# Mr. Dan Sanchez

#### FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CAMERON COUNTY DEPARTMENT OF ELECTIONS & CANDIDATE / MS/MRS/MR FIRST ΜI OFFICE USE ONLY **OFFICEHOLDER** Daniel NAME NICKNAME LAST SUFFIX Dan Sanchez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 28233 Bass Blvd. MAILING Receipt# Amount **ADDRESS** Change of Address Harlingen, TX 78552 Date Processed Date Imaged MS/MRS/MR CAMPAIGN **FIRST** М **TREASURER** -NAME Rosalinda Dr. LAST NICKNAME **SUFFIX** Rosie Cobarrubias CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** Tx78552 27095 Baker Potts Road Harlingen (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** 956-454-1726 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded \$500 Ilmit Final Report (Attach C/OH-FR) 9 PERIOD Year Month Day Year Month Day COVERED 01/22/2016 THROUGH 02/20/2016 10 ELECTION **ELECTION TYPE ELECTION DATE** Month Day Year χ Primary Runoff Other 03/01/2016 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) County Commissioner Place 4 County Judge **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

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| 13 C / OH NAME                                 | Sanchez, Daniel                    | 1  | .4 Filer ID   |                                  |
|--|------------------------------------|--|---|----------------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.          | l<br>olitical contributions accepted or political expenditure<br>These expenditures may have been made without th<br>officeholders are required to report this information | e candidate's or officeholde                                  | r's knowledge or                 |
| Additional Pages                               | I                                  | COMMITTEE NAME   |   |                                  |
|  | GENERAL                            | COMMITTEE ADDRESS  | ···   |                                  |
|  | SPECIFIC                           |  |   |                                  |
|  |                                    | COMMITTEE CAMPAIGN TREASURER NAME  |   |                                  |
|  |                                    | COMMITTEE CAMPAIGN TREASURER ADDRESS   | <b>S</b>  |                                  |
| ı  |                                    |  |   |                                  |
| 16 CONTRIBUTION<br>TOTALS                      |                                    | AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH<br>RANTEES OF LOANS), UNLESS ITEMIZED   | IAN PLEDGES, \$   | 0.00                             |
|  |                                    | AL CONTRIBUTIONS<br>LEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  | 104,725.00                       |
| EXPENDITURE<br>TOTALS                          | 3, TOTAL POLITICA                  | AL EXPENDITURES OF \$100 OR LESS, UNLESS IT  | remized \$  | 0.00                             |
|  | 4. TOTAL POLITICA                  | AL EXPENDITURES  | \$  | 83,496.26                        |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITICA REPORTING PER    | L CONTRIBUTIONS MAINTAINED AS OF THE LA:<br>RIOD   | ST DAY OF THE \$  | 97,011.15                        |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIPA<br>OF THE REPORT | AL AMOUNT OF ALL OUTSTANDING LOANS AS C<br>IING PERIOD   | F THE LAST DAY  | 0.00                             |
| 17 AFFADAVIT                                   |                                    |  |   |                                  |
|  |                                    | I swear, or affirm, under penalty of<br>true and correct and includes all i<br>under Title 15, Election Code.  | of perjury, that the accompa<br>information required to be re | nying report is<br>eported by me |
|  |                                    | Signature of C   | andidate or Officeholder                                      |                                  |
| AFFIX NO                                       | TARY STAMP / SEAL ABO              | VE   |   |                                  |
| Sworn to and subs                              | cribed before me, by the sa        | id Saule Titly which, witness my hand and seal of office.  | this the 22h  | day                              |
|  |                                    |  |   | <i>i</i> 1                       |
| Signature of off                               | cor admidistoring                  | Printed name of officer administering  | Electric Title of officer admir                               | Added F                          |
| → Signature of offi                            | ce aumysteming                     | r inteu name of otticer auministening  | Tille of officer admi   | noranny dalli                    |

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

|     |                  |   |             |    | 3 of 44       |
|-----|------------------|---|-------------|----|---------------|
|     | ER NAN<br>nchez, |   | 19 Filer ID |    |               |
|     |                  | E SUBTOTALS<br>SCHEDULE   |             | SU | BTOTAL AMOUNT |
| 1.  | X                | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |             | \$ | 104,725.00    |
| 2,  |                  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |             | \$ |               |
| 3.  |                  | SCHEDULE B: PLEDGED CONTRIBUTIONS   |             | \$ |               |
| 4.  |                  | SCHEDULE E: LOANS   |             | \$ |               |
| 5,  | X                | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION           | 5           | \$ | 83,496.26     |
| 6.  |                  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |             | \$ |               |
| 7.  |                  | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION          | ONS         | \$ |               |
| 8.  |                  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |             | \$ |               |
| 9.  |                  | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                    |             | \$ |               |
| 10, |                  | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS            | OF C/OH     | \$ |               |
| 11. |                  | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION        | ONS         | \$ |               |
| 12. |                  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED    | \$ |               |
|     |                  |   |             |    |               |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/17 Rpt: 4/44 FILER NAME 3 Fifer ID Sanchez, Daniel Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#; 02/15/2016 \$100.00 Adams, Terri 6 Contributor address; City; State; Zip Code 174 Hidden Meadows Dr. New Braunfels, TX 78132 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Job Management Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/04/2016 Allex, S. Scott \$100,00 Contributor address; City; State; Zip Code 2918 Treasure Hills Blvd Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Financial Planner Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 02/10/2016 \$500.00 Andrews & Kurth PAC Contributor address; City; State; Zip Code 600 Travis Suite 4200 Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2016 Becerra, Mark \$200.00 Contributor address; City; State; Zip Code P.O. Box 531705 Harlingen, TX 78553 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/28/2016 Bingham, Leslie \$250.00 Contributor address; City; State; Zip Code 7 Medical Drive Brownsville, TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO **VBMC**

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/17 Rpt: 5/44 FILER NAME 3 Filer ID Sanchez, Daniel Date 5 Full name of contributor 7 Amount of Contribution (\$) X. out-of-state PAC (ID#: 02/05/2016 \$5,000.00 Border Health PAC 6 Contributor address; City; State; Zip Code 612 W. Nolana McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 02/11/2016 Boswell, Chris \$500,00 Contributor address; City; State; Zip Code 1001 Stack Circle Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/09/2016 CP&Y Inc. PAC \$1,000,00 Contributor address; City; State; Zip Code 1820 Regal Row STE 200 Dallas, TX 75235 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2016 Cano, Josue \$600.00 Contributor address; City; State; Zip Code 27194 Baker Potts Road Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Teacher/Business Owner Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 02/04/2016 Cardona, Anabell \$5,000.00 Contributor address; City; State; Zip Code 1521 N. Misty Lane Weslaco, TX 78596 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner**

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/17 Rpt: 6/44 FILER NAME 3 Filer ID Sanchez, Daniel 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: \$500.00 02/10/2016 Carothers, Steven 6 Contributor address; City; State; Zip Code 114 N San Francisco St Flagstaff, AZ 86001 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Environmental Engineer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$500.00 02/10/2016 Cassidy, Brian Contributor address; City; State; Zip Code 600 Congress Avenue Suite 2200 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/05/2016 \$1,000,00 Castellanos, Francisco Contributor address; City; State; Zip Code 27315 Bass Blvd Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 02/05/2016 Castillo, James (Dr.) \$250.00 Contributor address; City; State; Zip Code 4433 Waters Edge Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/05/2016 Clore, Michael \$150,00 Contributor address; City; State; Zip Code 1806 High Street Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Construction

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/17 Rpt: 7/44 FILER NAME 3 Filer ID Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$250.00 02/09/2016 Correa, Richard 6 Contributor address; City; State; Zip Code 602 Cedar Ave. McAllen, TX 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineer Date out-of-state PAC (ID#: Full name of contributor Amount of Contribution (\$) 02/05/2016 \$1,000.00 Dawz, George Contributor address; City; State; Zip Code 115 E. Harrison Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ \$250.00 02/05/2016 De Ponce, Maribel Contributor address; City; State; Zip Code 4301 S. L Street McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Assistant out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 02/11/2016 **Delisi Communications PAC** \$200.00 Contributor address; City; State; Zip Code 823 Congress Ave. STE 1000B Austin, TX 77006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/05/2016 \$1,000.00 Drinkard, Robert Contributor address; City; State; Zip Code 2601 Westwoods Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/17 Rpt: 8/44 3 Filer ID FILER NAME Sanchez, Daniel Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#; \$500.00 02/04/2016 Duncan, Robert 6 Contributor address; City; State; Zip Code Box 990 San Benito, TX 78586 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Farmer Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$500.00 02/18/2016 Dunkin, Dial Contributor address; City; State; Zip Code 113 N Nueces Park Lane Harlingen, TX 78551 Principal occupation / Job title (See Instructions) Employer (See Instructions) Financial Services Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$100,00 02/08/2016 Dunkin, Robert Contributor address; City; State; Zip Code 410 Retama Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Banker Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$500.00 02/05/2016 Ewers, Norbert Contributor address; City; State; Zip Code 138 Palm Valley Drive Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Businessman Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID# \$500,00 02/05/2016 Flinn, David Contributor address; City; State; Zip Code 1405 N. Stuart Place Road Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/17 Rpt: 9/44 FILER NAME 3 Filer ID Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#; \$250.00 02/10/2016 Fraser, Susan 6 Contributor address; City; State; Zip Code 4603 Depew Ave. Austin, TX 78751 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineer out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 02/09/2016 Freese and Nichols PAC \$250.00 Contributor address; City; State; Zip Code 4055 International Plaza Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:\_ \$500.00 01/22/2016 Garcia, Sam Contributor address; City; State; Zip Code P.O Box 716 McAllen, TX 78505 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect ut-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date 02/14/2016 \$5,000.00 Garza, Aguiles Jaime Contributor address; City; State; Zip Code 1800 Angelina Pharr, TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) Produce Distributor Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$5,000.00 02/18/2016 Garza, David Contributor address; City; State; Zip Code P.O. Box 1194 San Benito, TX 78586 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Environmental Specialist**

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/17 Rpt: 10/44 3 Filer ID FILER NAME Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$1.000.00 02/18/2016 Gonzales, Abel Contributor address; City; State; Zip Code PO Box 3293 Brownsville, TX 78520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Contractor Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 02/10/2016 \$50,00 Gonzales, Arnoldo Contributor address; City; State; Zip Code 305 Payne Stewart Dr Round Rock, TX 78664 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Amount of Contribution (\$) Full name of contributor uut-of-state PAC (ID#:\_ \$100.00 02/14/2016 Gonzales, Guadalupe Contributor address; City; State; Zip Code 1818 E. Jackson Street Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Constable Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 01/27/2016 \$75,00 Guevara, Juan Contributor address; City; State; Zip Code 2813 Nueces Dr Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,750.00 02/04/2016 HNTB Holdings LTD - PAC Contributor address; City; State; Zip Code 1906 E Tyler Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/17 Rpt: 11/44 3 Filer ID 2 FILER NAME Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$250,00 02/08/2016 Heath, James Contributor address; City; State; Zip Code 107 Settlers Valley Dr Pflugerville, TX 78660 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Engineer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 02/10/2016 Hernandez, James Contributor address; City; State; Zip Code 600 Travis Suite 4200 Houston, TX 77002 Employer (See Instructions) Principal occupation / Job title (See Instructions) Attorney Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date \$2,500.00 02/13/2016 Hernandez, Michael A. Contributor address; City; State; Zip Code 5205 Montclair Colleyville, TX 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Businessman Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/08/2016 \$500.00 Houston, H.D. Contributor address; City; State; Zip Code P.O. Box 2368 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Land Developer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$250.00 02/01/2016 Howard, Jay Contributor address; City; State; Zip Code 823 Congress Ave STE 900 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbvist

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, Sch: 9/17 Rpt: 12/44 2 FILER NAME 3 Filer ID Sanchez, Daniel 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#; 02/17/2016 \$5,000.00 Jones, Louis 6 Contributor address; City; State; Zip Code 3100 W. Alabama Street Houston, TX 77098 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/27/2016 Kahlich, Ken \$200.00 Contributor address; City; State; Zip Code 124 Miller Springs Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant/Banker Amount of Contribution (\$) Date Full name of contributor uut-of-state PAC (ID#: 02/10/2016 \$250,00 Khoury, Fredrick Contributor address; City; State; Zip Code 307 S Lynnwood Trail Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/06/2016 Kudisch, Alejandro (Dr.) \$1,000.00 Contributor address; City; State; Zip Code 323 Nightingale McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2016 \$500.00 Lewis, Charles Contributor address; City; State; Zip Code 2918 Emerald Lake Dr. Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/17 Rpt: 13/44 3 Filer ID FILER NAME Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#: \$1,500.00 02/01/2016 Linebarger, Goggen Blair, & Sampson, LLP 6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorneys Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$1,500.00 01/29/2016 Lucio III, Eddie Contributor address; City; State; Zip Code P.O.Box 2106 San Benito, TX 78586 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney State Representative Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ \$200,00 02/15/2016 Martinez, Casimiro Contributor address; City; State; Zip Code 1618 Michigan Ave Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) out-of-state PAC (ID#; Date Full name of contributor 02/05/2016 \$250.00 Mendiola, Laura Contributor address; City; State; Zip Code 4622 Jerry's Way Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Assistant Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/03/2016 Moore, Parke T \$500.00 Contributor address; City; State; Zip Code 1821 Elmwood Dr Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Attorney

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/17 Rpt: 14/44 FILER NAME Filer ID Sanchez, Daniel Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 02/10/2016 \$5,000.00 Morris, Jules 6 Contributor address; City; State; Zip Code 16210 Rolling View Trail Cypress, TX 77433 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/10/2016 O'Brien, J. Kent \$50.00 Contributor address; City; State; Zip Code 515 Explorer Lakeway, TX 78734 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 02/04/2016 Oliveira, David George Contributor address; City; State; Zip Code 7408 N 4th Street McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney ut-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 02/11/2016 Parrish, Colin \$250,00 Contributor address; City; State; Zip Code 11702 Sterlinghill Dr. Austin, TX 78758 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/29/2016 \$2,500.00 Patel, Bharat Contributor address; City; State; Zip Code 350 Padre Blvd South Padre Isalnd, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hotel Owner.Operator

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/17 Rpt: 15/44 3 Filer ID FILER NAME Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#; \$300.00 02/05/2016 Peacock, William 6 Contributor address; City; State; Zip Code 600 Inverary Harlingen, TX 78550 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Business Owner/ Construction** out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$200.00 01/30/2016 Perez, Eddie Contributor address; City; State; Zip Code 445 Saunders Circle Laguna Vista, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Businessman Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ \$5,000,00 01/30/2016 Perez, Nolan (Dr.) Contributor address; City; State; Zip Code 512 Victoria Lane STE 2 Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: Date 02/05/2016 \$5,000.00 Perez, Nolan (Dr.) Contributor address; City; State; Zip Code 512 Victoria Lane STE 2 Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$10,000.00 01/27/2016 Phillips, Joseph Contributor address; City; State; Zip Code P.O. Box 1810 McAllen, TX 78506 Principal occupation / Job title (See Instructions) Employer (See Instructions) Developer

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/17 Rpt: 16/44 3 Filer ID FILER NAME Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$250.00 01/30/2016 Pinkerton, Robert N. 6 Contributor address; City; State; Zip Code P.O. Box 2392 South Padre Isaind, TX 78597 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Bussinessman/Rental Agency Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$500.00 02/08/2016 Political Action committee of Winstead PC Contributor address; City; State; Zip Code 2728 North HArwood Street Suite 500 Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500,00 02/05/2016 Quintanilla, Guillermo Contributor address; City; State; Zip Code 3818 Bourbon Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 02/05/2016 \$1,000.00 Ramirez, Rene Aaron Contributor address; City; State; Zip Code 612 Nolana STE 415 McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#; \$250.00 02/10/2016 Randazzo, Christopher Contributor address; City; State; Zip Code 1522 W St. Johns Ave Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/17 Rpt: 17/44 3 Filer ID FILER NAME Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 02/05/2016 \$100.00 Richardson, Scott 6 Contributor address; City; State; Zip Code 4417 Park Blvd Harlingen, TX 78552 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **CRNA** Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 02/05/2016 Rubiano, Rolando \$1,250.00 Contributor address; City; State; Zip Code 518 Woodland Dr Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 01/22/2016 S&BPAC \$5,000.00 Contributor address; City; State; Zip Code P.O. Box 266245 Houston, TX 77207 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/18/2016 \$500.00 Sanchez, Jimmy Contributor address; City; State; Zip Code 24385 W. US Hwy 281 San Benito, TX 78586 Principal occupation / Job title (See Instructions) Employer (See Instructions) Store Manager Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/10/2016 Scaief, Michael \$500,00 Contributor address; City; State; Zip Code P.O. Box 1064 San Benito, TX 78586 Principal occupation / Job title (See Instructions) Employer (See Instructions) Banker

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/17 Rpt: 18/44 3 Filer ID FILER NAME Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$500.00 02/05/2016 Scoggins, Billy Ray 6 Contributor address; City; State; Zip Code P.O. Box 1911 Harlingen, TX 78551 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Construction Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$5,000.00 02/17/2016 Seitz, Richard Contributor address; City; State; Zip Code 3418 Candlebrook Dr Spring, TX 77388 Principal occupation / Job title (See Instructions) Employer (See Instructions) Civil Engineer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$1,000.00 02/09/2016 Shah, Nirav Contributor address; City; State; Zip Code 310A Padre Blvd South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Metal Broker Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor 02/05/2016 \$500.00 Solis, Hector Contributor address; City; State; Zip Code 2310 Emerald Lake Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$5,000,00 02/10/2016 Stong, Craig Contributor address; City; State; Zip Code 15920 Reyes RDG Helotes, TX 78023 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/17 Rpt: 19/44 FILER NAME Filer ID Sanchez, Daniel 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 01/30/2016 \$200.00 Tigges, Jerry 6 Contributor address; City; State; Zip Code 3023 Woodland Middleton, WI 53562 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Business Owner** out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 02/06/2016 \$1,000.00 Tijerina, Thomas Contributor address; City; State; Zip Code 319A Padre Blvd South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$250.00 02/10/2016 Vane, Mark Contributor address; City; State; Zip Code 6809 Via Correto Dr. Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney/Lobbyist Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 02/10/2016 Vanzandt, Thomas \$500,00 Contributor address; City; State; Zip Code 3001 Bonnie Road Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$250,00 02/09/2016 Viera, Robert Contributor address; City; State; Zip Code 522 Hancock #440 Corpus Christi, TX 78404 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/17 Rpt: 20/44 3 Filer ID FILER NAME Sanchez, Daniel 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: \$250.00 02/09/2016 Wooley, John Adair 6 Contributor address; City; State; Zip Code 3609 Arrowhead Austin, TX 78731 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000.00 01/30/2016 Yegparian, Diran Contributor address; City; State; Zip Code 25010 Flying Arrow San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Businessman Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$300.00 02/16/2016 Yzaguirre, Leopoldo Contributor address; City; State; Zip Code 27226 Brittany Court Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Agricultural Chemical Sales Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$1,000.00 02/03/2016 Zaffirini, Carlos Contributor address; City; State; Zip Code 401 W 15th S840TE Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID Total pages Schedule F1: Sch: 1/24 Rpt: 21/44 Sanchez, Daniel 4 Date Payee name 02/15/2016 AT & T City: Payee address; State; Zip Code 6 Amount (\$) \$486.09 102 Bass Pro Drive Harlingen, TX 78552 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule  $\top$ . Phone **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign phone Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/08/2016 Bay B Boomers Amount (\$) Payee address; State; Zip Code \$24.63 717 Santa Isabel Blvd. Laguna Vista, TX 78578 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/31/2016 Best Buy #353 Payee address; State; Zip Code Amount (\$) City; \$4,528.84 2701 Pablo Kisel Blvd Brownsville, TX 78526 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Door Prizes for campaign workers Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Relimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |              | mmittee      | Food/Beverage Expens<br>Gift/Awards/Memorials I<br>Legal Services<br>The Instruction Gu | Expense            |             | pens<br>ages | e<br>/Contract Labor |                                       | Travel in District Travel Out of District OTHER (enter a category not listed abo | ve) |
|----------|---|--------------|--------------|---|--------------------|-------------|--------------|----------------------|---------------------------------------|--|-----|
| 1        | Total pages Schedule F1:  | 2            | CII ED NAM   |   |                    |             |              |                      | 12                                    | Filer ID   |     |
| 1        | · ·   | _            | Sanchez, [   |   |                    |             |              |                      |                                       |  |     |
|          | Sch: 2/24 Rpt: 22/44  | <u> </u>     |              |   |                    |             |              |                      |                                       |  |     |
| 4        | Date  | 5            | Payee name   | 9   |                    |             |              |                      |                                       |  |     |
|          | 02/12/2016  |              | CVS          |   |                    |             |              |                      |                                       |  |     |
| 6        | Amount (\$)   | 7            | Payee addre  | ess; City;  | State;             | ; Zip Cod   | le           |                      |                                       |  |     |
|          | \$51.72   |              | 1484 Rube    | en Torres   |                    |             |              |                      |                                       |  |     |
|          |   |              |              |   |                    |             |              |                      |                                       |  |     |
|          |   |              | Brownsville  | e, TX 78521.  | 00 III             |             |              |                      |                                       |  |     |
| 8        | PURPOSE   | (a)          | Category (   | See Categories listed at th   | ne top of this sch | edule)      | (b)          | Description          |                                       |  |     |
|          | OF<br>EXPENDITURE   |              | Food/Beve    | rage Expense  |                    | 1           |              | <u> </u>             |                                       | ide of Texas, Complete Schedule T.   |     |
|          |   |              |              |   |                    |             |              | Snacks for v         |                                       | , officeholder living expense  |     |
|          |   |              |              |   |                    |             |              | SHOCKS IOF V         | , Olui                                | III.CCI 3  |     |
|          |   |              |              |   |                    |             |              |                      |                                       |  |     |
| 9        | Complete ONLY if direct expenditure to benefit C/OI   |              | Candidate/Of | ficeholder name   | C                  | Office soug | jht          |                      |                                       | Office held  |     |
|          | Date  |              | Payee name   | 9   |                    |             |              |                      |                                       |  |     |
|          | 02/16/2016  |              | Camperos     | Grill & Bar   |                    |             |              |                      |                                       |  |     |
|          | Amount (\$)   | <del> </del> | Payee addr   | ess; City;  | State:             | Zip Coo     | de.          |                      |                                       |  |     |
|          | \$51,46   |              | 2500 N. E    |   | Casto              | , <u></u> , |              |                      |                                       |  |     |
|          | Ψ01.10  |              | 2300 14. 12  | (pressway   |                    |             |              |                      |                                       |  |     |
|          |   |              | Brownsville  | e, TX 78520   |                    |             |              |                      |                                       |  |     |
|          | PURPOSE   | (a)          | Category (   | See Categories listed at th   | ne top of this sch | edule)      | (b)          | Description          |                                       |  |     |
|          | OF<br>EXPENDITURE   |              |              | erage Expense   | ·                  |             |              | Check if trave       | el outs                               | ide of Texas, Complete Schedule T.   |     |
|          | EXPENDITURE   |              |              |   |                    | 1           |              | _                    | in, TX                                | , officeholder living expense  |     |
|          |   |              |              |   |                    | 1           |              | Meeting              |                                       |  |     |
|          |   |              |              |   |                    |             |              |                      |                                       |  |     |
|          | Complete ONLY if direct expenditure to benefit C/O  |              | Candidate/Of | ficeholder name   | C                  | Office soug | ght          |                      |                                       | Office held  |     |
| _        | Date  | Π            | Payee name   | ?   |                    |             |              |                      | · · · · · · · · · · · · · · · · · · · |  |     |
|          | 02/09/2016  |              | -            | Grill & Bar   |                    |             |              |                      |                                       |  |     |
|          |   |              |              |   | Ctoto              | Zin Cor     | 40           |                      |                                       |  |     |
|          | Amount (\$)   |              | Payee addr   |   | State              | ; Zip Coo   | JE           |                      |                                       |  |     |
|          | \$100.00  |              | 2500 N. E    | cpressway   |                    |             |              |                      |                                       |  |     |
|          |   |              |              |   |                    |             |              |                      |                                       |  |     |
|          |   |              | Brownsville  | e, TX 78520   |                    |             |              |                      |                                       |  |     |
| ┢        | PURPOSE   | (a           | Category (   | See Categories listed at th   | ne top of this sch | nedule)     | (b)          | Description          |                                       | <del> </del>   |     |
|          | OF  |              |              | rage Expense  | 10 10p 0, 1110 00. | ,           |              |                      | el outs                               | side of Texas. Complete Schedule T.  |     |
|          | EXPENDITURE   |              |              |   |                    |             |              | Check if Aust        | in, TX                                | , officeholder living expense  |     |
|          |   |              |              |   |                    |             |              | Lunch Meet           | ing                                   |  |     |
|          |   |              |              |   |                    |             |              |                      |                                       |  |     |
|          | Complete ONLY if direct   | _            | Candidate/Of | ficeholder name   | (                  | Office soug | ght          |                      |                                       | Office held  |     |
|          | expenditure to benefit C/O  | H            |              |   |                    | _           |              |                      |                                       |  |     |
| $\vdash$ |   |              |              | · · · · · · · · · · · · · · · · · · ·   |                    |             |              |                      |                                       | ···  |     |
|          |   |              |              |   |                    |             |              |                      |                                       |  |     |

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Polltica |   | Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|---|--|---|
| Credit Card Payment   | The Instruction Guide expla                           | ins how to complete this form.                                       |   |
| 1 Total pages Schedule F1:  | 2 FILER NAME  |  | 3 Filer ID  |
| Sch: 3/24 Rpt: 23/44  | Sanchez, Daniel                                       |  |   |
| 4 Date  | 5 Payee name  | ·  |   |
| 02/19/2016  | Charro Days   |  |   |
|   |   | tate; Zip Code   |   |
| 6 Amount (\$)<br>\$150,00   | 134 Boca Chica  | iaic, Zip Code   |   |
| \$100,00  | 134 BUCA CITICA                                       |  |   |
|   | Brownsville, TX 78520                                 |  |   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of thi | s schedule) (b) Description  |   |
| OF<br>EVENDITURE  | Event Expense   | Check if trave   | el outside of Texas. Complete Schedule T.   |
| EXPENDITURE   | -   | السسا  | in, TX, officeholder living expense   |
|   |   | Charro Day   | s Parade Entry Fee  |
|   |   |  |   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                           | Candidate/Officeholder name<br>H                      | Office sought  | Office held   |
| Date  | Payee name  |  |   |
| 02/20/2016  | Chik Fil A  |  |   |
| Amount (\$)   | Payee address; City; S                                | tate; Zip Code   |   |
| \$122.20  | 2370 N Expressway STE 1348                            | 5.15, Z.P. 5.445   |   |
| Ψ122.20   | 2010 W Expressively CTE 1515                          |  |   |
|   | Brownsville, TX 78521                                 |  |   |
| PURPOSE   | (a) Category (See Categories listed at the top of thi | s schedule) (b) Description  |   |
| OF<br>EXPENDITURE   | Food/Beverage Expense                                 | , <u>-</u>   | el outside of Texas. Complete Schedule T.   |
| EXPENDITORE   |   | , <u>–</u>   | iln, TX, officeholder living expense  |
|   |   | Food for Vo  | lunteers  |
|   |   |  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                             | Candidate/Officeholder name<br>H                      | Office sought  | Office held   |
| Date  | Payee name  |  |   |
| 01/25/2016  | Chuy's Custom Sports                                  |  |   |
| Amount (\$)   |   | tate; Zip Code   |   |
| \$2,627.23  | 160 Stenger Street                                    | iate, zip oode   |   |
| \$2,021,23  | 100 Steriger Street                                   |  |   |
|   | San Benito , TX 78586                                 |  |   |
| PURPOSE   | (a) Category (See Categories listed at the top of thi | s schedule) (b) Description  |   |
| OF  | Printing Expense                                      |  | el outside of Texas. Complete Schedule T.   |
| EXPENDITURE   |   |  | tin, TX, officeholder living expense  |
|   |   | T-shirts, De   | cals, Buttons Bumper stickers   |
|   |   |  |   |
| Complete ONLY if direct   | Candidate/Officeholder name                           | Office sought  | Office held   |
| expenditure to benefit C/O  | Н   |  |   |
|   |   |  | ***   |
|   |   |  |   |

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage F

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| ontributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>redit Card Payment |  | Gift/Awards/Memorials Ex<br>Legal Services  | Salarie  | _   | /Contract Labor  |  | Travel Out of District OTHER (enter a category not listed above)   |
|--|--|---|--|---|--|--|--|
|  | la ellenium  |   | e explains now to  | compie  | ete uns ionn.  | Ta-  | Filer ID   |
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|  | =  |   |  |   |  |  |  |
| /18/2016   | Cindy's Fi   | ower Snop   |  |   |  |  |  |
| nount (\$)   | Ť  |   | State; Zip   | Code  |  |  |  |
| \$90.61  | 2911 Inter   | national Blvd.  |  |   |  |  |  |
|  |  |   |  |   |  |  |  |
|  | Brownsvill   | e, TX 78521   |  |   |  |  |  |
| PURPOSE  | (a) Category (   | See Categories listed at the  | top of this schedule)  | (b)   |  |  |  |
|  | Gift/Award   | ls/Memorials Exper  | ıse  |   | <u> </u>   |  | de of Texas, Complete Schedule T.  |
|  |  |   |  |   |  |  |  |
|  |  |   |  |   | WICH TOTAL TR  | 7VV C  | 13   |
|  | Candidate/O  | ffineholder name  | Office   | ought.  |  |  | Office held  |
| penditure to benefit C/O   |  | micerioluer name  | Office 5   | ougni   |  |  | Office field   |
| te   | Payee nam  | е   |  |   |  |  |  |
| /27/2016   | DRI Printir  | ng Services   |  |   |  |  |  |
| ount (\$)  | Payee addr   | ess; City;  | State; Zip   | Code  |  |  |  |
| \$1,503.94   | 7651 N. S  | am Fernando Rd  |  |   |  |  |  |
|  |  |   |  |   |  |  | •  |
|  | Burbank, (   | CA 91505  |  |   |  |  |  |
| PURPOSE  | (a) Category   | See Categories listed at the  | top of this schedule)  | (b)   | Description  |  | ·  |
| OF<br>VDENDITUBE   |  |   |  |   |  |  | de of Texas, Comptete Schedule T,  |
| APENDITORE   |  |   |  |   | <b>—</b>   | n, TX  | officeholder living expense  |
|  |  |   |  |   | Posicarus  |  |  |
|  |  | er: 1 1 1   | 0.00   |   |  |  | Office held  |
|  |  | fliceholder name  | Office s   | ougnt   |  |  | Office held  |
|  | <u> </u>   |   |  |   |  | -  |  |
|  | 1 -  |   |  |   |  |  |  |
|  |  |   |  |   |  |  |  |
| • •  |  |   | State; Zip   | Code  |  |  |  |
| \$1,588.14   | 7651 N. S  | am Fernando Ro  |  |   |  |  |  |
|  |  |   |  |   |  |  |  |
|  | Burbank,   | CA 91505  |  |   |  |  |  |
| PURPOSE  | 9  |   | top of this schedule)  | (b)   |  |  |  |
|  | Advertisin   | g Expense   |  |   |  |  | ide of Texas. Complete Schedule T.   |
| <b></b>  |  |   |  |   |  | n, IX  | , officendider living expense  |
|  |  |   |  |   | 141411161  |  |  |
| and the Children Co.   | 0  | #iaabaldar =  | Offin  | ought.  |  |  | Office held  |
| mplete <u>ONLY</u> if direct<br>penditure to benefit C/OI                                |  | nicenoider name   | Office s   | งนฎกโ   |  |  | Office field   |
|  | redit Card Payment  al pages Schedule F1: ch: 4/24 Rpt: 24/44  te /18/2016  rount (\$)  PURPOSE OF XPENDITURE  The page of the | cal pages Schedule F1: 2 FILER NAM Sanchez, te 5 Payee nam Cindy's Flatenount (\$) \$90.61 Payee addr 291.1 Interest Denditure to benefit C/OH Payee addr 7651 N. S Burbank, 0 PURPOSE OF XPENDITURE (a) Category Printing Expenditure to benefit C/OH (a) Category Printing Expenditure (\$) Payee addr 7651 N. S (a) Category Payee addr 7651 N. S (a) Category Payee Addr 7651 N. S (a) Category Advertisin Purpose OF XPENDITURE (a) Category Advertisin Advertisin | The Instruction Guid al pages Schedule F1: ch: 4/24 Rpt: 24/44  te | al pages Schedule F1: 2 FILER NAME Sanchez, Daniel te ch: 4/24 Rpt: 24/44 2 Advertising Expense | The Instruction Guide explains how to complete pages Schedule F1:  2 FILER NAME Sanchez, Daniel  5 Payee name Cindy's Flower Shop  7 Payee address; City; State; Zip Code 2911 International Blvd.  Brownsville, TX 78521  PURPOSE OF KPENDITURE  (a) Category (see Categories listed at the top of this schedule)  (b) Gift/Awards/Memorials Expense  (c) Payee name Payee name Payee address; City; State; Zip Code Office Sought  (d) Category (see Categories listed at the top of this schedule)  (e) Payee name Payee name Payee address; City; State; Zip Code Payee name Payee address; City; State; Zip Code Printing Expense  (a) Category (see Categories listed at the top of this schedule)  Payee name Printing Expense  (b)  Payee name Printing Expense  (c) Payee name Payee | The Instruction Guide explains how to complete this form.  al pages Schedule F1: | The Instruction Guide explains how to complete this form.  al pages Schedule F1: 2 FILER NAME Sanchez, Daniel the Chir. 4/24 Rpt: 24/44 Sanchez, Daniel Sanche |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Loan Repayment/Relmbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense
Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Travel Out of District
OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 3 Filer ID FILER NAME Sanchez, Daniel Sch: 5/24 Rpt: 25/44 4 Date Payee name 01/29/2016 Davila, David 6 Amount (\$) Pavee address: City: State; Zip Code \$200,00 531 Lynx Mountain San Antonio, TX 78261 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Delivery **EXPENDITURE** Check if Austin, TX, officeholder living expense Cards for mailout Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/05/2016 De Saro/Rodriguez LLC Payee address; State; Zip Code Amount (\$) \$27,195.50 300 N. Main, Ste. 300 McAllen, TX 78501 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Radio/TV Ads Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/20/2016 Denny's State; Zip Code Amount (\$) Payee address; City; \$63.23 1875 N Expressway Brownsville, TX 78520 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense

Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense

Solicitation/Fundraising Expense Travel Out of District

Advertising Expense
AccountingBanking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Transportation Equipment & Related Expense
Travel in District Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 6/24 Rpt: 26/44 Sanchez, Daniel 4 Date Payee name 02/19/2016 Dirty Al's Seafood Market & Cajun Kitchen State; Zip Code 6 Amount (\$) Payee address; \$28.12 4495 N Expressway 83/77 Brownsville, TX 78520 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 02/01/2016 Don Kucos Payee address: Amount (\$) City: State: Zip Code \$71.41 603 W. Tyler Harlingen, TX 78550 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Meeting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 02/01/2016 Don Kucos Payee address; State; Zip Code Amount (\$) City; \$85.41 603 W. Tyler Harlingen, TX 78550 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Food for campaign workers Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>Il Committee        | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ( | Salaries/         | Expens<br>Wages  | se<br>s/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|----------------------------|--|-------------------|------------------|------------------------|---|
| 1 Total pages Schedule F1:  | 2 FILER NAM                | 1E   | •                 |                  | 3                      | Filer ID  |
| Sch: 7/24 Rpt: 27/44  | Sanchez,                   |  |                   |                  |                        |   |
| 4 Date  | 5 Payee nam                | е  |                   |                  |                        |   |
| 02/12/2016  | El Valle N                 | oticias  |                   |                  |                        |   |
| 6 Amount (\$)   | 7 Payee addr               | ess; City;   | State; Zip C      | ode              |                        |   |
| \$400.00  | 1135 E Va                  | an Buren   |                   |                  |                        |   |
|   | Brownsvill                 | e, TX 78520  |                   |                  |                        |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category<br>Advertisin | See Categories listed at the top<br>g Expense  | of this schedule) | (b)              | 브                      | ide of Texas, Complete Schedule T.<br>, officeholder living expense                 |
| Complete ONLY if direct<br>expenditure to benefit C/OF  |                            | fficeholder name   | Office so         | ught             |                        | Office held   |
| Date  | Payee nam                  | e  |                   |                  |                        |   |
| 01/25/2016  | Emilia's R                 | estaurant  |                   |                  |                        |   |
| Amount (\$)   | Payee addr                 | ess; City;   | State; Zip C      | ode              |                        |   |
| \$72.50   | 5182 Padı                  | e Island Hwy   |                   |                  |                        |   |
|   |                            |  |                   |                  |                        |   |
|   | Brownsvill                 | e, TX 78520  |                   |                  |                        |   |
| PURPOSE   | (a) Category               | See Categories listed at the top   | of this schedule) | (b)              | Description            |   |
| OF<br>EXPENDITURE   | 1                          | erage Expense  |                   |                  |                        | lde of Texas, Complete Schedule T,<br>, officeholder living expense                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O   |                            | fficeholder name   | Office so         | <u> </u><br>ught |                        | Office held   |
| Date  | Payee nam                  | е  |                   |                  |                        |   |
| 02/14/2016  | Facebook                   |  |                   |                  |                        |   |
| Amount (\$)<br>\$500.43   | Payee addı<br>1601 Sout    | ess; City;<br>th California Ave  | State; Zip C      | ode              |                        |   |
|   | Palo Alto ,                | CA 94304   |                   |                  |                        |   |
| PURPOSE<br>OF<br>EXPENDITURE  |                            | See Categories listed at the top<br>g Expense  | of this schedule) | (b)              |                        | ide of Texas, Complete Schedule T.<br>, officeholder living expense                 |
| Complete ONLY if direct   | Candidate/O                | fficeholder name   | Office so         | ught             |                        | Office held   |

# SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Food/Beverage Expense Gift/Awards/Memorials Expense I Committee Legal Services | Polling Expense Printing Expense Salaries/Wages/Contract Labor  | Travel in District Travel Out of District OTHER (enter a category not listed above)   |
|--|---|---|
| The Instruction Guide explains   | s how to complete this form.  |   |
| 2 FILER NAME   |   | 3 Filer ID  |
| Sanchez, Daniel  |   |   |
| 5 Payee name   |   |   |
| Facebook   |   |   |
| 7 Payee address; City; State   | e; Zip Code   |   |
| 1601 South California Ave  |   |   |
|  |   |   |
| Palo Alto , CA 94304   |   |   |
| (a) Category (See Categories listed at the top of this so                      | chedule) (b) Description  |   |
| Advertising Expense  |   | el outside of Texas, Complete Schedule T.   |
| - ,  | "-  | in, TX, officeholder living expense   |
|  | Aas   |   |
|  |   | Office held   |
| Candidate/Officeholder name  | Office sought   | Office held   |
|  |   | - 100- <del>-</del> 100   |
| _  |   |   |
|  |   | - Additional -  |
| ,  | e; Zip Code   |   |
| 1601 South California Ave  |   |   |
|  |   |   |
| Palo Alto , CA 94304   |   |   |
| (a) Category (See Categories listed at the top of this so                      |   |   |
| Advertising Expense  | 1 <u>–</u>  | el outside of Texas. Complete Schedule T.<br>In, TX, officeholder living expense  |
|  | Ads   | , , , , , , , , , , , , , , , , , , ,   |
|  |   |   |
| Candidate/Officeholder name  | Office sought   | Office held   |
| -1   |   |   |
| Pavee name   |   |   |
| Genoveva's Flowers   |   |   |
|  | e: Zin Corfe  |   |
|  | o, 2.1p 0000  |   |
| 210 Havio Subst  |   |   |
| San Benito TV 78586  |   |   |
|  | // - · · ·  | · · · · · · · · · · · · · · · · · · ·   |
|  |   | el outside of Texas. Comptete Schedule T.   |
| Gill/Awards/Memorials Expense  | <u>                                    </u>   | tin, TX, officeholder living expense  |
|  | Memorial F  | owers   |
|  |   |   |
|  |   |   |
| Candidate/Officeholder name<br>H   | Office sought   | Office held   |
|  | The Instruction Guide explains  2 FILER NAME Sanchez, Daniel  5 Payee name Facebook  7 Payee address; City; State 1601 South California Ave  Palo Alto , CA 94304  (a) Category (see categories listed at the top of this see Advertising Expense  Candidate/Officeholder name Facebook  Payee name Facebook Payee address; City; State 1601 South California Ave  Palo Alto , CA 94304  (a) Category (see Categories listed at the top of this see Advertising Expense  Candidate/Officeholder name Facebook Payee address; City; State 1601 South California Ave  Palo Alto , CA 94304  (a) Category (see Categories listed at the top of this see Advertising Expense  Candidate/Officeholder name  Candidate/Officeholder name  Payee name Genoveva's Flowers  Payee address; City; State 273 Travis Street  San Benito, TX 78586 | The Instruction Guide explains how to complete this form.  2 FILER NAME Sanchez, Daniel  5 Payee name Facebook  7 Payee address; City; State; Zip Code 1601 South California Ave Palo Alto , CA 94304  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name  Facebook  Payee address; City; State; Zip Code Candidate/Officeholder name  Facebook  Payee name Facebook  Payee name Facebook  Payee name Facebook  Payee address; City; State; Zip Code 1601 South California Ave  Palo Alto , CA 94304  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  Candidate/Officeholder name  Facebook  Payee address; City; State; Zip Code Advertising Expense  Candidate/Officeholder name  Genoveva's Flowers  Payee address; City; State; Zip Code  Candidate/Officeholder name  Genoveva's Flowers  Payee address; City; State; Zip Code  State; Zip Code  Candidate/Officeholder name  Genoveva's Flowers  Payee address; City; State; Zip Code  State; Zip Code  Candidate/Officeholder name  Genoveva's Flowers  Payee address; City; State; Zip Code  State; Zip Code  Candidate/Officeholder name  Genoveva's Flowers  Payee address; City; State; Zip Code  State; Zip Code  Candidate/Officeholder name  Genoveva's Flowers  Payee address; City; State; Zip Code  State; Zip Code  Check if trave |

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollina Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 9/24 Rpt: 29/44 Sanchez, Daniel 4 Date Payee name 02/17/2016 Girl Scout Troop # 4138 6 Amount (\$) Payee address; City; State; Zip Code \$300,00 202 E. Madison Harlingen, TX 78550 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Cookies for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2016 HEB Amount (\$) Payee address; City; State: Zip Code \$42.84 2250 Boca Chica Brownsville, TX 78520 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OE. Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Valentine cookies for volunteers Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name HEB #291 02/12/2016 Payee address; City; State; Zip Code Amount (\$) \$79.58 613 South Expressway 83 Harlingen, TX 78550 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for campaign workers Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

# SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage B

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>Il Committee | Foot/Beverage Expense<br>Gift/Awards/Memorials Exper<br>Legal Services | se Prini<br>Sala  | ·-        | se<br>//Contract Labor |             | Travel Out of District OTHER (enter a category not listed above) |  |
|---|--|---------------------|--|-------------------|-----------|------------------------|-------------|--|--|
|   | - John San Layman  |                     | The Instruction Guide e  | xplains how t     | to comple | ete this form.         |             |  |  |
| 1 | Total pages Schedule F1:   | 2 FILER NAME        |  |                   |           |                        | 3           | Filer ID   |  |
|   | Sch: 10/24 Rpt: 30/44  | Sanchez, Da         | aniel  |                   |           |                        |             |  |  |
| 4 | Date   | 5 Payee name        |  |                   |           |                        |             |  |  |
|   | 02/11/2016   | HEB #291            |  |                   |           |                        |             |  |  |
| 6 | Amount (\$)  | 7 Payee addres      | s; City;   | State; Zip        | Code      |                        |             |  |  |
|   | \$102.78   | 613 South E         | xpressway 83   |                   |           |                        |             |  |  |
|   |  |                     |  |                   |           |                        |             |  |  |
|   |  | Harlingen, T        | X 78550  |                   |           |                        |             |  |  |
| 8 | PURPOSE  | (a) Category (Se    | e Categories listed at the top   | of this schedule) | (b)       | Description            |             |  |  |
|   | OF<br>EXPENDITURE  |                     | age Expense  |                   |           | <u> </u>               |             | ie of Texas, Complete Schedule T.                                |  |
|   |  |                     |  |                   |           | ш                      |             | officeholder living expense                                      |  |
|   |  |                     |  |                   |           | Groceries for          | i Ka        | ily fullion  |  |
| _ |  |                     |  |                   | Щ.        |                        | <del></del> | 0.00   |  |
| 9 | Complete ONLY if direct<br>expenditure to benefit C/OI                                     | Candidate/Offic     | ceholder name  | Office            | sought    |                        |             | Office held  |  |
|   | Date   | Payee name          |  |                   |           |                        |             |  |  |
|   | 02/03/2016   | Harland Cla         | rke  |                   |           |                        |             |  |  |
|   | Amount (\$)  | Payee addres        |  | State; Zip        | Code      |                        |             |  |  |
|   | \$73.21  | -                   | antera Parkway   | State, Zip        | Coue      |                        |             | •  |  |
|   | φ/3.21   | 13933 La Ci         | aniera Farkway   |                   |           |                        |             |  |  |
|   |  |                     |  |                   |           |                        |             |  |  |
|   |  | San Antonio         | , TX 78256   |                   |           |                        |             |  |  |
|   | PURPOSE  | (a) Category (Se    | e Categories listed at the top   | of this schedule) | (b)       | Description            |             |  |  |
|   | OF<br>EXPENDITURE  | Printing            |  |                   |           | <u></u>                |             | le of Texas, Complete Schedule T.                                |  |
|   |  |                     |  |                   |           | New/Addition           |             | officeholder living expense                                      |  |
|   |  |                     |  |                   |           | NewAddition            | iai         | Medica   |  |
|   | Complete ONLY if direct  | Candidate/Offic     | obolder name   | Office            | sought    |                        |             | Office held  |  |
|   | expenditure to benefit C/OI  |                     | enoider name   | Onice             | Sought    |                        |             | Office field   |  |
|   |  |                     |  |                   |           |                        |             |  |  |
|   | Date   | Payee name          |  |                   |           |                        |             |  |  |
|   | 01/29/2016   | Henry's             |  |                   |           |                        |             |  |  |
|   | Amount (\$)  | Payee addres        | s; City;   | State; Zip        | Code      |                        |             |  |  |
|   | \$3.24   | 715 S Lewis         | Lane   |                   |           |                        |             |  |  |
|   |  |                     |  |                   |           |                        |             |  |  |
|   |  | Harlingen, T        | X 78552  |                   |           |                        |             |  |  |
|   | PURPOSE  | - X -               |  |                   | (h)       | Description            |             |  |  |
|   | OF   | Twine               | e Categories listed at the top   | of this schedule) | (5)       |                        | outsio      | de of Texas, Complete Schedule T.                                |  |
|   | EXPENDITURE  | TWITE               |  |                   |           | Check if Austir        | n, TX,      | officeholder living expense                                      |  |
|   |  |                     |  |                   |           | For signs              |             |  |  |
|   |  |                     |  |                   |           |                        |             |  |  |
|   | Complete ONLY if direct  | Candidate/Offic     | eholder name   | Office            | sought    |                        |             | Office held  |  |
|   | expenditure to benefit C/O   | -1                  |  |                   |           |                        |             |  |  |
| _ |  |                     |  |                   |           |                        |             |  |  |
|   |  |                     |  |                   |           |                        |             |  |  |
|   |  |                     |  |                   |           |                        |             |  |  |

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Polltica Credit Card Payment | r= G              | ood/Beverage Expense<br>lit/Awards/Memorials Expense<br>egal Services | Polling Expens Printing Exper Salaries/Wage |                 | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|-------------------|---|---|-----------------|---|
|   | oreal outer aymon   | T                 | he Instruction Guide expla  | ins how to comp                             | lete this form. |   |
|   | Total pages Schedule F1:  |                   |   |   |                 | 3 Filer ID  |
|   | Sch: 11/24 Rpt: 31/44   | Sanchez, Dai      | niel  |   |                 |   |
| 4 | Date  | 5 Payee name      |   |   |                 |   |
|   | 02/08/2016  | J & A Sports      |   |   |                 |   |
| 3 | Amount (\$)   | 7 Payee address   | ; City; St  | ate; Zip Code                               |                 | <del></del>   |
|   | \$950.00  | 4627 Central      | Circle  |   |                 |   |
|   |   |                   |   |   |                 |   |
|   |   | Brownsville, 1    | TX 78521  |   |                 |   |
| 3 | PURPOSE   | (a) Category (See | Categories listed at the top of thi                                   | s schedule) (b)                             | Description     | ***************************************   |
|   | OF<br>EXPENDITURE   | Advertising E     | xpense  |   | <u> </u>        | outside of Texas, Complete Schedule T.  |
|   |   |                   |   |   | Signs           | , TX, officeholder living expense   |
|   |   |                   |   |   | Olgris          |   |
|   | Complete ONLY if direct   | Candidate/Office  | holder name   | Office sought                               |                 | Office held   |
|   | expenditure to benefit C/O  |                   | eloluel hame  | Onice sough                                 |                 | Office field  |
|   | Date  | Payee name        |   |   |                 |   |
|   | 02/12/2016  | Kumori Sushi      | i & Teppanyaki  |   |                 |   |
|   | Amount (\$)   | Payee address     | ; City; Si  | ate; Zip Code                               |                 |   |
|   | \$49.51   | 3340 Pablo K      | íesel Blvd  |   |                 |   |
|   |   |                   |   |   |                 |   |
|   |   | Brownsville, 7    | TX 78526  |   |                 |   |
|   | PURPOSE   | (a) Category (See | Categories listed at the top of this                                  | s schedule) (b)                             | Description     |   |
|   | OF<br>EXPENDITURE   | Food/Beverag      |   |   |                 | outside of Texas. Complete Schedule T.  |
|   | EXI ENDITORE  |                   |   |   |                 | , TX, officeholder living expense   |
|   |   |                   |   |   | Meeting         |   |
|   | Complete ONLY if direct   | Candidate/Office  | sholder name  | Office sought                               |                 | Office held   |
|   | expenditure to benefit C/OI   |                   | siloide: Harrie   | Office Sough                                | •               | Office field  |
|   | Date  | Payee name        |   |   |                 |   |
|   | 01/27/2016  | Kumori Sushi      | i & Teppanyaki  |   |                 |   |
|   | Amount (\$)   | Payee address     | ; City; Si  | ate; Zip Code                               |                 |   |
|   | \$90.00   | 3340 Pablo K      | (iesel Blvd   |   |                 |   |
|   |   |                   |   |   |                 |   |
|   |   | Brownsville, 7    | TX 78526  |   |                 |   |
|   | PURPOSE   | (a) Category (See | Categories listed at the top of thi                                   | s schedule) (b)                             | Description     | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   |
|   | OF<br>EVEN NET UP T   | Food/Beverag      |   | ,   |                 | outside of Texas, Complete Schedule T,  |
|   | EXPENDITURE   |                   |   |   | <u> </u>        | , TX, officeholder living expense   |
|   |   |                   |   | I .   | Meeting         |   |
|   |   |                   |   |   |                 |   |
|   |   |                   |   | 0.00  |                 | 200   |
|   | Complete ONLY if direct expenditure to benefit C/OI   | Candidate/Office  | eholder name  | Office sought                               |                 | Office held   |

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics | y -<br>al Committee | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling E<br>Printing<br>Salaries | Expens |                                  | Trav          | el in District<br>el Out of District<br>ER (enter a category not listed above) | ) |
|---|---|---------------------|--|-----------------------------------|--------|----------------------------------|---------------|--|---|
|   | Credit Card Payment   |                     | The Instruction Guide exp  |                                   | _      |                                  |               | ,  |   |
| 1 | Total pages Schedule F1:  | 2 FILER NAM         | 1E   |                                   |        |                                  | <b>3</b> File | ID   |   |
|   | Sch: 12/24 Rpt: 32/44   | Sanchez,            | Daniel   |                                   |        |                                  |               |  |   |
| 4 | Date  | 5 Payee nam         | e  |                                   |        |                                  |               |  |   |
|   | 02/18/2016  | La Pampa            |  |                                   |        |                                  |               |  |   |
| 6 | Amount (\$)   | 7 Payee addr        | ess; City;   | State; Zip C                      | ode    |                                  |               |  |   |
|   | \$441.24  | 1655 Rub            | en Torres  |                                   |        |                                  |               |  |   |
|   |   |                     |  |                                   |        |                                  |               |  |   |
|   |   | Brownsvill          | e, TX 78521  |                                   |        |                                  |               |  |   |
| 8 | PURPOSE   | (a) Category        | See Categories listed at the top of                                      | this schedule)                    | (b)    | Description                      |               |  |   |
|   | OF<br>EXPENDITURE   | Food/Beve           | erage Expense  |                                   |        |                                  |               | Fexas, Complete Schedule T.<br>holder living expense                           |   |
|   |   |                     |  |                                   |        | Meeting                          | 1X office     | Holder Hvillig expense   |   |
|   |   |                     |  |                                   |        | J                                |               |  |   |
| 9 | Complete ONLY if direct   |                     | fficeholder name   | Office so                         | ught   |                                  |               | Office held  |   |
|   | expenditure to benefit C/O  | Н                   |  |                                   |        |                                  |               |  |   |
|   | Date  | Payee nam           | e  |                                   |        |                                  |               |  |   |
|   | 01/30/2016  | Las Cazue           | elas   |                                   |        |                                  |               |  |   |
|   | Amount (\$)   | Payee addr          | ess; City;   | State; Zip C                      | ode    | ·                                |               |  |   |
|   | \$121.70  | 314 South           | F Street   |                                   |        |                                  |               |  |   |
|   |   |                     |  |                                   |        |                                  |               |  |   |
|   |   | Harlingen,          | TX 78550   |                                   |        |                                  |               |  |   |
|   | PURPOSE   | (a) Category        | See Categories listed at the top of                                      | this schedule)                    | (b)    | Description                      |               |  |   |
|   | OF<br>EXPENDITURE   | Food/Beve           | erage Expense  |                                   | -      |                                  |               | Fexas. Complete Schedule T.<br>holder living expense                           |   |
|   |   |                     |  |                                   |        | _                                |               | Rally volunteers   |   |
|   |   |                     |  |                                   |        |                                  |               | •  |   |
|   | Complete ONLY if direct   | Candidate/O         | fficeholder name   | Office so                         | ught   |                                  |               | Office held  |   |
|   | expenditure to benefit C/O  | Н                   |  |                                   |        |                                  |               |  |   |
|   | Date  | Payee nam           | е  |                                   |        |                                  |               |  |   |
|   | 01/29/2016  | Lonestar            |  |                                   |        |                                  |               |  |   |
|   | Amount (\$)   | Payee addr          | ess; City;   | State; Zip C                      | ode    |                                  |               |  |   |
|   | \$17.14   | West Exp            | essway 83 & Bass   |                                   |        |                                  |               |  |   |
|   |   |                     |  |                                   |        |                                  |               |  |   |
|   |   | Harlingen,          | TX 78552   |                                   |        |                                  |               |  |   |
|   | PURPOSE   | (a) Category        | See Categories listed at the top of                                      | this schedule)                    | (b)    | Description                      |               |  |   |
|   | OF<br>EXPENDITURE   | Gasoline            |  | ,                                 |        | Check if travel o                |               | Texas, Complete Schedule T.  |   |
|   | LAFENDITORE   |                     |  |                                   |        | Check if Austin,  Transportation |               | holder living expense  |   |
|   |   |                     |  |                                   |        | Hemsportation                    | i ioi Ca      | an paign   |   |
|   | Complete ONLY if direct   | Candidate/∩         | fficeholder name   | Office so                         | llaht  |                                  |               | Office held  |   |
|   | expenditure to benefit C/O  |                     | moortojaer name  | Office 30                         | agni   |                                  |               | ooo noid   |   |
| _ |   |                     |  |                                   |        |                                  |               |  |   |
| ŀ |   |                     |  |                                   |        |                                  |               |  |   |
| • |   |                     |  |                                   |        |                                  |               |  |   |

# SCHEDULE F1

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

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|          | Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment |     |                          | Fees Office Overhead/Rental E: Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract I |                  |           |     |                 |       | Transportation Equipment & Related<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed a | •   |
|----------|---|-----|--------------------------|---|------------------|-----------|-----|-----------------|-------|--|-----|
|          | Credit Card Payment   |     |                          | The Instruction Guide   | explains ho      | ow to com | ple | te this form.   |       |  |     |
| 1        | Total pages Schedule F1:  | 2   | FILER NAM                | <b>E</b>  |                  |           |     |                 | 3     | Filer ID   |     |
|          | Sch: 13/24 Rpt: 33/44   |     | Sanchez, D               | Daniel  |                  |           |     |                 |       |  |     |
| 4        | Date  | 5   | Payee name               | )   |                  |           |     |                 |       |  |     |
|          | 01/28/2016  |     | Los Mismo                | s Restaurant  |                  |           |     |                 |       |  |     |
| 6        | Amount (\$)   | 7   | Payee addre              | ess; City;  | State;           | Zip Cod   | е   |                 |       |  | •   |
|          | \$274,36  |     | 1701 Price               | Road  |                  |           |     |                 |       |  |     |
|          |   |     |                          |   |                  |           |     |                 |       |  |     |
|          |   |     | Brownsville              | e, TX 78520   |                  |           |     |                 |       |  |     |
| 8        | PURPOSE   | (a) | <u></u>                  | See Categories listed at the to   | on of this eched | iulo) (   | b)  | Description     |       |  |     |
|          | OF  | ι-, |                          | rage Expense  | ip of this sched | iuie,     | •   | Check if travel |       | ide of Texas, Complete Schedule T.   |     |
|          | EXPENDITURE   |     |                          | 3   |                  |           |     |                 |       | officeholder living expense  |     |
|          |   |     |                          |   |                  | ŀ         |     | Food for Can    | npa   | lign workers   |     |
| L        |   |     |                          |   |                  |           |     |                 |       |  |     |
| 9        | Complete ONLY if direct<br>expenditure to benefit C/OI  |     | Candidate/Of             | ficeholder name   | Off              | fice soug | ht  |                 |       | Office held  |     |
| L        | experience to perionic e.e.   |     |                          |   |                  |           |     |                 |       |  | · · |
|          | Date  |     | Payee name               | <del>)</del>  |                  |           |     |                 |       |  |     |
|          | 02/08/2016  |     | O'Rei <b>ll</b> y's      |   |                  |           |     |                 |       |  |     |
| Γ        | Amount (\$)   |     | Payee addre              | ess; City;  | State;           | Zip Cod   | e   |                 |       |  |     |
|          | \$184.61  |     | 809 W Har                | rison   |                  |           |     |                 |       |  |     |
|          |   |     |                          |   |                  |           |     |                 |       |  |     |
|          |   |     | Harlingen,               | TX 78550  |                  |           |     |                 |       |  |     |
| Г        | PURPOSE   | (a) | Category (s              | See Categories listed at the to   | p of this sched  | tule) (   | b)  | Description     |       |  |     |
|          | OF<br>EXPENDITURE   |     | Truck parts              |   |                  |           |     |                 |       | ide of Texas, Complete Schedule T,   |     |
|          | <i></i>   |     |                          |   |                  |           |     | Repair campa    |       | , officeholder living expense<br>n truck   |     |
|          |   |     |                          |   |                  |           |     | repair camp     | 9     |  |     |
| ┝        | Complete ONLY if direct   | _   | Candidate/Of             | ficeholder name   | Of               | fice soug | ht  |                 |       | Office held  |     |
|          | expenditure to benefit C/OI   |     |                          |   |                  |           |     |                 |       |  |     |
| ⊨        | Date  | Τ   | Dovoo nama               |   |                  |           |     |                 |       | **   |     |
|          | 02/15/2016  |     | Payee name<br>Office Dep |   |                  |           |     |                 |       |  |     |
| <u> </u> |   | _   |                          |   | Ctoto:           | Zip Cod   |     |                 |       |  |     |
|          | Amount (\$)<br>\$25,95  |     | Payee addre              | ess; City;<br>eressway 83   | State,           | дір Соц   | E   |                 |       |  |     |
|          | φ <u>ζ</u> υ,θυ   |     | 000 5. Exp               | nessway os  |                  |           |     |                 |       |  |     |
|          |   |     | I I a alim an a m        | TV 70550  |                  |           |     |                 |       |  |     |
| L        |   |     | Harlingen,               | 1X 78550  |                  | 1.        |     |                 |       |  |     |
|          | PURPOSE<br>OF   | (a) | •                        | See Categories listed at the to   | op of this sched | dule) (   | b)  | Description     | oute  | ide of Texas, Complete Schedule T.   |     |
|          | EXPENDITURE   |     | Advertising              | j Expense   |                  | - 1       |     | <u> </u>        |       | , officeholder living expense  |     |
|          |   |     |                          |   |                  |           |     | Rubber band     | ls fo | or mailer  |     |
|          |   |     |                          |   |                  |           |     |                 |       |  |     |
| Г        | Complete ONLY if direct   |     | Candidate/Of             | ficeholder name   | Of               | fice soug | ht  |                 |       | Office held  |     |
|          | expenditure to benefit C/O  | Н   |                          |   |                  |           |     |                 |       |  |     |
| Г        |   |     |                          |   |                  |           |     |                 |       |  |     |
| ĺ        |   |     |                          |   |                  |           |     |                 |       |  |     |

# SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|          | Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment |     | By - Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense cal Committee Legal Services Salaries/Wages/Contr |   |                  |       | e              |        | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|----------|---|-----|--|---|------------------|-------|----------------|--------|---|
|          | Credit Card Payment   |     |  | The Instruction Guide ex                      | plains how to c  | omple | ete this form. |        |   |
| 1        | Total pages Schedule F1:  | 2   | FILER NAM  | E   |                  |       |                | 3      | Filer ID  |
|          | Sch: 14/24 Rpt: 34/44   |     | Sanchez, D   | Daniel  |                  |       |                |        |   |
| 4        | Date  | 5   | Payee name   | 2   |                  |       |                |        |   |
|          | 02/15/2016  |     | Office Depo  | ot  |                  |       |                |        |   |
| 6        | Amount (\$)<br>\$97.43  |     | Payee addre<br>605 S. Exp  | ess; City;<br>ressway 83                      | State; Zip C     | ode   |                |        |   |
|          |   |     | Harlingen,   | TX 78550                                      |                  |       |                |        |   |
| 8        | PURPOSE<br>OF<br>EXPENDITURE  |     | Category (s<br>Advertising   | see Categories listed at the top o<br>Expense | f this schedule) | (b)   | <b>=</b>       |        | ide of Texas, Complete Schedule T,<br>, officeholder living expense   |
| 9        | Complete ONLY if direct expenditure to benefit C/O  |     | Candidate/Off  | iceholder name                                | Office so        | ught  |                |        | Office held   |
|          | Date  |     | Payee name   | )   |                  |       |                |        |   |
|          | 02/15/2016  |     | Office Depo  | ot  |                  |       |                |        |   |
| Н        | Amount (\$)   |     | Payee addre  | ess; City;                                    | State; Zip C     | ode   |                |        |   |
|          | \$56.17   |     | 605 S. Exp   | ressway 83                                    |                  |       |                |        |   |
|          |   |     | Harlingen,   | TX 78550                                      |                  |       |                |        |   |
|          | PURPOSE<br>OF   | (a) | Category (S  | See Categories listed at the top o            | f this schedule) | (b)   | Description    |        |   |
|          | EXPENDITURE   |     | Labels   |   |                  |       |                |        | ide of Texas, Complete Schedule T.<br>, officeholder living expense   |
| ŀ        |   |     |  |   |                  |       | Mailout        | 1, 17, | , oncomonal wing expense  |
|          |   |     |  |   |                  |       |                |        |   |
|          | Complete ONLY if direct expenditure to benefit C/O  |     | Candidate/Off  | ficeholder name                               | Office so        | ught  |                |        | Office held   |
|          | Date  |     | Payee name   | 2   |                  |       |                |        |   |
|          | 01/31/2016  |     | Office Depo  | ot #3257                                      |                  |       |                |        |   |
|          | Amount (\$)   |     | Payee addre  | ess; City;                                    | State; Zip C     | ode   |                |        |   |
|          | \$23.78   |     | 515 Morris   | on Rd   |                  |       |                |        |   |
|          |   |     |  |   |                  |       |                |        |   |
|          |   |     | Brownsville  | e, TX 78526                                   |                  |       |                |        |   |
| Г        | PURPOSE   | (a) | Category (s  | See Categories listed at the top o            | f this schedule) | (b)   | Description    |        |   |
|          | OF<br>EXPENDITURE   |     |  |   |                  |       |                | ı, TX  | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>Paper  |
| $\vdash$ | Complete ONLY if direct   | Щ   | Candidate/Off  | ficeholder name                               | Office so        | ught  |                |        | Office held   |
|          | expenditure to benefit C/O  |     |  |   |                  | -     |                |        |   |
| H        | <del></del>   |     |  |   |                  |       |                |        |   |
|          |   |     |  |   |                  |       |                | •      |   |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 15/24 Rpt: 35/44 Sanchez, Daniel 4 Date Payee name Our Lady of the Assumption Church 02/17/2016 6 Amount (\$) Pavee address: City: State: Zip Code \$100,00 1313 W Buchanan St Harlingen, TX 78552 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Donation **EXPENDITURE** Check if Austin, TX, officeholder living expense Tickets Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/26/2016 Pan American Golf Association City; Payee address; State; Zip Code Amount (\$) \$350.00 P.O. Box 896 Harlingen, TX 78552 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Sponsorship **EXPENDITURE** Check if Austin, TX, officeholder living expense Scholarship Tournament Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name Parks & Recreation Office 01/25/2016 State; Zip Code Amount (\$) Payee address; City; \$100.00 502 E. Tyler Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Victor Park Pavilion Rental Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

# SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulfing Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  |          | Gift/Awards/<br>Legal Servic |   |                     |                | Expens<br>Wages |              |               | Travel in District Travel Out of District OTHER (enter a category not listed abo | ove)   |              |
|--|--|----------|------------------------------|---|---------------------|----------------|-----------------|--------------|---------------|--|--|--------------|
| 1  | Total pages Schedule F1:                                   | 2        | FILER NAM                    | E                                       |                     |                |                 |              |               | 3  | Filer ID   |              |
|  | Sch: 16/24 Rpt: 36/44                                      |          | Sanchez, E                   | Daniel                                  |                     |                |                 |              |               |  |  |              |
| 4  | Date   | 5        | Payee name                   |   |                     |                |                 |              |               |  |  | <del>_</del> |
|  | 02/08/2016   |          | Pink Ape N                   | /ledia                                  |                     |                |                 |              |               |  |  |              |
| 6  | Amount (\$)  | 7        | Payee addre                  | ess; Ci                                 | ty;                 | State;         | Zip Co          | ode          |               |  |  |              |
|  | \$1,994.10   |          | 3101 Pablo                   | Kisel Ro                                | ad                  |                |                 |              |               |  |  |              |
|  |  |          |                              |   |                     |                |                 |              |               |  |  |              |
|  |  |          | Brownsville                  | э, ТХ 7857                              | 26                  |                |                 |              |               |  |  |              |
| 8  | PURPOSE  | (a       | ) Category (s                | See Categories                          | s listed at the top | p of this sche | edule)          | (b)          | Description   |  |  |              |
|  | OF<br>EXPENDITURE  |          | Advertising                  |   |                     |                |                 |              |               |  | ide of Texas, Complete Schedule T,                               |              |
|  |  |          |                              |   |                     |                |                 |              | <b>—</b>      | ,, TX,   | , officeholder living expense                                    |              |
|  | l  |          |                              |   |                     |                |                 |              | Ads           |  |  |              |
| Ļ  |  | L        |                              |   |                     |                |                 | <u> </u>     |               |  |  | yp           |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/OI |          | Candidate/Off                | ficeholder r                            | name                |                | Office sou      | ught         |               |  | Office held  |              |
|  | Date   | П        | Payee name                   | 9                                       |                     |                |                 |              |               | _  |  |              |
|  | 02/02/2016   |          | Pink Ape M                   | /ledia                                  |                     |                |                 |              |               |  |  |              |
| $\vdash$   | Amount (\$)  | ╁        | Payee addre                  | ess; Cit                                | tv:                 | State:         | Zip Co          | ode          |               | _  |  |              |
|  | \$7,000.00   |          | 3101 Pablo Kisel Road        |   |                     |                |                 |              |               |  |  |              |
|  | Ŧ*!  |          | 0101.                        | , | u.s                 |                |                 |              |               |  |  |              |
|  | ,  |          | Brownsville                  | ∍, TX 785í                              | 26                  |                |                 |              |               |  |  |              |
|  | PURPOSE  | (a       | ) Category (s                | See Categories                          | listed at the tor   | p of this sche | edule)          | (b)          | Description   |  |  |              |
|  | OF<br>EXPENDITURE  |          | Advertising                  |   |                     | E. t. s.s.     | ,               |              | <b>-</b>      |  | ide of Texas, Complete Schedule T.                               |              |
|  | EXPENDITORE  |          |                              |   |                     |                |                 |              |               | , TX,  | , officeholder living expense                                    |              |
|  |  |          |                              |   |                     |                |                 | ĺ            | Ads           |  |  |              |
|  |  | <u>L</u> |                              |   |                     |                |                 |              |               |  |  |              |
|  | Complete ONLY if direct<br>expenditure to benefit C/OH     |          | Candidate/Off                | ficeholder r                            | ıame                | 0              | Office sou      | ıght         |               |  | Office held  |              |
|  | experiunare to berieff C/Or                                | <u>а</u> |                              |   |                     |                |                 |              |               |  |  |              |
|  | Date   | Г        | Payee name                   | <del></del>                             |                     |                |                 | ************ |               |  |  |              |
|  | 02/11/2016   |          | Prenner's N                  | vlens Stor                              | e                   |                |                 |              |               |  |  |              |
|  | Amount (\$)  | 一        | Payee addre                  | ess; Cit                                | fv:                 | State;         | Zip Co          | nde          |               |  |  |              |
|  | \$205.68   |          | 311 W. Cor                   |   | 91                  |                | `r              |              |               |  |  |              |
|  | 7-00   |          | 011 01.                      |   |                     |                |                 |              |               |  |  |              |
|  | !  |          | San Antoni                   | in TY 780                               | אַרעב               |                |                 |              |               |  |  |              |
|  |  | Ļ        |                              |   |                     |                |                 | T            |               |  |  |              |
|  | PURPOSE<br>OF  | (a)      | Category (s                  |   | listed at the top   | p of this sche | edule)          | (b)          | Description   |  |  |              |
|  | EXPENDITURE  |          | Event Expe                   | ense                                    |                     |                |                 |              |               |  | de of Texas. Complete Schedule T.<br>officeholder living expense |              |
|  | !  |          |                              |   |                     |                |                 |              | Costume for 0 |  |  |              |
|  | 1  |          |                              |   |                     |                |                 |              | 00000         | ·  | aro bayo   |              |
| _  | Complete ONLY if direct                                    | Ц        | Candidate/Off                | ficebolder r                            |                     |                | Office sou      | ight.        |               |  | Office held  |              |
|  | expenditure to benefit C/OF                                |          | Januiuaie/Oii                | .ICeHOjuei ii                           | laine               | J              | Allice son      | yyın         |               |  | Office field   |              |
| <u> </u>   |  |          |                              |   |                     |                |                 |              |               |  |  |              |
|  |  |          |                              |   |                     |                |                 |              |               |  |  |              |
|  |  |          |                              |   |                     |                |                 |              |               |  |  |              |

# SCHEDULE F1

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  | Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete the |                                  |  | se<br>s/Contract Labor | Ť                              | ravel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |                                |  |  |
|--|--|--|----------------------------------|--|------------------------|--------------------------------|--|--------------------------------|--|--|
| 1  | Total pages Schedule F1:                           | 2 FILER NAM  | 1E                               |  |                        |                                | 3 F  | iler ID                        |  |  |
|  | Sch: 17/24 Rpt: 37/44                              | Sanchez,   | Daniel                           |  |                        |                                |  |                                |  |  |
| 4  | Date   | 5 Payee nam  | е                                |  |                        |                                | •  |                                |  |  |
|  | 01/26/2016   | Print Place  | 9                                |  |                        |                                |  |                                |  |  |
| 6  | Amount (\$)  | 7 Payee addr   | ess; City;                       | State; Zip (   | Code                   |                                |  |                                |  |  |
|  | \$1,503.94   | 1130 Ave   |                                  |  |                        |                                |  |                                |  |  |
|  | ,, .   |  |                                  |  |                        |                                |  |                                |  |  |
|  |  | Arlington, TX 76011  |                                  |  |                        |                                |  |                                |  |  |
| 8  | PURPOSE  |  | See Categories listed at the top |  | (b)                    | Description                    |  |                                |  |  |
| ľ  | OF   | Printing Ex  |                                  | of this schedule)  | \``'                   | `                              | outside  | of Texas, Complete Schedule T. |  |  |
|  | EXPENDITURE  | r (along L   | kpense                           |  |                        |                                |  | iceholder living expense       |  |  |
|  |  |  |                                  |  |                        | Postcards                      |  |                                |  |  |
|  |  |  |                                  |  | ł                      |                                |  |                                |  |  |
| 9  | Complete ONLY if direct expenditure to benefit C/O |  | fficeholder name                 | Office s   | ought                  |                                | ······   | Office held                    |  |  |
|  | Date   | Payee nam  | e                                |  |                        |                                |  |                                |  |  |
|  | 01/29/2016   | Rosenbau   | ms's Flower & Gifts              |  |                        |                                |  |                                |  |  |
|  | Amount (\$)  | Payee address; City; State; Zip Code   |                                  |  |                        |                                |  |                                |  |  |
| \$107.18 874 Hortencia Blvd  |  |  |                                  |  |                        |                                |  |                                |  |  |
|  | ·  |  |                                  |  |                        |                                |  |                                |  |  |
|  |  | Brownsvill   | e, TX 78521                      |  |                        |                                |  |                                |  |  |
|  | PURPOSE  | (a) Category   | See Categories listed at the top | of this schedule)  | (b)                    | Description                    |  |                                |  |  |
|  | OF<br>EXPENDITURE                                  | Gift/Award   | e                                | <del>  </del>  |                        | of Texas, Complete Schedule T, |  |                                |  |  |
|  |  |  |                                  | Check if Austin, TX, officeholder living expense  Memorial Flowers |                        |                                |  |                                |  |  |
|  |  |  |                                  |  |                        | MCMONALLIO                     | WCIS   | •                              |  |  |
|  | Complete ONLY if direct                            | Candidate/O  | fficeholder name                 | Office s   | ouaht                  |                                |  | Office held                    |  |  |
|  | expenditure to benefit C/O                         |  |                                  |  |                        |                                |  |                                |  |  |
|  | Date   | Payee nam  |                                  |  |                        |                                |  |                                |  |  |
|  | 02/16/2016   | Saldivar, (  | Suadalupe                        |  |                        |                                |  |                                |  |  |
|  | Amount (\$)  | Payee addr   | ess; City;                       | State; Zip (   | Code                   |                                |  |                                |  |  |
|  | \$250.00   | 33204 Laç  | jo Viejo Dr.                     |  |                        |                                |  |                                |  |  |
|  |  |  |                                  |  |                        |                                |  |                                |  |  |
|  |  | La Feria, <sup>-</sup>   | TX 78559                         |  |                        |                                |  |                                |  |  |
| Т  | PURPOSE  | (a) Category   | See Categories listed at the top | of this schedule)  | (b)                    | Description                    |  |                                |  |  |
|  | OF   | Event Exp  |                                  | or and deficuate)  |                        |                                | outside  | of Texas. Complete Schedule T. |  |  |
|  | EXPENDITURE  |  |                                  |  |                        | Check if Austin                | ı, TX, of  | iceholder living expense       |  |  |
|  |  |  |                                  |  |                        | Music                          |  |                                |  |  |
|  |  |  |                                  |  |                        |                                |  |                                |  |  |
| Г  | Complete ONLY if direct                            |  | fficeholder name                 | Office s   | ought                  |                                |  | Office held                    |  |  |
|  | expenditure to benefit C/O                         | H  |                                  |  |                        |                                |  |                                |  |  |
| $\vdash$   |  |  |                                  |  |                        | ······                         |  |                                |  |  |
|  |  |  |                                  |  |                        |                                |  |                                |  |  |
|  |  |  |                                  |  |                        |                                |  |                                |  |  |

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 18/24 Rpt: 38/44 Sanchez, Daniel 4 Date Payee name 01/30/2016 Sams Club 6 Amount (\$) Payee address; City; State; Zip Code \$148,34 621 West Expressway 77 Harlingen, TX 78550 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meat Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 02/12/2016 Sams Club Pavee address: State; Zip Code Amount (\$) City: \$228,88 621 West Expressway 77 Harlingen, TX 78550 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 02/19/2016 Shindigz Payee address; State; Zip Code Amount (\$) City; \$260.34 1903 W Cary St Richmond, VA 23220 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Float Decorations Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

#### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica |              | Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract |                     |  | Travel in District Travel out of District OTHER (enter a category not listed above) |  |  |
|---|--------------|--|---------------------|--|---|--|--|
| Credit Card Payment   |              | The Instruction Guide explai   | ns how to compl     | ete this form.   |   |  |  |
| 1 Total pages Schedule F1:  | 2 FILER NAM  | 1E   | 8111-11             |  | 3 Filer ID  |  |  |
| Sch: 19/24 Rpt: 39/44   | Sanchez,     | Daniel   |                     |  |   |  |  |
| 4 Date  | 5 Payee nam  | e  | 00.000              | ··········   |   |  |  |
| 01/25/2016  | Shipley Do   |  |                     |  |   |  |  |
| 6 Amount (\$)   | 7 Payee add  | ess; City; Sta   | ite; Zip Code       |  |   |  |  |
| \$11.70   | i -          | h 77 Sunshine Strip  | ****, —- r- — — — — |  |   |  |  |
| 422110  |              |  |                     |  |   |  |  |
|   | Harlingen    | TX 78550   |                     |  |   |  |  |
| 8 PURPOSE   | (a) Category | See Categories listed at the top of this   | schedule) (b)       | Description  |   |  |  |
| OF<br>EXPENDITURE   | Food/Bev     | erage Expense  |                     | <u> </u>   | outside of Texas, Complete Schedule T.<br>n, TX, officeholder living expense        |  |  |
|   |              |  |                     | Morning mee  |   |  |  |
|   |              |  |                     | moning mo  |   |  |  |
| 9 Complete ONLY if direct   | Candidate/O  | fficeholder name   | Office sought       |  | Office held   |  |  |
| expenditure to benefit C/O  |              | miceroader name  | Office sought       |  | Onice field   |  |  |
| Date  | Payee nam    | е  |                     |  |   |  |  |
| 02/01/2016  | St. Ignatiu  | s Church   |                     |  |   |  |  |
| Amount (\$)   | Payee add    | ress; City; Sta  | ite; Zip Code       | THE PARTY OF THE P |   |  |  |
| \$275.00 24380 W. Highway 281   |              |  |                     |  |   |  |  |
|   |              |  |                     |  |   |  |  |
|   | San Benit    | o, TX 78586  |                     |  |   |  |  |
| PURPOSE   | (a) Category | See Categories listed at the top of this   | schedule) (b)       | Description  |   |  |  |
| OF  | 1            | g Expense  | Solicado)           |  | outside of Texas, Complete Schedule $\top$ ,  |  |  |
| EXPENDITURE   |              |  |                     | _  | n, TX, officeholder living expense  |  |  |
|   |              |  |                     | Ad   |   |  |  |
| 0.00.00   |              | Meann as n   |                     |  |   |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                        |              | fficeholder name   | Office sought       |  | Office held   |  |  |
| Date  | Payee nam    | P  |                     |  |   |  |  |
| 02/12/2016  | Staples      | <del>-</del>   |                     |  |   |  |  |
| Amount (\$)   | Payee add    | ress; City; Sta  | ate; Zip Code       |  |   |  |  |
| \$42.11   | 1            | o Kisel Rd   | ite, zip code       |  |   |  |  |
| Ψ42.11  | 2,430 Fau    | o Risei Ru   |                     |  |   |  |  |
|   |              | - TV 70500   |                     |  |   |  |  |
| ***   | BrownsvIII   | e, TX 78526  |                     |  |   |  |  |
| PURPOSE<br>OF   |              | See Categories listed at the top of this   | schedule) (b)       | Description  | outside statute Consulate Cohedule T  |  |  |
| EXPENDITURE   | Advertisin   | g Expense  |                     |  | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense        |  |  |
|   |              |  |                     | Location Boa   |   |  |  |
|   |              |  |                     |  |   |  |  |
| Complete ONLY if direct   | Candidate/∩  | fficeholder name   | Office sought       |  | Office held   |  |  |
| expenditure to benefit C/O  |              | mostolder name   | Jingo gougiit       |  | Cilido ficia  |  |  |
|   |              |  |                     |  |   |  |  |
|   |              |  |                     |  |   |  |  |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollina Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID Total pages Schedule F1: 2 Sch: 20/24 Rpt: 40/44 Sanchez, Daniel 4 Date Payee name 02/15/2016 Stripes #2162 6 Amount (\$) Payee address; City: State; Zip Code \$200,00 3595 W. Alton Gloor Blvd Brownsville, TX 78520 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Gasoline **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas for campaign workers Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/07/2016 Stripes #2162 Amount (\$) Payee address; City; State; Zip Code \$200.00 3595 W. Alton Gloor Blvd Brownsville, TX 78520 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Gasoline **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas for campaign workers Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 02/18/2016 Stripes #9112 Payee address; City; State; Zip Code Amount (\$) \$200,00 1826 W Tyler Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Fuel **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign workers Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### SCHEDULE F1

#### Event Expense Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: FILER NAME Sch: 21/24 Rpt: 41/44 Sanchez, Daniel 4 Date Payee name 02/13/2016 Sunoco State; Zip Code Payee address; City; 6 Amount (\$) \$79.85 9670 FM 1732 Olmito, TX 78520 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Fuel **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Truck Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/12/2016 Target Amount (\$) Payee address; City; State; Zip Code \$91.89 302 E. Morrison Brownsville, TX 78526 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Color books for children **EXPENDITURE** Check if Austin, TX, officeholder living expense Rally Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Texas Conjunto Hall of Fame 02/01/2016 Payee address; State; Zip Code City; Amount (\$) \$160.00 210 E. Haywood San Benito, TX 78586 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ad Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

# SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |   | xpense Printing         | Expens<br>/Wages | se<br>s/Contract Labor          | Travel Out of District OTHER (enter a category not listed a | bove) |
|---|---|---|-------------------------|------------------|---------------------------------|---|-------|
| 1 | Total pages Schedule F1:  | FILER NAME                                |                         |                  |                                 | 3 Filer ID  |       |
|   | Sch: 22/24 Rpt: 42/44   | Sanchez, Daniel                           |                         |                  |                                 |   |       |
| 4 | Date  | Payee name                                |                         |                  |                                 |   |       |
|   | 02/18/2016  | The Brownsville Herald                    |                         |                  |                                 |   |       |
| 6 | Amount (\$)   | Payee address; City;                      | State; Zip C            | Code             |                                 |   |       |
|   | \$2,520.00  | 1135 E. Van Buren St.                     |                         |                  |                                 |   |       |
|   |   |   |                         |                  |                                 |   |       |
|   |   | Brownsville, TX 78520                     |                         |                  |                                 |   |       |
| 8 | PURPOSE   | a) Category (See Categories listed at the | e top of this schedule) | (b)              | Description                     |   |       |
|   | OF<br>EXPENDITURE   | Advertising Expense                       |                         |                  | <u></u>                         | utside of Texas, Complete Schedule T.                       |       |
|   |   |   |                         |                  | Ads                             | TX, officeholder living expense                             |       |
|   |   |   |                         |                  | Aus                             |   |       |
| _ | Complete ONLY if direct   | Candidate/Officeholder name               | Office so               | wabt             |                                 | Office held   |       |
| פ | expenditure to benefit C/O  | Candidate/Onicerolder name                | Office 30               | Jugist           |                                 | Office field  |       |
|   | Date  | Payee name                                |                         |                  |                                 |   |       |
|   | 02/05/2016  | The Monitor                               |                         |                  |                                 |   |       |
| Т | Amount (\$)   | Payee address; City;                      | State; Zip 0            | Code             |                                 |   |       |
|   | \$1,200.00  | 1400 E. Nolana                            |                         |                  |                                 |   |       |
|   |   |   |                         |                  |                                 |   |       |
|   |   | McAllen, TX 78504                         |                         |                  |                                 |   |       |
|   | PURPOSE   | a) Category (See Categories listed at the | e top of this schedule) | (b)              | Description                     |   |       |
|   | OF<br>EXPENDITURE   | Advertising Expense                       |                         |                  |                                 | utside of Texas, Complete Schedule T,                       |       |
|   | LAPENDITORE   |   |                         |                  | Check if Austln,                | TX, officeholder living expense                             |       |
|   |   |   |                         |                  | Aus                             |   |       |
|   | Complete ONLY if direct   | Candidate/Officeholder name               | Office so               | <br>uaht         |                                 | Office held   |       |
|   | expenditure to benefit C/O  |   |                         |                  |                                 |   |       |
| H | Date  | Payee name                                |                         |                  | ••••                            |   |       |
|   | 02/01/2016  | Tyler, Robert                             |                         |                  |                                 |   |       |
| _ | Amount (\$)   | Payee address; City;                      | State; Zip (            | ode.             |                                 |   |       |
|   | \$2,000.00  | 72 Pizarro Ave                            | Oldio, zip (            | 2000             |                                 |   |       |
|   | Ψ2,000,00   | 121124107100                              |                         |                  |                                 | •   |       |
|   |   | Rancho Viejo, TX 78575                    |                         |                  |                                 |   |       |
| L | - mist  | <u> </u>                                  |                         | Las              |                                 | ·   |       |
|   | PURPOSE<br>OF   | a) Category (See Categories listed at the | e top of this schedule) | (a)              | Description  Check if travel of | outside of Texas, Complete Schedule T.                      |       |
| ĺ | EXPENDITURE   | Consulting Expense                        |                         |                  | Land 1                          | TX, officeholder living expense                             |       |
|   |   |   |                         |                  | Polling                         |   |       |
|   |   |   |                         |                  |                                 |   |       |
| ┢ | Complete ONLY if direct   | Candidate/Officeholder name               | Office se               | ought            |                                 | Office held   |       |
|   | expenditure to benefit C/O  |   |                         |                  |                                 |   |       |
| Г | ···· <u>·</u>   |   |                         |                  |                                 |   |       |
|   |   |   |                         |                  |                                 |   |       |
| ı |   |   |                         |                  |                                 |   |       |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 23/24 Rpt: 43/44 Sanchez, Daniel 4 Date Payee name 02/17/2016 Tyler, Robert 6 Amount (\$) Payee address; City; State; Zip Code \$2,000,00 72 Pizarro Ave Rancho Viejo, TX 78575 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/16/2016 USPS Amount (\$) Payee address; City; State; Zip Code \$7,200.00 West 1st Street Harlingen, TX 78550 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailout Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/28/2016 **USPS** Amount (\$) Payee address; City; State; Zip Code \$3,600.00 West 1st Street Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailout Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| 1 | Total pages Schedule F1:<br>Sch: 24/24 Rpt: 44/44  | 2 FILER NAME Sanchez, Daniel 3 Filer ID   |
| 4 | Date<br>02/01/2016   | 5 Payee name<br>USPS  |
| 6 | Amount (\$)<br>\$3,560.00  | 7 Payee address; City; State; Zip Code 709 N 77 Sunshine Strip  Harlingen, TX 78550   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mailout |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                  | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>02/08/2016   | Payee name<br>USPS  |
|   | Amount (\$)<br>\$3,600.00  | Payee address; City; State; Zip Code 709 N 77 Sunshine Strip  Harlingen, TX 78550   |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (see Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mailout |
|   | Complete ONLY if direct expenditure to benefit C/Ol  | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>02/16/2016   | Payee name<br>Vista Mobile  |
|   | Amount (\$)<br>\$324.75  | Payee address; City; State; Zip Code  30 Provincia  Brownsville, TX 78526   |
| _ | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (see Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense          |
|   |  | Ads   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                  | Candidate/Officeholder name Office sought Office held   |
|   |  |   |