

# 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>34</b>												
<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%; text-align: center;">Mr.</td> <td style="width:30%; text-align: center;">Daniel</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">Dan</td> <td style="text-align: center;">Sanchez</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td style="font-size: small;">FIRST</td> <td></td> <td style="text-align: center;">LAST</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  5:07 PM FEB 01 2016  RECEIVED Date Hand-delivered or Date Postmarked By: <i>[Signature]</i>	
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%; text-align: center;">Dr.</td> <td style="width:30%; text-align: center;">Rosalinda</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">Rosie</td> <td style="text-align: center;">Cobarrubias</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td style="font-size: small;">FIRST</td> <td></td> <td style="text-align: center;">LAST</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	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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)				
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<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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Month    Day    Year</td> <td></td> <td style="text-align: center; font-size: small;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;">01 / 01 / 16</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">01 / 21 / 16</td> </tr> </table>			Month    Day    Year		Month    Day    Year	01 / 01 / 16	THROUGH	01 / 21 / 16						
Month    Day    Year		Month    Day    Year													
01 / 01 / 16	THROUGH	01 / 21 / 16													
<b>11</b> ELECTION	ELECTION DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">Month</td> <td style="width:15%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">01</td> <td style="text-align: center;">16</td> </tr> </table>	Month	Day	Year	03	01	16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
Month	Day	Year													
03	01	16													
<b>12</b> OFFICE	OFFICE HELD (if any) County Commissioner Pct. 4	<b>13</b> OFFICE SOUGHT (if known) Cameron County Judge													

**GO TO PAGE 2**

# 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	\$ 63,850. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 700. <sup>29</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	\$ 18,040. <sup>61</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	\$

# 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

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)	\$ 63,850 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,040. <sup>61</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 72,262. <sup>62</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 Sanchez, this the 1 day of February, 2016, to certify which, witness my hand and seal of office.

*Susie Marfileno*  
Signature of officer administering oath

Susie Marfileno  
Printed name of officer administering oath

Adm. Assst.  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/14/16

5 Full name of contributor

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

Ben Euresti Jr.

6 Contributor address;

City; State; Zip Code

974 E Harrison  
B'ville Tx 78521

7 Amount of contribution (\$)

100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Judge

9 Employer (See Instructions)

Date

1/12/16

Full name of contributor

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

Alfonso Quintanilla

Contributor address;

City; State; Zip Code

100 E Emory Ave  
McAllen Tx 78504

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

1/16/16

Full name of contributor

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

Ramon Ortiz

Contributor address;

City; State; Zip Code

404 W. 8th  
Los Fresnos Tx 78566

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Retired Judge

Employer (See Instructions)

Date

1/13/16

Full name of contributor

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

Stephen E. Jewett

Contributor address;

City; State; Zip Code

2917 Bay Hill Court  
Hgan Tx 78550

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
2 of ~~13~~ 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/12/16

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

Abraham Padron

6 Contributor address; City; State; Zip Code

3329 N McCoil Rd  
McAllen Tx 78501

7 Amount of contribution (\$)

100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Insurance Agent

9 Employer (See Instructions)

Date

1/12/16

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

Ricardo / Carolina Perez

Contributor address; City; State; Zip Code

P.O. Box 4629  
McAllen Tx 78502

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

1/12/16

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

Eduardo O Cantu

Contributor address; City; State; Zip Code

Pharr Tx

Amount of contribution (\$)

1000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Hidalgo County Commissioner / Developer

Employer (See Instructions)

Date

1/12/16

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

CSJ Group

Contributor address; City; State; Zip Code

P.O. Box 3666  
Edinburg Tx 78540

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Consultants

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:

3 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/12/16

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

Raul Medina

6 Contributor address; City; State; Zip Code

820 Eldora Rd  
Alamo Tx 78516

7 Amount of contribution (\$)

500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

1/12/16

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

Sharlotte Teague

Contributor address; City; State; Zip Code

10th St  
McAllen Tx

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

S+B Infrastructure

Date

1/14/16

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

Big D Tractor Co DBA Frontera Equipment

Contributor address; City; State; Zip Code

2300 E Expwy 83  
Donna Tx 78537

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Heavy Equip Rental

Employer (See Instructions)

Date

1/12/16

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

Purdue Brandon Fielder Collins + Mott

Contributor address; City; State; Zip Code

P.O. Box 2916  
McAllen Tx 78502

Amount of contribution (\$)

2,500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/16

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

Bequm Law Group

6 Contributor address; City; State; Zip Code

2401 Wild Flower Dr. Suite B  
B'ville Tx 78526

7 Amount of contribution (\$)

1,200.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Date

1/13/16

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

Garza & Assoc.

Contributor address; City; State; Zip Code

1419 Dove Ave  
McAllen Tx 78504

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Land Appraisers

Employer (See Instructions)

Date

1/6/16

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

Primo Manufacturing

Contributor address; City; State; Zip Code

2403 N 10th Suite B  
McAllen Tx 78501

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/16

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

Esparza & Garza

Contributor address; City; State; Zip Code

964 E. Los Ebanos Blvd  
B'ville Tx 78520

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorneys

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 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/14/16

5 Full name of contributor

Ricardo A Barrera

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

7 Amount of contribution (\$)

250.<sup>00</sup>

6 Contributor address;

P.O. Box 2817

City; State; Zip Code

Hgn Tx 78531

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

1/11/16

Full name of contributor

Marion Lawler

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

Amount of contribution (\$)

2,500.<sup>00</sup>

Contributor address;

805 Media Luna 620  
Blville Tx 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

1/14/16

Full name of contributor

Ruben Gallegos

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

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address;

594 Jose Marti Blvd  
Blville Tx 78526

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

Date

1/13/16

Full name of contributor

Rita Flores

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

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

P.O. Box 625  
Los Indios Tx 78567

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Teacher

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:

6 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/15/16

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

Kevin Campbell

6 Contributor address; City; State; Zip Code

1210 E Tyler  
Hgn Tx 78550

7 Amount of contribution (\$)

2,500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

Date

1/15/16

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

Scot Campbell

Contributor address; City; State; Zip Code

1210 E Tyler  
Hgn Tx 78550

Amount of contribution (\$)

2,500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Date

1/13/16

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

Anthony Gray

Contributor address; City; State; Zip Code

500 Harris Dr  
Austin Tx 78737

Amount of contribution (\$)

1,500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Date

1/19/16

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

Scot Campbell

Contributor address; City; State; Zip Code

1210 E Tyler  
Hgn Tx 78550

Amount of contribution (\$)

4,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Developer

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 14</b>
2 FILER NAME <b>Dan Sanchez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/15/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Gorges</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1275 N. Stuart Place Rd Hgn Tx 78552</b>		
8 Principal occupation / Job title (See Instructions) <b>Business Man / Developer</b>		9 Employer (See Instructions)
Date <b>4/15/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Gorges</b>	Amount of contribution (\$) <b>1,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1275 N. Stuart Place Rd Hgn Tx 78552</b>		
Principal occupation / Job title (See Instructions) <b>Retired Businessman</b>		Employer (See Instructions)
Date <b>4/12/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ramon Garcia</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>222 W. Univ. Dr. Edinburg Tx 78539</b>		
Principal occupation / Job title (See Instructions) <b>Attorney / County Judge</b>		Employer (See Instructions)
Date <b>4/12/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Palacios, Garza + Thompson</b>	Amount of contribution (\$) <b>1,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2724 W. Canton Road Edinburg Tx 78539</b>		
Principal occupation / Job title (See Instructions) <b>Attorneys</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:

8 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/11/16

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

Pablo Garza

7 Amount of contribution (\$)

3,000.<sup>00</sup>

6 Contributor address; City; State; Zip Code

3907 So Sugar  
Edinburg Tx 78539

8 Principal occupation / Job title (See Instructions)

Contractor

9 Employer (See Instructions)

Date

1/12/16

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

Oscar Lee Longoria Jr

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. Box 4224  
Mission Tx 78573

Principal occupation / Job title (See Instructions)

Attorney / State Representative

Employer (See Instructions)

Date

1/11/16

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

Oralia G Cantu / Ronaldo Cantu

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address; City; State; Zip Code

901 Inspiration Dr.  
Pharr Tx 78577

Principal occupation / Job title (See Instructions)

Developers

Employer (See Instructions)

Date

1/12/16

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

Gumecindo + Corina Ybarra

Amount of contribution (\$)

2,500.<sup>00</sup>

Contributor address; City; State; Zip Code

2811 E Mile 9 1/2 N  
Donna Tx 78537

Principal occupation / Job title (See Instructions)

Consultant

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:

7 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/12/15

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

Jaime J. Munoz

6 Contributor address; City; State; Zip Code

P.O. Box 47  
San Juan Tx 78589

7 Amount of contribution (\$)

250.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Attorney / J.P.

9 Employer (See Instructions)

Date

1/12/14

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

Kurt & Tamara Schumacher

Contributor address; City; State; Zip Code

1616 E Griffin Pkwy  
Mission Tx 78572

Amount of contribution (\$)

250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Surveyor

Employer (See Instructions)

Date

1/10/16

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

Deren Li

Contributor address; City; State; Zip Code

7619 Wallford Trl.  
Sugarland Tx 77479

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Civil Engineer

Employer (See Instructions)

Date

1/11/16

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

John & Joanne Guevara

Contributor address; City; State; Zip Code

3205 Seminole Ct  
Hgn Tx 78550

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney

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:

10 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/12/16

5 Full name of contributor

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

Ana + Ricardo Canales

6 Contributor address;

City; State; Zip Code

336 Royal Ct  
Edinburg Tx 78539

7 Amount of contribution (\$)

500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Attorney Linebarger

9 Employer (See Instructions)

Date

1/11/16

Full name of contributor

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

Charles A Crockett

Contributor address;

City; State; Zip Code

25721 Altas Palmas Rd  
Hgn Tx 78552

Amount of contribution (\$)

2,500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Date

1/13/16

Full name of contributor

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

Jorge Luis or Diana Flores

Contributor address;

City; State; Zip Code

5460 Wilderness Dr.  
B'ville Tx 78526

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Retired Fed Agent

Employer (See Instructions)

Date

1/12/16

Full name of contributor

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

Jose M Flores

Contributor address;

City; State; Zip Code

P.O. Box 310  
Mission Tx 78573

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Hidalgo County Commissioner

Employer (See Instructions)

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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:

11 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/16

5 Full name of contributor

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

Godfrey + Annie Garza

6 Contributor address; City; State; Zip Code

4209 Mile 8 Rd  
Edbg Tx 78541

7 Amount of contribution (\$)

500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Date

4/12/16

Full name of contributor

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

Laura Warren

Contributor address; City; State; Zip Code

1801 S 2<sup>ND</sup> St Suite 330  
McAllen Tx 78503

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Date

4/12/16

Full name of contributor

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

Erasmus Lopez Jr.

Contributor address; City; State; Zip Code

2100 W Expwy 83  
Mercedes Tx 78570

Amount of contribution (\$)

2,500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Date

4/12/16

Full name of contributor

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

Jose T Garcia

Contributor address; City; State; Zip Code

1717 Pebble E Dr.  
Mission Tx 78574

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Alamo Ins. Group.

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:

12 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/12/16

5 Full name of contributor

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

Aguiles Jaime Garza

6 Contributor address; City; State; Zip Code

1800 Angelina Marie Ave.  
Pharr Tx 78577

7 Amount of contribution (\$)

5,000.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Produce Broker

9 Employer (See Instructions)

Date

12/8/16

Full name of contributor

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

Julio Cesar Cerda

Contributor address; City; State; Zip Code

1602 Solar Dr  
Mission Tx 78574

Amount of contribution (\$)

1,500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

1/12/16

Full name of contributor

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

Javier & Maria Hinojosa

Contributor address; City; State; Zip Code

1308 Encanto Blvd.  
Mission Tx 78574

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

1/12/16

Full name of contributor

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

John David Franz

Contributor address; City; State; Zip Code

400 N McColl Rd Ste B  
McAllen Tx 78501

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

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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:

13 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/12/16

5 Full name of contributor

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

David A Garza

6 Contributor address; City; State; Zip Code

P.O. Box 1194  
San Benito Tx 78586

7 Amount of contribution (\$)

500<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Environmentalist

9 Employer (See Instructions)

Date

1/13/16

Full name of contributor

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

The Alex Avalos Printing Co.

Contributor address; City; State; Zip Code

5009 Padre Blvd  
South Padre Island Tx 78597

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Printing

Employer (See Instructions)

Date

1/9/16

Full name of contributor

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

Rodriguez Lucio Law Group

Contributor address; City; State; Zip Code

946 E Van Buren  
B'ville Tx 78520

Amount of contribution (\$)

200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

1/9/16

Full name of contributor

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

Adolfo Cordova Jr.

Contributor address; City; State; Zip Code

711 N. Sam Houston  
San Benito Tx 78586

Amount of contribution (\$)

500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney

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:

14 of 14

2 FILER NAME

Dan Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

1/5/16

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

Jesus Salinas

6 Contributor address; City; State; Zip Code

1201 E Expwy 83  
Mission TX 78572

7 Amount of contribution (\$)

5,000.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

1/5/16

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

Mark K. Luper

Contributor address; City; State; Zip Code

17406 Masonridge Dr  
Houston TX 77095

Amount of contribution (\$)

5,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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 <b>Dan Sanchez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>1/12/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rene A. Ramirez</u>	8 Amount of Contribution \$ <u>700.29</u>	9 In-kind contribution description <u>Food Expense</u>
7 Contributor address; City; State; Zip Code <u>612 Nolana Ste 415 McAllen Tx 78504</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		
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 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>16</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-14-16</b>	5 Payee name <b>Feldman's</b>
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6 Amount (\$) <b>19.10</b>	7 Payee address; City; State; Zip Code <b>4500 Padre Island Hwy South Padre Island</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-14-16</b>	Payee name <b>Walmart</b>
------------------------	------------------------------

Amount (\$) <b>112.85</b>	Payee address; City; State; Zip Code <b>3500 W. Alton Gloor Rd B'ville Tx 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Beverage Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-4-16</b>	Payee name <b>La Vaquitas</b>
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Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>757 E Stenger St. San Benito Tx 78586</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking Expense  
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>16</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-17-16</b>	5 Payee name <b>Genovera Flower Shop.</b>
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6 Amount (\$) <b>98.80</b>	7 Payee address; City; State; Zip Code <b>273 S. Travis St San Benito Tx 78586</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-17-16</b>	Payee name <b>Genovera Flower Shop</b>
------------------------	---

Amount (\$) <b>59.00</b>	Payee address; City; State; Zip Code <b>273 S. Travis St San Benito TX 78586</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-10-16</b>	Payee name <b>J.C. Penneys</b>
------------------------	-----------------------------------

Amount (\$) <b>16.23</b>	Payee address; City; State; Zip Code <b>2006 S. Expwy 83 Hgn TX 78552</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <u>16</u>	<b>2</b> FILER NAME <u>Dan Sanchez</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <u>TSC Tractor Supplies</u>	
<b>6</b> Amount (\$) <u>781.55</u>	<b>7</b> Payee address; City; State; Zip Code <u>901 FM 509 San Benito Tx 78586</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Other</u>	<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 <u>1-1-16</u>	Candidate / Officeholder name <u>Stripes 9120</u>	
Amount (\$) <u>100.00</u>	City; State; Zip Code <u>616 N. Daniel Salinas Blvd Donna Tx 78537</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Other</u>	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 <u>1-21-16</u>	Candidate / Officeholder name <u>Facebook Team</u>	
Amount (\$) <u>138.15</u>	City; State; Zip Code <u>1601 S. Calif. Ave Palo Alto, California 94304</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	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	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>16</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-14-16</b>	5 Payee name <b>Chuy's Custom Sports</b>
--------------------------	---

6 Amount (\$) <b>259.<sup>80</sup></b>	7 Payee address; City; State; Zip Code <b>160 E Stenger St San Benito Tx 78586</b>
---	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other: Decals</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
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Date <b>1-9-16</b>	Payee name <b>Best Buy # 353</b>
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Amount (\$) <b>500.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2701 Pablo Kisel Blvd Blville Tx 78526</b>
---	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</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
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Date <b>1-16-16</b>	Payee name <b>Chop Stix</b>
------------------------	--------------------------------

Amount (\$) <b>268.75</b>	Payee address; City; State; Zip Code <b>31230 State Hwy 100 Los Fresnos Tx 78566</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</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
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# 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: <b>16</b>	<b>2</b> FILER NAME <b>Dan Sanchez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1-9-16</b>	<b>5</b> Payee name <b>Sam's</b>	
<b>6</b> Amount (\$) <b>16.76</b>	<b>7</b> Payee address; City; State; Zip Code <b>Alton Moor Dr B'ville Tx 78526</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</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	
Date <b>1-4-16</b>	Payee name <b>Walmart</b>	
Amount (\$) <b>118.76</b>	Payee address; City; State; Zip Code <b>1801 W. Lincoln St Hgn TX 78552</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</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 <b>1-14-16</b>	Payee name <b>SAM'S</b>	
Amount (\$) <b>158.50</b>	Payee address; City; State; Zip Code <b>Alton Moor B'ville Tx 78526</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</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	

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# 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: <i>16</i>	<b>2</b> FILER NAME <i>Dan Sanchez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-9-16</i>	<b>5</b> Payee name <i>Walmart</i>	
<b>6</b> Amount (\$) <i>40.92</i>	<b>7</b> Payee address; City; State; Zip Code <i>1401 State Hwy. 100 Port Isabel, Tx 78578</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Other</i>	<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 <i>1-1-16</i>	Payee name <i>Don Kucos</i>	
Amount (\$) <i>29.18</i>	Payee address; City; State; Zip Code <i>503 W. Tyler Agn Tx 78550</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	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 <i>1-5-16</i>	Payee name <i>Solice</i>	
Amount (\$) <i>1,100.00</i>	Payee address; City; State; Zip Code <i>7200 Bonham Rd B'ville Tx 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other</i>	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 _____	

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# 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: <i>16</i>	<b>2</b> FILER NAME <i>Dan Sanchez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-11-16</i>	<b>5</b> Payee name <i>Professional Printing</i>	
<b>6</b> Amount (\$) <i>62.24</i>	<b>7</b> Payee address; City; State; Zip Code <i>794 Paredes Line Rd B'ville Tx 78521</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<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 <i>1-8-16</i>	Candidate / Officeholder name <i>Sam's Club</i>	
Amount (\$) <i>796.<sup>68</sup></i>	Office sought <i>Hgn Tx 78550</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Office held	
Date <i>1-8-16</i>	Candidate / Officeholder name <i>LoneStar</i>	
Amount (\$) <i>94.80</i>	Office sought <i>W Expwy 83 &amp; Bass Hgn Tx 78552</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other: Gas</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# 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: <i>16</i>	<b>2</b> FILER NAME <i>Dan Sanchez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-21-16</i>	<b>5</b> Payee name <i>Stripes 9823</i>	
<b>6</b> Amount (\$) <i>500.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>202 Ed Carey Dr Hgn TX 78550</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Other: Gas</i>	<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 <i>1-13-16</i>	Payee name <i>M5 Designs</i>	
Amount (\$) <i>541.<sup>25</sup></i>	Payee address; City; State; Zip Code <i>1405 S Palm Dr Hgn TX 78532</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other: Campaign Sign/Banner</i>	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 <i>1-17-16</i>	Payee name <i>Russos Pizzeria</i>	
Amount (\$) <i>200.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>3340 Pablo Kisel Blvd. Suite 206 B'ville TX 78526</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	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 _____	

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# 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: <b>16</b>	<b>2</b> FILER NAME <b>Dan Sanchez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1-9-16</b>	<b>5</b> Payee name <b>Stefanos Brooklyn Pizzn</b>	
<b>6</b> Amount (\$) <b>224.72</b>	<b>7</b> Payee address; City; State; Zip Code <b>4201 W. Bus 83 Hgn Tx 78552</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food Expense</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>1-9-16</b>	Payee name <b>Whataburger</b>	
Amount (\$) <b>36.40</b>	Payee address; City; State; Zip Code <b>2021 Int'l Blvd, B'ville Tx 78521</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</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>1-19-16</b>	Payee name <b>Brownsville MPO</b>	
Amount (\$) <b>11.76</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: Postage</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 _____	

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# 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>16</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-8-16</b>	5 Payee name <b>Armando Perez</b>	
6 Amount (\$) <b>655.<sup>08</sup></b>	7 Payee address; City; State; Zip Code <b>105 E Buchanan Hgn Tx 78550</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising 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>1-8-16</b>	Payee name <b>Bass Mini Mart</b>	
Amount (\$) <b>84.<sup>80</sup></b>	Payee address; City; State; Zip Code <b>14755 U.S. Expwy 83 Hgn Tx 78552</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedules 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>1-9-16</b>	Payee name <b>Texas Solutions Magazine ATWC</b>	
Amount (\$) <b>750.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>601 E Harrison Hgn Tx 78550</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedules 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

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# 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>16</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-4-16</b>	5 Payee name <b>Dirty Als</b>	
6 Amount (\$) <b>119.85</b>	7 Payee address; City; State; Zip Code <b>4495 N. Expwy 77 B'ville Tx 78520</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>1-5-16</b>	Payee name <b>Camperos Grill &amp; Bar</b>	
Amount (\$) <b>174.<sup>08</sup></b>	Payee address; City; State; Zip Code <b>2500 N. Expwy B'ville Tx 78526</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</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>1-7-16</b>	Payee name <b>Pink Ape Media</b>	
Amount (\$) <b>5000.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3101 Pablo Kiesel Blvd #4 B'ville Tx 78526</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</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 _____	

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# 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>16</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-19-16</b>	5 Payee name <b>Karina Joki Academia de Danza Karina</b>	
6 Amount (\$) <b>350.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>413 Ruben Torres Bville Tx 78520</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising 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>1-21-16</b>	Payee name <b>Stripes</b>	
Amount (\$) <b>500.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1725 So. F St Hgn Tx 78550</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other: Gas</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>1-18-16</b>	Payee name <b>Chuys Custom Sports</b>	
Amount (\$) <b>108.25</b>	Payee address; City; State; Zip Code <b>160 Stenger St San Benito Tx 78886</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other: Campaign Buttons</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	

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# 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: 16	<b>2</b> FILER NAME Dan Sanchez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1-13-16	<b>5</b> Payee name Staples
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<b>6</b> Amount (\$) 62.24	<b>7</b> Payee address; City; State; Zip Code 2436 Pablo Kiesel B'ville Tx 78526
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-14-16	Payee name Feldman's
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Amount (\$) 538.41	Payee address; City; State; Zip Code 4500 Padre Island Hwy So Padre Island, TX
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-15-16	Payee name Pink Ape Media
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Amount (\$) 2000 <sup>00</sup>	Payee address; City; State; Zip Code 3101 Pablo Keisel Blvd #4 B'ville Tx 78526
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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>16</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-14-16</b>	5 Payee name <b>Facebook</b>
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6 Amount (\$) <b>50<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1601 So Calif Ave Palo Alto CA 94304</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-5-16</b>	Payee name <b>Facebook</b>
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Amount (\$) <b>25<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1601 SO. CA Ave Palo Alto CA 94304</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-15-16</b>	Payee name <b>Staples</b>
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Amount (\$) <b>66.<sup>55</sup></b>	Payee address; City; State; Zip Code <b>2436 Pablo Kiesel B'ville Tx 78526</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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>16</b>	2 FILER NAME <b>Dan Sanchez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-8-16</b>	5 Payee name <b>Dollar Tree</b>
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6 Amount (\$) <b>28.25</b>	7 Payee address; City; State; Zip Code <b>2109 W. Lincoln St Hgn Tx 78552</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-8-16</b>	Payee name <b>Dollar Tree</b>
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Amount (\$) <b>16.44</b>	Payee address; City; State; Zip Code <b>2109 W. Lincoln St Hgn Tx 78552</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-1-16</b>	Payee name <b>AT &amp; T</b>
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Amount (\$) <b>175.22</b>	Payee address; City; State; Zip Code <b>102 Bass Pro Dr Hgn Tx 78550</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**