

**CAROL LYNN  
SANCHEZ**



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |  |                                     |   |                                 |  |                                  |   |   |  |
|---|--|--|--|-------------------------------------|---|---------------------------------|--|----------------------------------|---|---|--|
| The C/OH Instruction Guide explains how to complete this form.                                      |  | <b>1</b> Filer ID (Ethics Commission Filers)   | <b>2</b> Total pages filed:<br><br><div style="font-size: 2em; text-align: center;">19</div> |                                     |   |                                 |  |                                  |   |   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br><i>Ms. Carol L</i><br><hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.5em;">Sanchez</div>   | <div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received<br>CAMERON COUNTY<br>DEPARTMENT OF ELECTIONS &<br>VOTER REGISTRATION<br><br><div style="font-size: 1.5em; text-align: center;">FEB 26 2018</div> <div style="text-align: center;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em;"> </div> <hr style="border-top: 1px solid black;"/> Date Hand-delivered or Date Postmarked<br><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> |  | Receipt #                           | Amount \$   | Date Processed                  |  | Date Imaged                      |   |   |  |
| Receipt #   | Amount \$  |  |  |                                     |   |                                 |  |                                  |   |   |  |
| Date Processed  |  |  |  |                                     |   |                                 |  |                                  |   |   |  |
| Date Imaged   |  |  |  |                                     |   |                                 |  |                                  |   |   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><div style="text-align: center; font-size: 1.2em;">391 Palo Rosa, San Benito, TX</div> <div style="text-align: right; font-size: 1.2em;">78586</div>   |  |  |                                     |   |                                 |  |                                  |   |   |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><div style="font-size: 1.2em;">(956) 241-6553</div>  |  |  |                                     |   |                                 |  |                                  |   |   |  |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br><i>Mr. David L</i><br><hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.5em;">Hernandez</div>   |  |  |                                     |   |                                 |  |                                  |   |   |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><div style="text-align: center; font-size: 1.2em;">391 Palo Rosa, San Benito, TX 78586</div>  |  |  |                                     |   |                                 |  |                                  |   |   |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><div style="font-size: 1.2em;">(956) 873-1055</div>  |  |  |                                     |   |                                 |  |                                  |   |   |  |
| <b>9</b> REPORT TYPE  | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> |  |  | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |
| <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election  | <input type="checkbox"/> Runoff  | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)   |                                     |   |                                 |  |                                  |   |   |  |
| <input type="checkbox"/> July 15  | <input checked="" type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded \$500 limit  | <input type="checkbox"/> Final Report (Attach C/OH - FR)                                     |                                     |   |                                 |  |                                  |   |   |  |
| <b>10</b> PERIOD COVERED  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">2 / 1 / 18</td> <td></td> <td style="text-align: center; font-size: 1.5em;">2 / 26 / 18</td> </tr> </table>  |  |  | Month    Day    Year                | THROUGH   | Month    Day    Year            | 2 / 1 / 18   |                                  | 2 / 26 / 18   |   |  |
| Month    Day    Year  | THROUGH  | Month    Day    Year   |  |                                     |   |                                 |  |                                  |   |   |  |
| 2 / 1 / 18  |  | 2 / 26 / 18  |  |                                     |   |                                 |  |                                  |   |   |  |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br><div style="font-size: 1.5em;">3 / 6 / 18</div>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |  |                                     |   |                                 |  |                                  |   |   |  |
| <b>12</b> OFFICE  | OFFICE HELD (if any)<br><br><div style="font-size: 1.2em;">Commissioner AIC4<br/>San Benito</div>  | <b>13</b> OFFICE SOUGHT (if known)<br><br><div style="font-size: 1.2em;">Judge Cameron County<br/>Court 2</div>  |  |                                     |   |                                 |  |                                  |   |   |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

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

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

|  |                                      |                |
|--|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                       | COMMITTEE NAME |
|  | COMMITTEE ADDRESS                    |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

|                                |   |             |
|--------------------------------|---|-------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ —        |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 5,000.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ —        |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5,596.56 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 0        |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0        |

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carol L Sanchez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol L Sanchez, this the 26 day of February, 20 18, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Maribel Diaz  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Carol L Sanchez*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |  |             |
|-----|--|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 2,500.00 |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 2,500.00 |
| 3.  | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0        |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$ 0        |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 2,528.13 |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0        |
| 7.  | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0        |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0        |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                                   | \$ 568.43   |
| 10. | <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0        |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0        |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0        |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: /

2 FILER NAME

*Carol L Sanchez*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/2/18*

5 Full name of contributor

*Ciro Leal Jr.*

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

7 Amount of contribution (\$)

*\$ 2,500.00*

6 Contributor address;

City; State; Zip Code

*144 San Eugenio St., Brownsville, TX  
78521*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

*—*

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |   |  |  |
|---|---|--|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A2: <u>1</u>  |  |
| 2 FILER NAME <u>Carol L Sanchez</u>   |   | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$ <u>2,500.00</u>   |  |
| 5 Date<br><u>2/13/18</u>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Jorge Green</u>                       | 8 Amount of Contribution \$<br><u>2,500.00</u>   | 9 In-kind contribution description<br><u>Billboard</u> |
| 7 Contributor address; City; State; Zip Code<br><u>345 Corra St, Brownsville, TX 78520</u>          |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><u>Attorney at law</u> |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><u>Self-employed</u>              |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br><u>Attorney at law</u>                      |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)<br><u>Attorney at law</u> |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br><u>Green-Law Firm, P.C.</u>                    |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><u>—</u>                |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br><u>—</u>             |   |  |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of Contribution \$  | In-kind contribution description                       |
|   |   |  |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                              |   | Employer (FOR NON-JUDICIAL) (See Instructions)   |  |
| Contributor's principal occupation (FOR JUDICIAL)   |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                              |  |
| Contributor's employer/law firm (FOR JUDICIAL)  |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                               |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                            |   |  |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME Carol Sanchez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0

|   |   |                       |                                    |
|---|---|-----------------------|------------------------------------|
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Pledge \$ | 9 In-kind contribution description |
|   | 7 Pledgor address; City; State; Zip Code                                      |                       |                                    |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                       |                                    |

|  |                                |
|--|--------------------------------|
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |
|--|--------------------------------|

|   |   |                     |                                  |
|---|---|---------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |                     |                                  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                     |                                  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |   |                     |                                  |
|---|---|---------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |                     |                                  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                     |                                  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |   |                     |                                  |
|---|---|---------------------|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |                     |                                  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |                     |                                  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|  |
|--|
|  |
|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME Carol Sanchez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |   |                               |               |
|---|--|--|---|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br><i>3</i>                       | <b>2</b> FILER NAME<br><i>Carol Sanchez</i><br><del>Carol Sanchez</del>  | <b>3</b> Filer ID (Ethics Commission Filers)   |   |                               |               |
| <b>4</b> Date<br><i>2/3/18</i>                                      | <b>5</b> Payee name<br><i>Hi Tech Digital Print</i>  |  |   |                               |               |
| <b>6</b> Amount (\$)<br><i>\$1,775.00</i>                           | <b>7</b> Payee address; City; State; Zip Code<br><i>Calle Naranja No 46 entre Sandalo y rible fracc las arboledos, Matamoros, Tamps</i>  |  |   |                               |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |
| Date<br><i>2/20/18</i>  | Payee name<br><i>Mc Coys</i>   |  |   |                               |               |
| Amount (\$)<br><i>\$71.81</i>                                       | Payee address; City; State; Zip Code<br><i>1701 Industrial Way, San Benito, TX 78586</i>   |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Advertisement Expense</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |
| Date<br><i>2/3/18</i>   | Payee name<br><i>Harbor Freight</i>  |  |   |                               |               |
| Amount (\$)<br><i>\$34.49</i>                                       | Payee address; City; State; Zip Code<br><i>1601 E Price Rd i, Brownsville, TX 78521</i>  |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |

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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F2:<br><i>1</i> | <b>2</b> FILER NAME<br><i>Carol Sanchez</i> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|  |             |
|--|-------------|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
|--|-------------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |                                    |  |
|------------------------------|------------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

|                                  |  |  |
|----------------------------------|--|--|
| <b>10</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
|                                  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |                                    |  |
|---------------------|------------------------------------|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|------------------------------------|--|

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

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

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**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: /

2 FILER NAME

*Carol Sanchez*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4: <u>1</u>                           | <b>2</b> FILER NAME <u>Carol Sanchez</u>                                  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | \$ <u>0</u>  |
| <b>5</b> Date  | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address; City; State; Zip Code                             |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a) Category</b> (See Categories listed at the top of this schedule)   | <b>(b) Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                      |  |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)              | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name   | Office sought      Office held   |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br>1  | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>2/11/18 -<br>2/26/18  | <b>5</b> Payee name<br>Various Merchants  |  |
| <b>6</b> Amount (\$)<br>568.43<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food / Beverage Exp. | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought                      Office held   |

|   |  |  |
|---|--|--|
| Date  | Payee name   |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                         |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                  | Candidate / Officeholder name                                | Office sought                      Office held   |

|   |  |  |
|---|--|--|
| Date  | Payee name   |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                         |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                  | Candidate / Officeholder name                                | Office sought                      Office held   |

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule H:<br><i>1</i> | <b>2</b> FILER NAME<br><i>Carol Sanchez</i>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date                                | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)                         | <b>7</b> Business address; City; State; Zip Code   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>    | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name                      Office sought                      Office held |  |

|                               |   |   |
|-------------------------------|---|---|
| Date                          | Business name   |   |
| Amount (\$)                   | Business address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|                               | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name                      Office sought                      Office held |   |

|                               |   |   |
|-------------------------------|---|---|
| Date                          | Business name   |   |
| Amount (\$)                   | Business address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|                               | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name                      Office sought                      Office held |   |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule I:<br><i>1</i> | <b>2</b> FILER NAME<br><i>Carol Sanchez</i>                                   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date                                | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)                         | <b>7</b> Payee address; City; State; Zip Code                                 |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>    | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See Instructions regarding type of information required.) |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See instructions for examples of acceptable categories.)            | Description (See Instructions regarding type of information required.)            |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See instructions for examples of acceptable categories.)            | Description (See Instructions regarding type of information required.)            |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See instructions for examples of acceptable categories.)            | Description (See Instructions regarding type of information required.)            |

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: /

2 FILER NAME

*Carol Sanchez*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

6 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: /

2 FILER NAME *Carol Sanchez*

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

|                   |  |
|-------------------|--|
| 6 Dates of travel | 7 Name of person(s) traveling                      |
|                   | 8 Departure city or name of departure location     |
|                   | 9 Destination city or name of destination location |

|                            |  |
|----------------------------|--|
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) |
|----------------------------|--|

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

|                 |  |
|-----------------|--|
| Dates of travel | Name of person(s) traveling                      |
|                 | Departure city or name of departure location     |
|                 | Destination city or name of destination location |

|                         |   |
|-------------------------|---|
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) |
|-------------------------|---|

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

|                 |  |
|-----------------|--|
| Dates of travel | Name of person(s) traveling                      |
|                 | Departure city or name of departure location     |
|                 | Destination city or name of destination location |

|                         |   |
|-------------------------|---|
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) |
|-------------------------|---|

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

*David*

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><i>3</i> | <b>2</b> FILER NAME<br><i>Carol Sanchez</i>   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>2/20/18</i>               | <b>5</b> Payee name<br><i>Five Below</i>  |  |
| <b>6</b> Amount (\$)<br><i>75.78</i>          | <b>7</b> Payee address; City; State; Zip Code<br><i>2827 US 83 Buss, Harlingen, TX 78552</i>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br><i>2/20/18</i>                        | Payee name<br><i>HEB</i>  |  |
| Amount (\$)<br><i>90.60</i>                   | Payee address; City; State; Zip Code<br><i>613 S Exp. 83, Harlingen, TX 78550</i>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br><i>2/20/18</i>                        | Payee name<br><i>Little Ceasars</i>   |  |
| Amount (\$)<br><i>27.06</i>                   | Payee address; City; State; Zip Code<br><i>190 E. US Hwy 77, San Benito, TX 78586</i>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><i>3</i> | <b>2</b> FILER NAME<br><i>Carol Sanchez</i>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>2/20/18</i>               | <b>5</b> Payee name<br><i>Rosalinda Garcia</i>   |  |
| <b>6</b> Amount (\$)<br><i>9120.00</i>        | <b>7</b> Payee address; City; State; Zip Code<br><i>134 Lantana Circle, San Benito, TX 78586</i>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |  |
| Date<br><i>2/1/18 - 2/26/18</i>               | Payee name<br><i>Various Merchants</i>   |  |
| Amount (\$)<br><i>333.39</i>                  | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)<br><i>Travel In District<br/>Gas</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |  |
| Date  | Payee name   |  |
| Amount (\$)                                   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |  |

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