if travel outside of Texas. Complete S	
OF EXPENDITURE		L Check if Austin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		- to T- and the analysis of th
12-22-15	Got Print, Com		
Amount (\$)	Payee address; City; State; Zip Code 7657 N San Fernando	Rd	·
1719,24	Burbank, CA 9156	5	
PURPOSE OF EXPENDITURE	Category (See Categoriés listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12-30-15	Johnny's True Valu	e Hardware	
Amount (\$)	Payee address; City; State; Zip Code	,	
119.02	Han Tx 78550		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete S	Schedule T.
OF EXPENDITURE	Other Sign's Supplies	Check if Austin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	<u> </u>	ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	/
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 12 30 115	5 Payee name Chapitas Restaura	nt	
6 Amount (\$)	7 Payee address; City; State; Zip Code 1635 N 77 Sunshine Han Tx 78530	Strip	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-15-15	Dollar Tree Stores	Ś	
Amount (\$)	Payee address; City; State; Zip Code		-
18.26	BIVILLE TX 7855	0	,
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other	l 🖂	utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austif	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-18-15	CVS		
Amount (\$)	Payee address; City; State; Zip Code	Ç.L.	
5172	2325 S 77 Sunshi	ne or	
<u>U.</u>	Han Tx 78552		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 10-8-15 6 Amount (\$)	5 Payee name Genovera Flower Sh 7 Payee address; City; State; Zip Code	ορ	
132.00	273 So, Travis St San Benito Tx 78586	,)	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Memorials Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7-28-15	Kays Bokay		
Amount (\$)	Payee address; City; State; Zip Code		
92.01	818 E. Harrison Han. Tx 78550		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Memorial Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-1-15	Eric Garza District	Clerk	
1000 00	Payee address; City; State; Zip Code 974 E. Harrison St B'ville Tx 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship Other		ulside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEI	EDED

No.			

SCHEDULE F1

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 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)

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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dan Sanchez 18 of 27 5 Payee name SAM's Club 12-2-2015 6 Amount (\$) 7 Payee address; City; State; Zip Code
(21 N. Expwy \$77
Han Tx 78 550

(a) Category (See Categories listed at the top of this schedule) City; State; Zip Code 742.97 (b) Description 8 ___ Check if travel outside of Texas. Complete Schedule T. Event Expense **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Stripes # 9823
Payee address; City; State; Zip Code 12-8-15 Amount (\$) 202 Ed Carey Dr 50000 Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Gas Cards Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code 10-25-15 Amount (\$) 301 E Morrison Rd 129,55 ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie	g Expense Travel Out Or District Other (enter a category not listed above)
	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12-28-15	Los Camperos	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
211, 92	2500 N. Expuy .	
2701	B'ville Tx 18521)
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Tood True and	Check if travel outside of Texas. Complete Schedule T.
OF	Food Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	·	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI		Office field
Date	Payee name	
12-10-15	Los Nortenos	
Amount (\$)	Payee address; City; State; Zip Code	
	1524 W. Jackson	
149.45	Han Tx 78550	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Food Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 con experise	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
expenditure to benefit 0/01	(1	
Data	Povoo namo	
Date	Payee name	
11-12-15	Pier 19	
Amount (\$)	Payee address; City; State; Zip Code	3
1 1	I Padre Blud	
64.95	1	C = 97
	South Padre Tx 7	8597
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Food Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	п	
	ATTACH ADDITIONAL CODIES OF THE	IS SCHEDIII E AS NEEDED
	ATTACH ADDITIONAL COPIES OF TH	19 SCHENOLE AS MEENEN

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Gredit 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	,	ages/Contract Labor Other (enter a cat	trict egory not listed above)
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Eth	nics Commission Filers)
4 Date (2-\%- 2015 6 Amount (\$)	The Home Depot 7 Payee address; City; State; Zip Code 4710 S. Expwy 83		
30.25	Han Tx 78550		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Sign Posts	(b) Description Check if travel outside of Texas. Comple Check if Austin, TX, officeholder liv	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	^	
12-24-2015 Amount (\$) 48.80	Rice & Beans Mexican Payee address; City; State; Zip Code 5815 FM 802 B'ville. Tx 78526	n Restaurant	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Check if travel outside of Texas. Complet Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-17-2015 Amount (\$)	Los Camperos		
108.27	Payee address; City; State; Zip Code 2500 N. Expuy 77 B'ville. Tx 78526		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Check if travel outside of Texas. Complet Check if Austin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

		•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	ages/Contract Labor Other (Out Of District enter a category not listed above)
1 Total pages Schedule F1: 21 of 27	² FILER NAME Dan Sanchez	3 File	r ID (Ethics Commission Filers)
4 Date 12-28-2015	The Ambassador	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1500 00	7 Payee address; City; State; Zip Code 2735 Farm to Marke B'VIIIE Tx 78526	+ Rd 802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Tex Check if Austin, TX, office	·
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	_	
12-26-2015 Amount (\$)	Stefano's Brook	yn Pizza)
241,07	4201 W. Bus 83 Han Tx 78552		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Check if travel outside of Tex Check if Austin, TX, office	·
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-26-2015	Stefano's Brookli	In Pizza	
Amount (\$) 20.55	Payee address; City; State; Zip Code 4201 W. Bus 83 Han Tx 78552	,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Beverage Expense	Description Check if travel outside of Tex Check if Austin, TX, office	·
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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1: 22 of 27	² FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)	
4 Date 12-14-2015	5 Payee name Fiesta Graphics		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	205 Paredes Ln Rd		
324,75	B'ville Tx 78521		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Other	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Magnetic Signs	LI Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12-21-2015	Camperos Grill a	nd Bar	
Amount (\$)	Payee address; City; State; Zip Code	a.	
20.03	Camperos Grill a Payee address; City; State; Zip Code 2500 N Express wa B'ville Tx 78520	y 8°	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description 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		
12-17-2015	Stripes #9823		
Amount (\$)	Payee address; City; State; Zip Code		
200.00	202 N. Ed Carey Han Tx 7855D		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	0 0 -	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Other - Gas for	Check if Austin, TX, officeholder living expense	
LAI ENDITORE	Other - Gas for Campaign Workers		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/Oh	1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	_	Services Sala Instruction Guide explains hov	ries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1: 23 of 27	2 FILER NAME	Dan Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			
11-19-2015	Harland	·		
6 Amount (\$)	7 Payee address	; City; State; Zip Co	de •	
10012	15955	La Cantera Pk	wy	
98,13	San Am	Honio Tx 78	256	
_				
8		ategories listed at the top of this schedul	´ ` ´ ┌──	
PURPOSE OF	1	-Cumpaign	Check if Austi	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	Office	Checks a Stan	~P	
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office sought	Office held
Date	Payee name			
12-28-2015	Tables	Loths Factorial City; State; Zip Co	ory-Ya Ya	Creations
Amount (\$)	Payee address	; City; State; Zip Co	de	
	13155	Railroad Ave	,	
524.87	م داد ا			
			<u> </u>	
	Category (See C	ategories listed at the top of this schedul	e) Description	
PURPOSE	EVENTE	expense	Check if travel ou	utside of Texas. Complete Schedule T.
OF	CVEILI	775.30	Check if Austin	n, TX, officeholder living expense
EXPENDITURE				
Complete ONLY if direct	Candidate / C	Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		· ·	
Date	Payee name			
12-28-2015	Fiesta	Graphics		
Amount (\$)	Payee address			
~ 50	205 (Paredes Ln.	Rd	
216,-	Q Lill			
, •	D VILLE	2 Tx 1852		
	Category (See C	ategories listed at the top of this schedul	Description	
PURPOSE	Other	- Push Cards	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	0,,,-,	1471000	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / 0	Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica		Agges/Contract Labor Other (enter a category not listed above)				
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)				
4 Date 11-29-15	5 Payee name Stefano's Pizza					
6 Amount (\$) 235, 85	7 Payee address; City; State; Zip Code 4201 W Bus 83					
	(a) Category (See Categories listed at the top of this schedule)	(h) Description				
8 PURPOSE OF EXPENDITURE	Food Expense	(b) Description 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	Payee name					
12-2-15	The Home Depot					
Amount (\$) 174.	Payee address; City; State; Zip Code 605 W. Morrison B'ville Tx 78520					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Misc. Sign Materials	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
10-26-15	Fiesta Graphics					
Amount (\$)	Payee address; City; State; Zip Code 205 Paredes Ln Rd B'ville Tx 78521					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER _ Cap 5	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	, inting Lx	Vages/Contract Labor Other (enter a category not listed	above)
1 Total pages Schedule F1: 25 of 27		3 Filer ID (Ethics Commissi	ion Filers)
4 Date 12-3-15	5 Payee name La Vaquita		
6 Amount (\$) &	7 Payee address! City; State; Zip Code 751 E Stenger St San Benito Tx 78586		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Expense	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 hel	ld
Date	Payee name		
12-12-15 Amount (\$)	Dur Lady of Assumption Payee address; City; State; Zip Code	on Church	
14000	1313 W. Buchanan Hgn Tx 78552	T	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Sponsorship	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	d
Date	Payee name		
12-13-15	AT+T		
801.	Payee address; City; State; Zip Code 102 Bass Pro Dr 1+an Tx 78552		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office he	ld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M The Instruction Guide explains how to c	Other (enter a category not listed above)	
1 Total pages Schedule F1:	² FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)	
4 Date 12-10-15 6 Amount (\$) 550,56	5 Payee name ATAT 7 Payee address; City; State; Zip Code 102 Bass Pro Dr Han Tx 78552		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description 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/OF	Candidate / Officeholder name	Office sought Office held	
Date 12-28-15	Payee name AT4T		
Amount (\$)	Payee address; City; State; Zip Code [02 Bass Pro De Han Tx 78552		
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 ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 12-10-15	Payee name Lowe's		
Amount (\$)	Payee address; City; State; Zip Code 4705 5. Expwy 17 Han Tx 78550		
PURPOSE OF EXPENDITURE	Other - Large Sign's Supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			