

# 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: <b>38</b> <i>DL</i>																
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Mr.</td> <td style="width:30%;">Daniel</td> <td style="width:10%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td>Dan</td> <td>Sanchez</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td style="font-size: small;">FIRST</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">LAST</td> <td></td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	Daniel	MI	NICKNAME	Dan	Sanchez	SUFFIX	FIRST				LAST				<b>OFFICE USE ONLY</b>  Date Received  CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  4:29pm JAN 15 2016  RECEIVED Date Hand-delivered or Date Postmarked	
MS / MRS / MR	Mr.	Daniel	MI																
NICKNAME	Dan	Sanchez	SUFFIX																
FIRST																			
LAST																			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 28233 Bass Blvd. Harlingen, Texas 78552																		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 491-3283																		
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Dr.</td> <td style="width:30%;">Rosalinda</td> <td style="width:10%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td>Rosie</td> <td>Cobarrubias</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td style="font-size: small;">FIRST</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">LAST</td> <td></td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	Dr.	Rosalinda	MI	NICKNAME	Rosie	Cobarrubias	SUFFIX	FIRST				LAST				Receipt # Amount \$  Date Processed  Date Imaged	
MS / MRS / MR	Dr.	Rosalinda	MI																
NICKNAME	Rosie	Cobarrubias	SUFFIX																
FIRST																			
LAST																			
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 27095 Baker Potts Road Harlingen, Texas 78552																		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 454-1726																		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)																		
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 08 / 01 / 2015    THROUGH    12 / 31 / 2015																		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special																	
<b>12</b> OFFICE	OFFICE HELD (if any) Cameron County Commissioner Pct 4	<b>13</b> OFFICE SOUGHT (if known) Cameron County Judge																	

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Dan Sanchez** 15 Filer ID (Ethics Commission Filers)

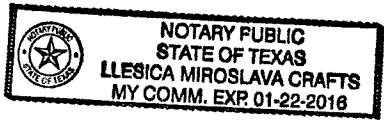
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 52,850 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 51,976. <sup>13</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,213. <sup>87</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.



*Dan Sanchez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Antonio Sanchez, this the 15th day of January, 2014, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Llesica Crafts  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

STATE OF ALABAMA  
DEPARTMENT OF REVENUE  
MONTGOMERY, ALABAMA

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1: 27 of 27	2 FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)
--	-----------------------------	---------------------------------------

4 Date 10-23-15	5 Payee name Chuy's Custom Sports
--------------------	--------------------------------------

6 Amount (\$) 110.96	7 Payee address; City; State; Zip Code 160 E Stenger St San Benito Tx 78586
-------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other: Bumper Stickers	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11-4-15	Payee name Chuy's Custom Sports
-----------------	------------------------------------

Amount (\$) 351.81	Payee address; City; State; Zip Code 160 E Stenger St San Benito Tx 78586
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other Bumper Stickers	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

Date 12-3-15	Payee name Chuy's Custom Sports
-----------------	------------------------------------

Amount (\$) 536.92	Payee address; City; State; Zip Code 160 E Stenger St San Benito Tx 78586
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other T shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	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 FILER NAME <b>Dan Sanchez</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 52,850 <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2500 <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 51,976. <sup>13</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$





# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 7</b>
2 FILER NAME <b>Dan Sanchez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Dec. 30 2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nolan Perez</b> 6 Contributor address; City; State; Zip Code <b>Harlingen Tx 78552</b>	7 Amount of contribution (\$) <b>5000.<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Physician</b>		9 Employer (See Instructions)
Date <b>Dec. 30 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guerra, Leeds, Sabo &amp; Hernandez PLLC</b> Contributor address; City; State; Zip Code <b>10213 North 10th St McAllen Tx 78504</b>	Amount of contribution (\$) <b>1000.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Attorneys</b>		Employer (See Instructions)
Date <b>Nov. 11 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Manuel Vela</b> Contributor address; City; State; Zip Code <b>437 Jennifer Court Harlingen Tx 78550</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions)
Date <b>Sept. 15 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anabel Cordona</b> Contributor address; City; State; Zip Code <b>1521 Misty Ln Westaco Tx 78596</b>	Amount of contribution (\$) <b>2,000.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 7</b>
2 FILER NAME <b>Dan Sanchez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Nov. 17 2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene Ramirez</b> 6 Contributor address; City; State; Zip Code <b>612 W. Nolana Ave. Suite 415 McAllen Tx 78504</b>	7 Amount of contribution (\$) <b>2500<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Consultant</b>		9 Employer (See Instructions)
Date <b>Nov. 17 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erasmo Lopez</b> Contributor address; City; State; Zip Code <b>2100 W Expressway 83 Mercedes Tx 78570</b>	Amount of contribution (\$) <b>2500<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Construction</b>		Employer (See Instructions)
Date <b>Nov. 29 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stefano's Pizza Mustafa Shehada</b> Contributor address; City; State; Zip Code <b>4201 W Bus 83 Harlingen Tx 78552</b>	Amount of contribution (\$) <b>1000<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Restaurant Owner</b>		Employer (See Instructions)
Date <b>Nov. 17 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anabel Cardona</b> Contributor address; City; State; Zip Code <b>1521 Misty Lane Westaco Tx 78596</b>	Amount of contribution (\$) <b>1000<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 7</b>
2 FILER NAME <b>Dan Sanchez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Nov. 17 2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Alice &amp; Rolando Gonzalez</b> 6 Contributor address; City; State; Zip Code <b>La Feria Tx 78559</b>	7 Amount of contribution (\$) <b>2500.<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Educators</b>		9 Employer (See Instructions)
Date <b>Nov. 17 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carolina Garza Crockett</b> Contributor address; City; State; Zip Code <b>257th Altas Palmas Rd Harlingen Tx 78552</b>	Amount of contribution (\$) <b>2500.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Healthcare</b>		Employer (See Instructions)
Date <b>Nov. 17 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yvette Garza</b> Contributor address; City; State; Zip Code <b>27304 Bass Blvd Harlingen Tx 78552</b>	Amount of contribution (\$) <b>2500.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Business OWNER / Homemaker / Teacher</b>		Employer (See Instructions)
Date <b>Nov. 16 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pablo Garza</b> Contributor address; City; State; Zip Code <b>9732 N. Bentsen Rd McAllen Tx 78504</b>	Amount of contribution (\$) <b>2500. <sup>00</sup> -</b>
Principal occupation / Job title (See Instructions) <b>Contractor</b>		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 7</b>
2 FILER NAME <b>Dan Sanchez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Nov. 17 2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacinto Garza</b>	7 Amount of contribution (\$) <b>2500.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>27304 South Bass Blvd Hgn Tx 78552</b>		
8 Principal occupation / Job title (See Instructions) <b>Engineer Real Estate Develop</b>		9 Employer (See Instructions)
Date <b>Nov. 17 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ricardo Gallaga</b>	Amount of contribution (\$) <b>2500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3530 Garrett Rd. Hgn Tx 78552</b>		
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)
Date <b>Nov. 17 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reza Badiozzamani</b>	Amount of contribution (\$) <b>2500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2820 Royal Palm Circle McAllen Tx 78501</b>		
Principal occupation / Job title (See Instructions) <b>PC Engineer</b>		Employer (See Instructions)
Date <b>Nov. 17 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ricardo Guerra</b>	Amount of contribution (\$) <b>2500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6700 N. Mile 3 1/2 West Westlaco Tx 78596</b>		
Principal occupation / Job title (See Instructions) <b>Maintance Contractor</b>		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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 7

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

Oct. 6  
2015

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

ERO International LLP

6 Contributor address; City; State; Zip Code

300 South 8th  
McAllen Tx 78501

7 Amount of contribution (\$)

2000.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Architects

9 Employer (See Instructions)

Date

Dec. 7  
2015

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

Christian or Sylvia Villareal

Contributor address; City; State; Zip Code

3109 Treasure Hills Blvd  
Hgan Tx 78550

Amount of contribution (\$)

250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Accountant / Dentist

Employer (See Instructions)

Date

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 78567

Amount of contribution (\$)

300.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9-29  
2015

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

Noe Alaniz

Contributor address; City; State; Zip Code

P.O. Box 293  
Rio Hondo Tx 78583

Amount of contribution (\$)

150.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney / Musician

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 7</b>
2 FILER NAME <b>Dan Sanchez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Dec. 30 2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene A. Ramirez</b>	7 Amount of contribution (\$) <b>2500.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>612 W. Nolana Ave Suite 415 McAllen Tx 78504</b>		
8 Principal occupation / Job title (See Instructions) <b>Consultant</b>		9 Employer (See Instructions)
Date <b>Dec 3<sup>rd</sup> 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesus Salinas</b>	Amount of contribution (\$) <b>5000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1201 E Expwy 83 Mission Tx 78572</b>		
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)
Date <b>Dec. 18 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margaret Jorn</b>	Amount of contribution (\$) <b>400.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>153 Nueces Park Harlingen Tx 78552</b>		
Principal occupation / Job title (See Instructions) <b>Architect</b>		Employer (See Instructions)
Date <b>Dec. 30 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Garza</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3910 W Freddy Gonzalez Dr Edinburg Tx 78539</b>		
Principal occupation / Job title (See Instructions) <b>Developer</b>		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 of 7</b>
2 FILER NAME <b>Dan Sanchez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Oct. 7 2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos or Elena Marin</b> 6 Contributor address; City; State; Zip Code <b>295 Calle Jacaranda Blville, Tx 78520</b>	7 Amount of contribution (\$) <b>2000.<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Enginner / Physician</b>		9 Employer (See Instructions)
Date <b>Oct. 22 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John W. Hudson</b> Contributor address; City; State; Zip Code <b>3014 Fairway Dr Sugarland Tx 77478</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Engineer / Developer</b>		Employer (See Instructions)
Date <b>Oct. 7 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Half Associates - State PAC</b> Contributor address; City; State; Zip Code <b>1201 N. Browser Road Richardson Tx 75081</b>	Amount of contribution (\$) <b>2000.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Architects</b>		Employer (See Instructions)
Date <b>Oct. 6 2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gabriel Communications LLC</b> Contributor address; City; State; Zip Code <b>300 South 8th St. McAllen Tx 78501</b>	Amount of contribution (\$) <b>2000.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Communications</b>		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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>
2 FILER NAME <u>Dan Sanchez</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>2500<sup>00</sup></u>
5 Date <u>12-3-15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Texas Democratic Party</u>	8 Amount of Contribution \$ <u>2500<sup>00</sup></u> 9 In-kind contribution description
7 Contributor address; City; State; Zip Code <u>4818 E. Ben White Suite 104 AUSTIN TEXAS</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law 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.





# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-30-15	<b>5</b> Payee name US PS	
<b>6</b> Amount (\$) 3548. <sup>50</sup> -	<b>7</b> Payee address; City; State; Zip Code 709 N 77 Sunshine Hgn Tx 78550	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other: Mail	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 12-30-15	Payee name US PS	
Amount (\$) 20 <sup>00</sup>	Payee address; City; State; Zip Code 709 N. 77 Sunshine St Hgn TX 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other: Mail	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 F1: <b>2 of 27</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	---------------------------------------

4 Date <b>12-30-15</b>	5 Payee name <b>USPS</b>
---------------------------	-----------------------------

6 Amount (\$) <b>450<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>709 N. 77 Sunshine St Harlingen Tx 78550</b>
--	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other: Mail</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>12-28-15</b>	Payee name <b>Staples</b>
-------------------------	------------------------------

Amount (\$) <b>185<sup>08</sup></b>	Payee address; City; State; Zip Code <b>2436 Pablo Kisel Blvd B'ville Tx 78581</b>
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other: Office Supplies</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3 of 27</b>	<b>2</b> FILER NAME <b>Dan Sanchez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12-16-15</b>	<b>5</b> Payee name <b>Chuy's Custom Sports</b>	
<b>6</b> Amount (\$) <b>173.<sup>20</sup></b>	<b>7</b> Payee address; City; State; Zip Code <b>160 E Stenger San Benito Tx 78586</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other T Shirts</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>9-12-15</b>	Payee name <b>Jose Tobar</b>	
Amount (\$) <b>400.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>110 Popular St Hgn. Tx. 78550</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other: Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>9-3-15</b>	Payee name <b>Wounded Warriors</b>	
Amount (\$) <b>500.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>B'ville Tx 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other: Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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: 4 of 27		2 FILER NAME Dan Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 9-20-15		5 Payee name Family Crisis Center			
6 Amount (\$) 900 <sup>00</sup>		7 Payee address; City; State; Zip Code 616 W Taylor St. Hqn. Tx 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other Donation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10-10-15		Payee name Salt Winter Warriors/Buckner Children's HOME			
Amount (\$) 250 <sup>00</sup>		Payee address; City; State; Zip Code 3780 N Bentzon Palm Dr Mission Tx 78574			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other: Donation Children's Shoes		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-18-15		Payee name BISD			
Amount (\$) 80 <sup>00</sup>		Payee address; City; State; Zip Code 1900 Price Road B'ville Tx 78520			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other- Migrant Students		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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 POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>5 of 27</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-1-15</b>	5 Payee name <b>City of San Benito</b>	
6 Amount (\$) <b>15<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>401 N. Sam Houston San Benito, Tx 78586</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense - Parade</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>11-17-15</b>	Payee name <b>Boy Scouts of America</b>		
Amount (\$) <b>500<sup>00</sup></b>	Payee address; City; State; Zip Code <b>6912 W. Expwy 83 Hgn Tx 78552</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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

Date <b>12-3-15</b>	Payee name <b>M5 Designs</b>		
Amount (\$) <b>173.20</b>	Payee address; City; State; Zip Code <b>1405 So Palm Court Dr Hgn Tx 78552</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense - Banner</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

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

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6 of 27		<b>2</b> FILER NAME Dan Sanchez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10-16-15		<b>5</b> Payee name Tip of Texas Family Outreach			
<b>6</b> Amount (\$) 150 <sup>00</sup>		<b>7</b> Payee address; City; State; Zip Code 455 E Levee St B'ville Tx 78520			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Other Sponsorship		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-16-15		Payee name Harlingen FFA			
Amount (\$) 400 <sup>00</sup>		Payee address; City; State; Zip Code 1201 E Marshall Hgn Tx 78550			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other Sponsorship		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12-9-15		Payee name Vista Mobile			
Amount (\$) 600 <sup>00</sup>		Payee address; City; State; Zip Code 30 Provincia B'ville Tx 78526			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other Advertisement Signs		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 F1: <b>7 of 27</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-10-15</b>	5 Payee name <b>Topp Lawn Care</b>	
6 Amount (\$) <b>2489.74</b>	7 Payee address; City; State; Zip Code <b>1825 E. Tyler Blville TX Hgn Tx 78550</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>11-10-15</b>	Payee name <b>Cameron County Child Welfare Board</b>	
Amount (\$) <b>250<sup>00</sup></b>	Payee address; City; State; Zip Code <b>P.O. Box 2715 Boca Chica Blvd Ste 3 #113 Blville Tx 78521</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>11-30-15</b>	Payee name <b>Catholic Daughters of America San Benito</b>	
Amount (\$) <b>100<sup>00</sup></b>	Payee address; City; State; Zip Code <b>P.O. Box 1715 San Benito Tx 78586</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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 F1: 8 of 27	2 FILER NAME Dan Sanchez	3 Filer ID (Ethics Commission Filers)
---------------------------------------	-----------------------------	---------------------------------------

4 Date 11-19-15	5 Payee name Lamar Advertising
--------------------	-----------------------------------

6 Amount (\$) 4372 <sup>00</sup>	7 Payee address; City; State; Zip Code 2001 Industrial Way San Benito Tx 78586
-------------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11-19-15	Payee name Lamar Advertising
------------------	---------------------------------

Amount (\$) 1440 <sup>00</sup>	Payee address; City; State; Zip Code 2001 Industrial Way San Benito Tx 78586
-----------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

Date 11-17-15	Payee name Lamar Advertising
------------------	---------------------------------

Amount (\$) 600 <sup>00</sup>	Payee address; City; State; Zip Code 2001 Industrial Way San Benito Tx 78586
----------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense - Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED





# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 9 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-12-15	<b>5</b> Payee name Lamar Advertising	
<b>6</b> Amount (\$) 140 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 2001 Industrial Way San Benito Tx 78586	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense - Signs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 12-13-15	Payee name Cameron County Democratic Party	
Amount (\$) 1250 <sup>00</sup>	Payee address; City; State; Zip Code 954 E Harrison B'ville Tx 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11-2-15	Payee name La Sierra Event Center	
Amount (\$) 500 <sup>00</sup>	Payee address; City; State; Zip Code 3742 N. 77 Sunshine St Hgn Tx 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-3-15	<b>5</b> Payee name La Sierra Event Center	
<b>6</b> Amount (\$) 2525. <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 3742 N. 77 Sunshine St Hgn Tx 78550	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 11-2-15	Candidate / Officeholder name Payee name Pink Ape Media	
Amount (\$) 5000. <sup>00</sup>	Office sought Office held	
Date 12-15-15	Candidate / Officeholder name Payee name Pink Ape Media	
Amount (\$) 2000. <sup>00</sup>	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 12-15-15	Candidate / Officeholder name Payee name Pink Ape Media	
Amount (\$) 2000. <sup>00</sup>	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-23-15	<b>5</b> Payee name Got Print.com	
<b>6</b> Amount (\$) 1276.44	<b>7</b> Payee address; City; State; Zip Code 7651 N. San Fernando Rd Burbank, CA 91505	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11-17-15	Payee name Solice Technologies	
Amount (\$) 1200.00	Payee address; City; State; Zip Code 7200 Bonham Rd Buille Tx 78521	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12-12-15	Payee name Irene Salinas	
Amount (\$) 750.00	Payee address; City; State; Zip Code 1621 E Taylor St. Hgn Tx 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense Tamales / Menudo	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 12 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-6-15	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 37.67	<b>7</b> Payee address; City; State; Zip Code 3500 W Alton Gloor Blvd B'ville Tx 78520	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other Campaign Box + Dolly	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
	Chuy's Custom Sports	
Amount (\$)	Payee address; City; State; Zip Code	
2442.12	160 E Stenger St San Benito Tx 78586	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other T Shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
10-29-15	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
118.54	3500 W Alton Gloor Blvd B'ville Tx 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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





# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13 of 27		<b>2</b> FILER NAME Dan Sanchez		<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> Date 11-15-15		<b>5</b> Payee name La Vaquita						
<b>6</b> Amount (\$) 100.00		<b>7</b> Payee address; City; State; Zip Code 757 E Stenger St San Benito Tx 78586						
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>					<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
<b>Date</b> 12-3-15		<b>Payee name</b> Family Dollar						
<b>Amount (\$)</b> 35.18		<b>Payee address; City; State; Zip Code</b> 9605 FM 1732 Biville Tx 78520						
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other Office Supplies		<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>					Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
<b>Date</b> 12-6-15		<b>Payee name</b> Family Dollar						
<b>Amount (\$)</b> 9.74		<b>Payee address; City; State; Zip Code</b> 9605 FM 1732 Biville Tx 78520						
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other Office Supplies		<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>					Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 14 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 12-18-15	<b>5</b> Payee name Harbor Freight
---------------------------	---------------------------------------

<b>6</b> Amount (\$) 62.66	<b>7</b> Payee address; City; State; Zip Code 1601 Price Rd Ste 1 B'ville Tx 78521
-------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-22-15	Payee name Harbor Freight
------------------	------------------------------

Amount (\$) 28.07	Payee address; City; State; Zip Code 1601 Price Rd Ste 1 B'ville Tx 78521
----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

Date 12-19-15	Payee name Longhorn
------------------	------------------------

Amount (\$) 300 <sup>00</sup>	Payee address; City; State; Zip Code 106 Bass Pro Dr Hgn Tx 78550
----------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 12-19-15	<b>5</b> Payee name Don Beto's
---------------------------	-----------------------------------

<b>6</b> Amount (\$) 81.27	<b>7</b> Payee address; City; State; Zip Code 109 N. Main St La Feria TX 78559
-------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-22-15	Payee name Got Print, Com
------------------	------------------------------

Amount (\$) 1719.24	Payee address; City; State; Zip Code 2651 N San Fernando Rd Burbank, CA 91505
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

Date 12-30-15	Payee name Johnny's True Value Hardware
------------------	--

Amount (\$) 119.02	Payee address; City; State; Zip Code 914 W. Tyler Hgn Tx 78550
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other Sign's Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 16 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/30/15	<b>5</b> Payee name Chapita's Restaurant	
<b>6</b> Amount (\$) 66.25	<b>7</b> Payee address; City; State; Zip Code 1635 N 77 Sunshine Strip Hgn Tx 78550	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 12-15-15	<b>Payee name</b> Dollar Tree Stores	
<b>Amount (\$)</b> 18.26	<b>Payee address; City; State; Zip Code</b> 4445 N Expwy Blville Tx 78550	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 12-18-15	<b>Payee name</b> CVS	
<b>Amount (\$)</b> 51.72	<b>Payee address; City; State; Zip Code</b> 2325 S 77 Sunshine St Hgn Tx 78552	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED





# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-8-15	<b>5</b> Payee name Genoveva Flower Shop	
<b>6</b> Amount (\$) 132.00	<b>7</b> Payee address; City; State; Zip Code 273 So. Travis St San Benito Tx 78586	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 7-28-15	Payee name Kays Bokay	
Amount (\$) 92.01	Payee address; City; State; Zip Code 818 E. Harrison Hqn. Tx 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 9-1-15	Payee name Eric Garza District Clerk	
Amount (\$) 1000 <sup>00</sup>	Payee address; City; State; Zip Code 974 E. Harrison St B'ville Tx 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Sponsorship Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 18 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-2-2015	<b>5</b> Payee name SAM's Club	
<b>6</b> Amount (\$) 742.97	<b>7</b> Payee address; City; State; Zip Code 621 N. Expy 877 Hgn Tx 78550	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12-8-15	Payee name Stripes #9823	
Amount (\$) 500.00	Payee address; City; State; Zip Code 202 Ed Carey Dr Hgn Tx 78552	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other Gas Cards	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10-25-15	Payee name Target	
Amount (\$) 129.55	Payee address; City; State; Zip Code 301 E Morrison Rd B'ville Tx 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other - T Shirts	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 19 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-28-15	<b>5</b> Payee name Los Camperos	
<b>6</b> Amount (\$) 246.92	<b>7</b> Payee address; City; State; Zip Code 2500 N. Expwy B'ville, Tx 78520	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 12-10-15	Payee name Los Norteno's	
Amount (\$) 49.45	Payee address; City; State; Zip Code 1524 W. Jackson Hgn Tx 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11-12-15	Payee name Pier 19	
Amount (\$) 64.95	Payee address; City; State; Zip Code 1 Padre Blvd South Padre, Tx 78597	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-18-2015	<b>5</b> Payee name The Home Depot	
<b>6</b> Amount (\$) 30.25	<b>7</b> Payee address; City; State; Zip Code 4710 S. Expwy 83 Hgn Tx 78550	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other - Sign Posts	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		
Date 12-24-2015	Payee name Rice & Beans Mexican Restaurant	
Amount (\$) 48.80	Payee address; City; State; Zip Code 5815 FM 802 B'ville. Tx 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		
Date 12-17-2015	Payee name Los Camperos	
Amount (\$) 108.27	Payee address; City; State; Zip Code 2500 N. Expwy 77 B'ville. Tx 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED





# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 21 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 12-28-2015	<b>5</b> Payee name The Ambassador
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) 1500 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 2735 Farm to Market Rd 802 B'ville Tx 78526
--	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-26-2015	Payee name Stefano's Brooklyn Pizza
--------------------	--

Amount (\$) 241. <sup>07</sup> <sub>—</sub>	Payee address; City; State; Zip Code 4201 W. Bus 83 Hgn Tx 78552
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

Date 12-26-2015	Payee name Stefano's Brooklyn Pizza
--------------------	--

Amount (\$) 20.55	Payee address; City; State; Zip Code 4201 W. Bus 83 Hgn Tx 78552
----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 22 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-14-2015	<b>5</b> Payee name Fiesta Graphics	
<b>6</b> Amount (\$) 324.75	<b>7</b> Payee address; City; State; Zip Code 205 Paredes Ln Rd B'ville Tx 78521	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other Magnetic Signs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12-21-2015	Payee name Camperos Grill and Bar	
Amount (\$) 20.03	Payee address; City; State; Zip Code 2500 N Expressway 8 B'ville Tx 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12-17-2015	Payee name Stripes #9823	
Amount (\$) 200.00	Payee address; City; State; Zip Code 202 N. Ed Carey Hgn Tx 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other - Gas for Campaign Workers	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-19-2015	<b>5</b> Payee name Harland Clarke	
<b>6</b> Amount (\$) 98.13	<b>7</b> Payee address; City; State; Zip Code 15955 La Canterra Pkwy San Antonio Tx 78256	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other - Campaign Office Checks + Stamp	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12-28-2015	Payee name Tablecloths Factory - Ya Ya Creations	
Amount (\$) 524.87	Payee address; City; State; Zip Code 13155 Railroad Ave City of Industry, CA 91746	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12-28-2015	Payee name Fiesta Graphics	
Amount (\$) 216.50	Payee address; City; State; Zip Code 205 Paredes Ln. Rd B'ville Tx 78521	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other - Push Cards	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
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: <b>24 of 27</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
---	------------------------------------	---------------------------------------

4 Date <b>11-29-15</b>	5 Payee name <b>Stefano's Pizza</b>
---------------------------	--

6 Amount (\$) <b>235.85</b>	7 Payee address; City; State; Zip Code <b>4201 W Bus 83 Hgn Tx 78552</b>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>12-2-15</b>	Payee name <b>The Home Depot</b>
------------------------	-------------------------------------

Amount (\$) <b>174.74</b>	Payee address; City; State; Zip Code <b>605 W. Morrison B'ville Tx 78520</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other - Misc. Sign Materials</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

Date <b>10-26-15</b>	Payee name <b>Fiesta Graphics</b>
-------------------------	--------------------------------------

Amount (\$) <b>66.71</b>	Payee address; City; State; Zip Code <b>205 Paredes Ln Rd B'ville Tx 78521</b>
-----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other - Caps</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED





# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 25 of 27	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 12-3-15	<b>5</b> Payee name La Vaquita				
<b>6</b> Amount (\$) 3600 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 751 E Stenger St San Benito Tx 7586				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12-12-15	Payee name Our Lady of Assumption Church				
Amount (\$) 140 <sup>00</sup>	Payee address; City; State; Zip Code 1313 W. Buchanan Hgn Tx 78552				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other Sponsorship	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12-13-15	Payee name AT & T				
Amount (\$) 801. <sup>06</sup>	Payee address; City; State; Zip Code 102 Bass Pro Dr Hgn Tx 78552				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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**





