

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

201778

Received By Clerk:

1/17/2017

File Date:

1/17/2017 3:52:53 PM

Office:

County Treasurer

Candidate:

Sanchez, Orlando

Treasurer:

**Butler, Penny** 

Category:

**Contributions And Expenditures** 

**Delivered By:** 

**Personal Appearance** 

Type:

COR

**Harris County No Fee** 

	E / OFFICEHOLDER I FINANCE REPORT		COV		M C/OH ET PG 1
The C/OH instruction Gu	ide explains how to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 To	otal pages filed	25
3 CANDIDATE/	MS / MRS MB FIRST	Mi		OFFICE	SEONLY
OFFICEHOLDER NAME	NICKNAME LAST  SANCHEZ	SUFFI		Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS PO BOX: APT / SUITE #; PO BOX 130	CITY; STATE; ZIP CO	DDE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (832) 521-1962		Date .	Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS MRS MR FIRST	МІ	Rece	oipt #	Amount \$
TREASURER NAME	NICKNAME LAST	SUFF	IX	Processed	
	Buther				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): AF		re: ZIP	CODE	
(Residence or Business)	Houston,				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 113 )	2 (			
9 REPORT TYPE	January 15 30th day b	elore election Aunoff	[	treasurer ap (Officeholds	r Only)
	July 15 8th day bet	fore election Exceeded \$	500 limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month 3	Day Yea	
11 ELECTION	Month Day real	rimary Runoit O	TION TYPE ther escription		0_
12 OFFICE	OFFICE HELD (IT any)  HARRIS  COUTY REASO	13 OFFICE SOUGH	IT (if known)		1
The state of the s		TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

			45 51 10 (5thing Commission Filers)
14 C/OH NAME	ORLAN		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM	THIS BOX IS FOR N	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEN	DITURES MADE BY POLITICAL COMMITTEES TO
POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IDATE !- OFFICEHOLDERTHESE EXPENDITURES MAY HAVE BEEN MADE NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT	THIS INFORMATION ONLY IF THEY RECEIVE NOTICE
COMMITTEL(3)	OF SUCH EXPENDIT		·
	COMMITTEE TYPE	COMMITTEE NAME	
	_		
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	_		
	. •		
,		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
Additional Fages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN THEASONET ABSTRACT	
·			
			TUAN
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER ' ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE	MIZED \$
	O TOTAL	POLITICAL CONTRIBUTIONS	
	2. TOTAL	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ 1250
CVDENDITUBE			. 2
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS.	\$ 78.13
	ONCE	3 17 EMIZES	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 21813.66
			<u> </u>
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAPORTING PERIOD	\$ 214,820.40
			1,020.
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS DAY OF THE REPORTING PERIOD	of the \$ 200,000
LOANTOTALS	LAST	DAY OF THE REPORTING FEMOLE	200,000
18 AFFIDAVIT			
		I swear, or affirm, under penalty	of perjury, that the accompanying report is il information required to be reported by me
301170			Il Information required to be reported by info
NO.	THERESA VASQU tary Public, State o		. /
	mm. Expires 07-2		$\Delta L$
OF THE PARTY	Notary ID 70625	09	Candidate or Officeholder
		Signature of	Candidate of Cincerolaci
AFFIX NOTARY STA	MP/SEALABOVE		
		by the said ORLANDO SAN	CHEZ, this the
Sworn to and subs	scribed before me		
all Jron	29-1	_, to certify which, witness my hand and seal of of	To a
Charos	100/00/0	19) Theresa vasque	2 Notary
Signature of office	r administering oath	Printed name of officer administering oath	Title of officer administering oath

MONETA	RY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
The Instructi	ion Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/4
FILER NAME			3 Filer ID
Sanchez, Orlar	ndo		·
Date 5	Full name of contributor  uut-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/23/2016	Haug, David		\$1,000.0 <sup>4</sup>
6	Contributor address; City; State; Zip Code 1330 Post Oak Blvd.		
	Ste. 1600		
	Houston, TX 77056		
Principal occupa	tion / Job title (See Instructions)	9 Employer (See Instruction	as)
Date 07/11/2016	Full name of contributor	)	Amount of Contribution (\$) \$250.0
	Contributor address; City; State; Zip Code		
,	Houston, TX 77005		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	
	y Texas Ethics Commission www.ethics	s,state,tx.us	Version V1.0.29

	FORM C/OH SHEET PG 3
19 FILER NAME  ORLANDO SANCHE ?  20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1250
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,813.66
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 419.07
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	EXPENDITURE CATEGORIES F	OR BOX 8(a)		
Advertising Expense		ment/Reimbursement Solicitation/Fundraising Expense		
Accounting/Banking Consulting Expense	Fees Office Overt Food/Beverage Expense Polling Expe			
<ul> <li>Contributions/Donations Made By Candidate/Officeholder/Politica</li> </ul>		pense Travel Out Of District  ges/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to co			
		3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1:	2 FILER NAME ORLANDS SAN	CHE Z		
4 Date	5 Payee name Q ( )	IN CONFERENCE		
7-5-16		N CONTROENCE		
6 Amount (\$)	7 Payee address; City; State; Zip Code 12221 Fall Kiel			
950.99	Los Argeles,	CA 90049		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE	FEES			
	1 25-3			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/Oł	-1 · · · · · · · · · · · · · · · · · · ·			
Date	Payee name			
_		$\bigcirc$ $\bigcirc$ $\bigcirc$		
7-6-16	COUNCIL ON	Foreign RELATIONS		
Amount (\$)	Payee address; City, State; Zip Code			
	58 EAST 68+1	STREET		
250	New York	NY 10065		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF .		Check if Austin, TX, officeholder flying expense		
EXPENDITURE				
	FEES	,		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	н			
Date	Payee name			
7-12-16	United STATE	es Postal Service		
Amount (\$)	Payee address; City; State; Zip Code			
	1900 WEST 6	Asy		
18,80	LLOUSTON TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check it travel outside of Texas. Complete Schedule T.		
OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE	POSTAGE			
		·		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	H			
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDULE AS NEEDED		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting ExpenseContributions/Donations.Made By	Event Expense L Fees C Food/Beverage Expense P	pan Repayment/Reimbursement office Overhead/Rental Expense oiling Expense rinting Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District		
Candidate/Officeholder/Politica Credit Card Payment		alaries/Wages/Contract Labor	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 7.22 16	5 Payee name SACRED	HEART SO	ciery		
6 Amount (\$)	7 Payee address; City: State, Zip を だ. W	onituey St.			
37,35	Houstor	TX 77022			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if travel ou	utside of Texas. Complete Schedule T.    TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
7-29-16	SACRED		ociety		
Amount (\$)	Payee address; City; State; Zip		,		
26.79	LOUSTON	7790	۷ .		
PURPOSE OF EXPENDITURE	Category (See Categorles listed at the top of this sch	Check if travel ou	itside of Texas. Complete Schedule T. , 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				
7-29.16	DACRE	HEART S	POCIETY		
Amount (\$)	Pavee address: City: State: Zip				
19.50	Housing,	Tx 77002			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sch	Check if travel ou	uside of Texas. Complete Schedule T.  TX, officeholder living expense		
.Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

<u>/////////////////////////////////////</u>			
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense		payment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense	Food/Beverage Expense Polling E		Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made By Candidate/Officeholder/Politica		Expense 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.	·
1 Total pages Schedule F1:	2 FILER NAME ORLANDO SAN	JCHE Z	3 Filer ID (Ethics Commission Filers)
4 Date 7-13-16	5 Payee name  VELizou	Lesiagles	5
6 Amount (\$)	7 Payee address; City; State; Zip Code	41	
52.76	DALLAU TX		2-0041
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			outside of Texas. Complete Schedule T.
OF EXPENDITURE	WinELESS SERVICE	Check if Ausi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Or			
Date	Payee name	~.	
7-20-16	LA Colombe	DOR	
Amount (\$)	Payee address; City; State; Zip Code	SE Blub	
169.55	HOUSTON, TX	77006	
	Category (See Categories listed at the top of this schedule)	Description	Constitution Towns Constitution T
PURPOSE OF			outside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE	FOUR BEVERAGE	CALL CHOCK II MADE	
•	TUCS E		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
		<u>/</u>	
7-22-16	JACRES H	EALT SOC	ETY
Amount (\$)	Payee address: City: State: Zip Code		
37,35	Houston	Tx 7702	2
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	·	Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	FODO REVERAGE	Check if Ausi	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	   Candidate / Officeholder name   H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EDED

,	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense —Contributions/Donations Made B	Fees Office O Food/Beverage Expense Polling E y	payment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Expense Travel In District Travel Out Of District		
Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries	Wages/Contract Labor Other (enter a category not listed above)		
,	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule F1:	Octavoo S	3 Filer ID (Ethics Commission Filers)		
4 Date 8 - 1 · 1 L	5 Payee name VANESSA	2001X		
6 Amount (\$)	7 Payee address; City: State: Zip Code			
250	HOWSTON TX	2)019		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date 8.5 (6	Payee name  Sacreo	HEART SOCIETY		
Amount (\$)	Payee address; City; State; Zip Code	uhitNey ST		
36.81	How san	TX 77002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	+			
Date	Payee name			
8-11-16	VELIZON	Wineless		
Amount (\$)	Payee address; City; State; Zip Code			
52 76	TO BOX 9200 DAVIAS TX	75392 -0041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Wireless Service	Description Check if travel outside of Texas. Complete Schedule T. Check if Austln, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)  Solicitation Expenses Accounting Servings Accounting Servings Considering Servings Considering Servings Food Servings Food Servings Food Servings The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: 2 FILER NAME PLANDO SAMPLE 2  4 Date B - 17-16  5 Payee address: City: State; Zip Code EXPENDITURE  Catagory (See Catagories lived at the top of this schedule)  Catagory (See Catagories lived at the top of this schedule)  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Complete CNLY if direct expenditure to benefit COH  Catagory (See Catagories lived at the top of this schedule)  Catagory (See Catagories lived at the top of this schedule)  Catagory (See Catagories lived at the top of this schedule)  Condition of the top of the schedule of the sast Conglete Schedule T			
Controlling Stance		EXPENDITURE CATEGORIES FO	OR BOX 8(a)
Consulted Expense Contribution Expense Contribution Made By. Contr			nent/Reimbursement Solicitation/Fundralsing Expense
Candidate/Princial Committee  Candidate/Princial Committee  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  Total pages Schedule F1: 2 FILER NAME  Plando Sanche Sanche Schedule F1: 2 FILER NAME  Candidate Sanche	Consulting Expense	Food/Beverage Expense Polling Expe	nse Travel In District
The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: 2 FILER NAME			
1 Total pages Schedule F1: 2 FILER NAME	•••••	and a second sec	
## Annum (5) Payee address: City: State: Zip Code ## Annum (5) Payee address: City: State: Zip Code ## Annum (5) Payee address: City: State: Zip Code ## Annum (5) Payee address: City: State: Zip Code ## Office held #			
4 Date   S - 17 - 16   5 Payee name   SACRED   HEART   SOCIETY	· ·		3 Filer to (Emics Contrission Filers)
SACRES   FEANT   SACR			MATES.
Solid Formation   Total   To		5 Payee name	EANT SOCIETY
PURPOSE OF EXPENDITURE   Candidate / Office holder name   Category   See Categories listed at the top of this schedule)   Check if travel outside of Toxas. Complete Schedule T.   Check if Austin, TX, officeholder Tiving expense	6 Amount (\$)	7 Payee address; City; State; Zip Code	5
B   PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder fiving expanse	r	816 E. Whitney	( 37
B   PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   (b) Description   Check it raval outside of Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Austin, TX, officeholder Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Outside of Texas. Complete Schedule T.   Check it Texas Out	20.84	Hussian I	77622
PURPOSE  OF  EXPENDITURE  FOOD REUPLAGE.  9 Complete CNLY if dreat expenditure to benefit C/OH  Date  Payee name  8-22-14  Amount (\$)  Payee address:  Category (See Categories listed at the top of this schedule)  Payee name  Category (See Categories listed at the top of this schedule)  Date  Payee address:  City: State: Zip Code  USOD CAH DOWN  Check if Austin, TX, officeholder fiving expense  Check if Austin, TX, officeholder living expense  Complete CNLY if direct expenditure to benefit C/OH  Date  Payee name  Category: See Categories listed at the top of this schedule)  Date  Payee name  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)  Category: See Categories listed at the top of this schedule)	8		
Purpose  Candidate / Officeholder name  Category (See Categories lated at the top of this schedule)  Purpose  Category (See Categories lated at the top of this schedule)  Category If direct expenditure to benefit COH  Candidate / Officeholder name  Category (See Categories lated at the top of this schedule)  Category If direct expenditure to benefit COH  Candidate / Officeholder name  Category (See Categories lated at the top of this schedule)  Category (See Categories lated at the top of this schedule)  Category (See Categories lated at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)	_		Check if travel outside of Texas. Complete Schedule T.
9 Complete CNLY if direct expenditure to benefit COH  Date  Payee name  8-22-IL  Amount (\$)  Payee address:  City: State: Zip Code  Houston  Category (See Categories aster as the top of this schedule)  Punpose  Fexpenditure to benefit COH  Candidate / Officeholder name  Complete CNLY if direct expenditure to benefit COH  Payee address:  City: State: Zip Code  Houston  Category (See Categories aster as the top of this schedule)  Punpose  Complete CNLY if direct expenditure to benefit COH  Candidate / Officeholder name  Complete CNLY if direct  Complete CNLY if di	OF		Check if Austin, TX, officeholder living expense
9 Complete CNLY if direct expenditure to benefit C/OH  Date  Payee name  8-27-1L  Amount (\$)  Payee address: City: State: Zip Code  4800 CALhown ST  Category (See Categories issed at the top of this schedule)  PURPOSE  Complete CNLY if direct expenditure to benefit COH  Payee address: City: State: Zip Code  4800 CALhown ST  Check if raval outside of Taxas. Complete Schedule T. Office held  Complete CNLY if direct expenditure to benefit COH  Payee name  8-23 i. Payee address: City: State: Zip Code  4702 WESTHEIMER Rd  Amount (\$)  Payee address: City: State: Zip Code  4702 WESTHEIMER Rd  Complete CNLY if direct expenditure to benefit COH  Category (See Categories listed at the top of this schedule)  Payee name  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  City: State: Zip Code  4702 WESTHEIMER Rd  Complete CNLY if direct expenditure to benefit COH  City: State: Zip Code  4702 WESTHEIMER Rd  Complete Schedule T.  City: State: Zip Code  4702 WESTHEIMER Rd  Complete Schedule T.  City: State: Zip Code  4702 WESTHEIMER Rd  Complete Schedule T.  City: State: Zip Code  4702 WESTHEIMER Rd  Complete Schedule T.  City: State: Zip Code  4702 WESTHEIMER Rd  Complete Schedule T.  City: State: Zip Code  4702 WESTHEIMER Rd  Complete Schedule T.  City: State: Zip Code  4702 WESTHEIMER Rd  Complete Schedule T.	EXPENDITURE	FOR RELIFICACE	
Date  Payee name  S-22-IL  Amount (\$)  Payee address:  City: State; Zip Code  USOD Call hours ST  Category (See Categories listed at the top of this schedule)  Payee address:  City: State; Zip Code  USOD Call hours ST  Check it ravel outside of Tavas. Complete Schedule T.  Check it direct expenditure to benefit COH  Payee address:  City: State; Zip Code  Check it Austin, TX, officeholder living expense  Complete QNIY if direct expenditure to benefit COH  Payee name  S-23 IL  Amount (\$)  Payee address:  City: State; Zip Code  U702 WESTHEMER Rd  Hour TX 17021  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  Concel it ravel outside of Tavas. Complete Schedule T.  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)  City: State; Zip Code  U702 WESTHEMER Rd  Category (See Categories listed at the top of this schedule)		1000 10100 0 12	·
Date  Payee name  S-22-14  Amount (\$)  Payee address; City: State: Zip Code  USDO CALLBOWN TX 77004  Category (See Categories listed at the top of this schedule)  PURPOSE  EXPENDITURE  Candidate / Officeholder name  Payee name  Candidate / Officeholder name  Candidate / Officeholder name  City: State: Zip Code  USDO CALLBOWN TX 77004  Description  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit COH  Payee name  Candidate / Officeholder name  City: State: Zip Code  UTO CHECK if Austin, TX, officeholder living expense  City: State: Zip Code  UTO CHECK if Austin, TX, officeholder living expense  Category (See Categories listed at the top of this schedule)  PURPOSE  Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.	9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Amount (\$)   Payee address;   City: State: Zip Code   USDO CALhoun ST   Category (See Categories isted at the top of this schedule)   Description   Check if ravel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Complete CNLY if direct expenditure to benefit COH   Check if Austin, TX, officeholder living expense   City: State: Zip Code   U702   WESTHEIME   Rd   Category (See Categories listed at the top of this schedule)   Description   Check if travel outside of Texas. Complete Schedule T.   Complete CNLY if direct expenditure to benefit COH   City: State: Zip Code   U702   WESTHEIME   Rd   U702   WESTHEIME   Rd   U702   WESTHEIME   Rd   U702   U200   Check if travel outside of Texas. Complete Schedule T.   Category (See Categories listed at the top of this schedule)   Description   Check if travel outside of Texas. Complete Schedule T.	expenditure to benefit C/OF		
Amount (\$)   Payee address;   City: State: Zip Code   USDO CALhoun ST   Category (See Categories isted at the top of this schedule)   Description   Check if ravel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Complete CNLY if direct expenditure to benefit COH   Check if Austin, TX, officeholder living expense   City: State: Zip Code   U702   WESTHEIME   Rd   Category (See Categories listed at the top of this schedule)   Description   Check if travel outside of Texas. Complete Schedule T.   Complete CNLY if direct expenditure to benefit COH   City: State: Zip Code   U702   WESTHEIME   Rd   U702   WESTHEIME   Rd   U702   WESTHEIME   Rd   U702   U200   Check if travel outside of Texas. Complete Schedule T.   Category (See Categories listed at the top of this schedule)   Description   Check if travel outside of Texas. Complete Schedule T.	· Data	Pavee name	
Amount (s)  Payee address:  USO CAL hour ST  Houston Tx  77004  Category (See Categories isted at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Payee name  Payee address:  City: State: Zip Code  UTO2 WESTHEIMER Rd  Category (See Categories listed at the top of this schedule)  Description  Description  Check if Austin, TX, officeholder living expense  Office sought  Office held  Office held  Date  Payee address:  City: State: Zip Code  UTO2 WESTHEIMER Rd  Category (See Categories listed at the top of this schedule)  Description  Check if Iravel outside of Texas. Complete Schedule T.  Description  Check if Iravel outside of Texas. Complete Schedule T.	Date		
Amount (s)  Payee address:  USO CAL hour ST  Houston Tx  77004  Category (See Categories isted at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Payee name  Payee address:  City: State: Zip Code  UTO2 WESTHEIMER Rd  Category (See Categories listed at the top of this schedule)  Description  Description  Check if Austin, TX, officeholder living expense  Office sought  Office held  Office held  Date  Payee address:  City: State: Zip Code  UTO2 WESTHEIMER Rd  Category (See Categories listed at the top of this schedule)  Description  Check if Iravel outside of Texas. Complete Schedule T.  Description  Check if Iravel outside of Texas. Complete Schedule T.	8-22-16	Viversity o	4 Housian
Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Payee name  Payee address:  City: State: Zip Code U702 WESTHEIMER Rd  Hoboto TX 17027  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, TX, officeholder living expense  Office sought  Office held  Office held  Office held  Office held  Date  Payee address:  City: State: Zip Code U702 WESTHEIMER Rd  Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.	Amount (\$)	Payee address; City; State; Zip Code	<b>-</b>
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if clirect expenditure to benefit COH  Date  Payee name  Payee address;  City: State: Zip Code 4702 West Heimes Rd  Heboth Tx 17021  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, TX, officeholder T.  Office held  Office held  Payee name  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  Check if ravel outside of Texas. Complete Schedule T.		4800 Calhour	3 57
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit COH  Payee name  Payee address:  City: State: Zip Code 4702 WESTHEIMER Rd  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  Purpose  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)	10,00	Houston T	Tx 77004
Complete ONLY if direct expenditure to benefit COH  Payee name  Payee address:  City: State: Zip Code 4702 WESTHEINGE Rd  Hobotto TX 17027  Category (See Categories listed at the top of this schedule)  Purpose  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder l	;	Category (See Categories listed at the top of this schedule)	Description
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Payee address:  City: State: Zip Code 4702 WESTHEIMER R.d  Category (See Categories listed at the top of this schedule)  Purpose  Complete ONLY if direct direct of the complete Schedule T.	PURPOSE		Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Payee address:  City: State: Zip Code 4702 WESTHEIMER Rd  HOUDTIN IX 17021  Category (See Categories listed at the top of this schedule)  PURPOSE  Complete ONLY if direct candidate / Office hold of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  R-23 IL  Payee address:  City: State: Zip Code 4702 WESTHEINER Rd  Hobotto TX 17021  Category (See Categories listed at the top of this schedule)  PURPOSE  Office sought  Office held  Office held  Office held  Office held  Description  Check if travel outside of Texas. Complete Schedule T.	EXPENDITURE	Janking Fee	
Date Payee name  Payee address: City: State: Zip Code 4702 WESTHEINER Rd  Category (See Categories listed at the top of this schedule)  PURPOSE  Category (See Categories listed at the top of this schedule)  Check it travel outside of Texas. Complete Schedule T.		1,2,2	
Date Payee name  LE PEFP  Amount (\$)  Payee address:  City: State: Zip Code 4702 WESTHEINER RA  HODDIN IX 17021  Category (See Categories listed at the top of this schedule)  PURPOSE  Description  Check if travel outside of Texas. Complete Schedule T.	Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Amount (\$)  Payee address:  City: State: Zip Code 4702 WESTHEIMER Rd  HOUSTIN TX 17027  Category (See Categories listed at the top of this schedule)  PURPOSE  Description  Check if travel outside of Texas. Complete Schedule T.	expenditure to benefit C/OF		
Amount (\$)  Payee address:  City: State: Zip Code 4702 WESTHEIMER Rd  HOUSTIN TX 17027  Category (See Categories listed at the top of this schedule)  PURPOSE  Description  Check if travel outside of Texas. Complete Schedule T.			
Y702 WESTHEIMER R.D  HODOTTO TX 17027  Category (See Categories listed at the top of this schedule)  PURPOSE  Description  Check if travel outside of Texas. Complete Schedule T.	Date	Payee name	
Y702 WESTHEIMER R.D  HODOTTO TX 17027  Category (See Categories listed at the top of this schedule)  PURPOSE  Description  Check if travel outside of Texas. Complete Schedule T.	8-2316	LE PEED	<del></del>
Category (See Categories listed at the top of this schedule)  PURPOSE  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.	Amount (\$)	Payee address; City; State; Zip Code	Einea Ro
Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.	30	Umar -	
PURPOSE Check if travel outside of Texas. Complete Schedule T.		(Colored (Co	
PUNPUSE		Category (See Categories listed at the top of this schedule)	l —
OF Check if Austin, TX, officeholder living expense			
EXPENDITURE CODA SECENARE	-	Com BRIERIAGE	Check if Additin, 12, difficendider living expense
TOUR TOUR TE		TOUR TOTAL GE	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Candidate / Officeholder same	Office sought Office held
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			Sinos sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

	EXPENDITURE C	ATEGORIES 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 Transport in Pletrict
Consulting Expense  - Contributions/Donations Made By		Polling Expense Printing Expense	Travel Out Of District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Orean Out of a years	The Instruction Guide e	explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME OLLAND	0 SANUMEZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7-Payee address; City; Sta	ite; Zip Code	
,	,		
8	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
PURPOSE		Check if trave	outside of Texas. Complete Schedule T.
OF		Check If Aus	stin, TX, officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Ol		<u> </u>	
Date <sub>.</sub>	Payee name		
8/25/16	Dala	LOO SANCHEZ	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
120 94		130853	n n n n n n
139.19	Hows		219-0853
	Category (See Categories listed at the to		el outside of Texas. Complete Schedule T.
PURPOSE OF	RE INDURSENEUT		stin, TX, officeholder living expense
EXPENDITURE	SEE SCHEAULE		
	0 (1) (0) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Onice sought	
Date	Payee name		
8/20/10	$\bigcirc \alpha$	Lanso Sanc	
Amount (\$)	Payee address; City; St	tate; Zip Code	
	Da	Box 130853	
279,13		SON TX	77219-0853
	Category (See Categories listed at the to		
PURPOSE		Check if trav	el outside of Texas. Complete Schedule T.
OF EXPENDITURE	RE-INDUSEMENT	Check If A	ustin, TX, officeholder living expense
CAPERDITORE	SEE Scheoole		
		000	t Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	e Onice sough	, Gilloo Holo
	ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE AS I	NEEDED
1			

	EXPENDITURE CATEO	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District	
Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
	The instruction Guide explain	s now to complete this form.		
1 Total pages Schedule F1:	ORLANDO	SANCHE 2	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	Ti lular-la	S E	
8-29-16 6 Amount (\$)	7 Payee address; City; State; Zi	Ti WALEhou	, 2E	
O MINOUIL (D)	901 Con			
290 °	Howson	Th 77002		
8	(a) Category (See Categories listed at the top of this s			
PURPOSE OF		/ r	utside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
EXPENDITURE	EVENT EXPENSE	Check if Absili	The Companies of the Companies	
O Complete ONBVIE store	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OF		Onice sought	Onice field	
Date	Payee name			
8-30-16	WALMART			
Amount (\$)	Payee address; City; State; Z	Op Code		
18.08	Houston	TX 77055		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Schedule) Description Check if travel ou	utside of Texas. Complete Schedule T.	
		Contract and the contra	Office hold	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-12-16	Veriz	لهم		
Amount (\$)	Payee address; City; State; Z	ip Code		
٠	Po Box	920041		
52.76	Dallas	Tx 75392.	0041	
	Category (See Calegories listed at the top of this s			
PURPOSE OF		—	utside of Texas. Complete Schedule T.	
EXPENDITURE	TELECON WIRELESS	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oł	1			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPEND	ITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting ExpenseContributions/Donations.Made B		Office xpense Polling orials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District —Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	*	Salario on Guide explains how	es/Wages/Contract Labor	Other (enter a category not listed above)
		on daide explains from	o complete interess	
1 Total pages Schedule F1:		PLANDO S	- DANGEZ	3 Filer ID (Ethics Commission Filers)
4 Date 9 - 29 - 16	5 Payee name			how! RODED
6 Amount (\$)		City; State; Zip Cod ろ ルRG アK・		
350		HOLSTON, TA	77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories II.		Check if travel o	utside of Texas. Complete Schedule T.  n. TX, officeholder living expense
	CONTRIBUTION/	LONATION		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehold	ler name	Office sought	Office held
Date	Payee name			
9-30-16	(-	RAUDUCA	HOTEL	
Amount (\$)		City; State; Zip Coo	Park Blub	CODI
9.00	1	tous tow Tx	77056	
PURPOSE	Category (See Categories I	isted at the top of this schedule	<del></del>	utside of Texas. Complete Schedule T.
OF EXPENDITURE	FOOD BEVER	Age	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehold	der name	Office sought	Office held
Date	Payee name			
9-30-16	i	SACREO	HEALT SO	
Amount (\$)	Payee address;	City: State: Zip Coo	de .	
	i ayuu auuruss,	816 E.WI	nitney St	
5, 95		Houston, 7	- X つっ	022
	Category (See Categories	listed at the top of this schedule		outside of Texas: Complete Schedule T.
PURPOSE OF EXPENDITURE	FOO BENEZ	DZE		in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeho	lder name	Office sought	Office held
	ATTACH ADDIT	IONAL COPIES OF T	'HIS SCHEDULE AS NE	EDED

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense	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	yGift/Awards/Memorials-Expense-		Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Politica Credit Card Payment		ains how to complete this form.	Sup (sub 2 sange )
		and how to complete the form	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME OPLANDO	SANCHEZ	3 Filer ID (Ellits Continues)
4 Date	5 Payee name		
10-3-16	Bubba	's BAR- CRILL	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
	6225	WASHINGTON AUE	•
82,27	Hous	ms Tx 77067	·
8	(a) Category (See Categories listed at the top of the		
			outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Aust	in, TX, officeholder living expense
EXPENDITURE	FOOD BENEAGE		
	1000 / 1000		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
Date	Payee name		
10 2 11 .	DEDIT	- LAGOUR do	Fund
10-3-16	PEPOI	TEATER DOSN	1028
Amount (\$)	Payee address; City; State;		·
	1780 W	LEONARD ST	
11250	PENSACO	la FL 32501	
	Category (See Categories listed at the top of		
		I —	outside of Texas. Complete Schedule T.
PURPOSE		Check if Aus	tin, TX, officeholder living expense
EXPENDITURE	DONATION CONTRIBUTION		
·	YOU ATION CONTRIBUTION		
O	Candidate / Officeholder name	. Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C			
Date	Payee name		
	(a) (b) (c) (c)	· · · · · · · · · · · · · · · · · · ·	
10-4-16	Ruby's		
Amount (\$)	Payee address; City; State	; Zip Code.	•
	21799 K	LATY FREEWAY	
2276	,	,	
23,75	KATY	Tx 77450	
-	Category (See Categories listed at the top of	· —	el outside of Texas. Complete Schedule T.
PURPOSE			
OF EXPENDITURE		Check if Au	stin, TX, officeholder living expense
	FOOD BEVERAGE		
		Office acresh	Office held
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Onice hold
expenditure to benefit C/0			
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS N	IEEDED
	AT IACH ADDITIONAL COP	TO CHARLES TO COMMON TO CO	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense —Contributions/Donations.Made.B	Fees Office Ove Food/Beverage Expense Polling Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District	
Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a category not listed above)	
C.CON OBOT Aprilon	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	ORLANDO DAN	CMEZ	3 Filer ID (Ethics Commission Filers)	
4 Date 0 - 5 - 16	5 Payee name Oplanos I	talian RES	STANBANT	
6 Amount (\$)	7 Payee address; City; State; Zip Code 6951 IND. AN	Λ		
39,00	LuBrock	<u>A</u> HOE  メ フタリ1	3	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	r D.	Check If Austi	n, TX, officeholder living expense	
	FOOD BEWELAGE			
Complete <u>ONLY</u> if direct expenditure to benefit C/On	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	PILZA		
Amount (\$)	Payee address; City; State; Zip Code 1001 North F Planuieu T	27		
	Category (See Categories listed at the top of this schedule)	Description	utside of Texas. Complete Schedule T.	
PURPOSE OF			n, TX, officeholder living expense	
EXPENDITURE	0		,	
	FOOD FEVERAGE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
10-11-16	What's UP	RADIO PR	Ogran	
Amount (\$)	Payee address; City; State; Zip Code	0	-	
2000	12337 Jou	es Ro.		
7,500	Howson T	x 77070	<b>D</b>	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	·		utside of Texas. Complete Schedule T.	
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austi	n, TX, officeholder living expense	
Complete Chilly 15 allow	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIES FOR B	OX 8(a)
Advertising Expense	Event Expense Loan Repayment/Re	eimbursement Solicitation/Fundraising Expense antal Expense Transportation Equipment & Related Expense
Accounting/Banking	Fees Office Overhead/Re Food/Beverage Expense Polling Expense	Travel In District
Consulting Expense -Contributions/Donations Made By	Gift/Awards/Memorials Expense Printing Expense	ontract Labor Other (enter a category not listed above)
Candidate/Officeholder/Political	Committee Legal Services Salahes Wages Co	
Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Oalmoo SAUCE	1E2
20		
4 Date	5 Payee name Dail ( )	rogect
10-14-16	10 (11 11 11 11 11 11 11 11 11 11 11 11 11	103231
6 Amount (\$)	7 Payee address; City; State; Zip Code	
	12221 FAIL Kick	LN.
300'	Los Angeles C	A 90049
500		
8	(a) Category (See Categories listed at the top of this schedule) (b)	Description  Complete Schedule T
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	EVENT EXPENSE	
	Candidate / Officeholder name	Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		
experientare to sovient ex-		<del>/</del>
Date	Payee name	<u>.</u>
		SALEHOUSE
10.20.16	DEC 5 U	JALE NOUSE
Amount (\$)	Payee address; City; State; Zip Code	
	2410 Smith	<b>57</b> .
20.79	LOBSTON, TX	77006
<u> </u>	Category (See Categories listed at the top of this schedule)	Description
1	Category (occounted to the control of the control o	Check if travel outside of Texas. Complete Schedule T.
PURPOSE		Check if Austin, TX, officeholder living expense
OF EXPENDITURE	C 2	
EXPENDITORIE	FOO BEVERAGE	
		Office sought Office held
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office field
expenditure to benefit C/C	DH .	
Date	Payee name	)
	Charivari	ESTANDANT
10-21-16		IESTACK.
Amount (\$)	Payee address; City; State; Zip Code	
	2521 Bagby 5	ST.
231		
401		77006
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF.		Check if Austin, TX, officeholder living expense
EXPENDITURE	FOOD BENEARE	
	1000 Davidie	·
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/		-
expericiture to bendit o		
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED
•	ALIADIADDIADIAD OF IEG . THE	1.010/00/

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense —Contributions/Donations Made By	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Printing Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME  ORLANDO  SANHEZ  3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
11-1-16	Vérizon Wireless
6 Amount (\$)	7 Payee address; City; State; Zip Code
	Po Box 920041
67.68	DALLAS, TX 75392-0041
	(a) Category (See Categories listed at the top of this schedule) (b) Description
8	Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Check if Austin, TX, officeholder flying expense
EXPENDITURE	Wideless Service Check if Austin, TX, officeholder living expenso
The state of the s	Candidate / Officeholder name Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/O	
Date	Payee name
	CASSON GAADNICS
10-27-16	- A S. ILB OF APIRES
Amount (\$)	Payee address: City, State; Zip Code 12750 BEALMONT Huy
	12750 BEAUMONT HWY
1000	HOW STON, 77 77049
<del></del>	Category (See Categories listed at the top of this schedule)  Description
	Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Check it Austin, TX, officeholder living expense
EXPENDITURE	
	ADVERTISING EXPENSE
C LA CARVIS due A	Candidate / Office nolder name Office sought Office held
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Gardination Comments and Commen
Date	Payee name
	SACRED HEART SOUTH
11-4-16	ACTED LIEVEL DEALTY
Amount (\$)	Payee address; City; State; Zip Code
	Payee address; City; State; Zip Code  816 E Whitney ST.
39.51	Hausson Th 27022
-	
	Category (See Categories disted at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE	
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
	FOOD BEDERAGE
	Office hold
Complete ONLY if direct	Carloidate / Cincertotte Haine
expenditure to benefit C/0	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	ATTACH BOTTON AND CO. III OC.

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
		Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Event Expense Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Accounting/Banking Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
-Contributions/Donations Made By		Printing Expense	Travel Out Of District
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
	The instruction dulas explain	ins now to complete into the	
1 Total pages Schedule F1:	2 FILER NAME DALAUDO	SANGEL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Aqueri	a Datia Man	i.A
6 Amount (\$)	7 Payee address: City: State:	zip Code	
33	House	- TX 77603	
22			
8	(a) Category (See Categories listed at the top of this		
		Check if travel ou	itside of Texas. Complete Schedule T.
PURPOSE		Towards It Aveste	, TX, officeholder living expense
OF		Check if Austir	1. TA, GARDONOLO STRING SAPARINO
EXPENDITURE	FOOD BEUTLAGE		
(			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		<b>.</b>
11-14-16	METROPOLI	tou I paus it 4	who ai Ly
Amount (\$)	Payee address; City; State;	Zip Code	•
1,25		<b>-</b>	·
1,23	Hors		
	Category (See Categories listed at the top of thi		
		Check if travel or	utside of Texas. Complete Schedule T.
PURPOSE		Chack it Augtin	n, TX, officeholder living expense
OF		Check if Austii	1, TX, Diricanoidar hanig expense
EXPENDITURE		İ	
	Kail Pass		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C			
Saporional of the soliton			
, , , , , , , , , , , , , , , , , , , ,			
Date	Payee name		
1.			· · · · · · · · · · · · · · · · · · ·
11-14-16	Spec	5	
Amount (%)	Payee address; City; State;	Zip Code	
Amount (\$)			
	2410	Smith ST	
1/1/2		o. T/ 770	<b>~</b> /
6.48	Houst	ON ,TX 770	
	Category (See Categories listed at the top of the	nis schedule) Description	
	J , (111 111 111 111 111 111 111 111 111		outside of Texas. Complete Schedule T.
PURPOSE	·		*
OF	1 - · ·	Check if Aust	in, TX, officeholder living expense
EXPENDITURE	FOOD BEVERAGE		
	LLOOP CONTRACT		
	Candidate / Officeholder come	Office sought	Office held
Complete ONLY if direct	Candidate / Officeholder name	. Office sought	
expenditure to benefit C/	OH .		
	<u></u>		
	ATTACH ADDITIONAL CODI	ES OF THIS SCHEDULE AS NE	EDED

	EXPENDITURE CATE	GORIES 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	Food/Beverage Expense	Polling Expense	Travel in District
_Contributions/Donations Made By Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	-	ns how to complete this form.	₩ • 1
1 Total pages Schedule F1:	<u> </u>		3 Filer ID (Ethics Commission Filers)
20	Oplanoo	SANCHE 2	
4 Date	5 Payee name METropo	lita Trasit Air	thority
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
	1900	Main ST	
1.25	Ho	ר אל הייסופט	7002
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.
OF	$ \mathcal{D}  \sim$	Check if Austin	TX, officeholder living expense
EXPENDITURE	KAIL PASS		
			000-1-12
9 Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		·
11-15-14	- AUENIDA	South GAR	ange.
Amount (\$)	Payee address; City; State;	Zip Code	
12.00	House	TX , 400	<u></u>
	Category (See Categories listed at the top of thi		helde el Teyno, Complete Schedule T
PURPOSE		. 1	tside of Texas. Complete Schedule T.
OF EXPENDITURE	0	Check if Austin	, TX, officeholder living expense
	Panking tEE		
	3	045	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office field
CAPONONIA TO DOMONIA CO	•		
Date	Payee name		
	Hilton	Dar-1-1 A	
11-16-16	Millow	HOTEL AMERI	CAS
Amount (\$)	Payee address; City; State;	Zip Code	
00	1600 L	Auga	
28	Haston	Tx 77010	
	Category (See Categories listed at the top of th	<del></del>	
PURPOSE			utside of Texas. Complete Schedule T.
OF		1	n, TX, officeholder living expense
EXPENDITURE	SUENT EXPENSE		
			•
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL CODIE	S OF THIS SCHEDULE AS NE	EDED
	ATTACH ADDITIONAL COPIE	3 OF THIS SCHEDULE AS NE	L L L L L L L

	EXPENDITURE CATI	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense _Contributions/Donations.Made.By	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District —Travel Qut Of-District
Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Salarles/Wages/Contract Labor ains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	OR (ANDO	SANCHE 2	3 Filer ID (Ethics Commission Filers)
4 Date 11-29-ル		Books	
6 Amount (\$)	7 Payee address; City; State; 372D	ZID CODE WESTHEIMER RD	
22.70	House	DR ,TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	is schedule) (b) Description Check if travel of	outside of Texas. Complete Schedule T. In, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name	on Wireless	5
Amount (\$)	Payee address; City; State;	Zip Code 920041 Tx 75392.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Category (See Categories listed at the top of the Category (See Ca	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>CNLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-2-16	- Cit	, of House	n Parking
Amount (\$)	Payee address; City; State;		<b>)</b>
4.00		34364 ST DU, TK 77052	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check if travel	outside of Texas. Complete Schedule T. tln, TX, officeholder living expense
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	EEDED

THE CATE CORIES FOR BOY 8(a)					
,	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking	Event Expense Fees Food/Beverage Expe	Office Over	ment/Reimbursement nead/Rental Expense ense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District	
Consulting ExpenseContributions/Donations Made By	Gift/Awards/Memori	als Expense Printing Exp		Other (enter a category not listed above)	
Candidate/Officeholder/Political ( Credit Card Payment		Guide explains how to co			
				3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F1: 2	2 FILEH NAME OR	LANDO JA	سوبرة كا		
1 7 0000	5 Payee name		(1 1/		
12.2.1		inlos CA	1 billo		
6 Amount (\$)	• • == = = = = = = = = = = = = = = = =	ty; State; Zip Code			
	40	7 CORDELL			
200		XT, 4002	77009		
8	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.	
PURPOSE			\ == ' '	n, TX, officeholder living expense	
OF EXPENDITURE			Check if Austr	n, TX, dailetiologi living expense	
EXPENDITORE	TEES				
	Candidate / Officeholde	name	Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/O-					
		-			
Date	Payee name		0		
12-5.16	l- L	nA VINA	MESTA	shonst .	
Amount (\$)	. Payee address; C	city; State; Zip Code			
	9	381 Richmo	NO HOE.		
115	· ·	A GOTO TX	77063		
	Category (See Categories list		Description		
PURPOSE				putside of Texas. Complete Schedule T.	
OF			Check if Aust	in, TX, officeholder living expense	
EXPENDITURE	GOD BENE	495			
			Office sought	Office held	
Complete ONLY if direct	Candidate / Officeholde	ar name	Office sought		
expenditure to benefit C/OI	7				
	Pavee name				
Date	Payee name	1.1.	<i>∕</i> ⊘.		
12-5-16		Moyo DE	CUBA.		
Amount (\$)	1	City; State; Zip Code	ney Rock		
1.		3340 Chim			
140		HOUSTON	Tx 7705	6	
	Category (See Categories lis	sted at the top of this schedule)	Description	A Company of Control of T	
PURPOSE				I outside of Texas. Complete Schedule T.	
OF EXPENDITURE	G: GT / Ansan	ool Expense	Check if Au	stin, TX, officeholder living expense	
	Candidate / Officehole	der name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/C		aer name	<del>.</del>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	ATTACH ADDITI	ONAL COPIES OF TH	S SCHEDULE AS N	Parisant 0/9/2018	

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense	Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District		
<ul> <li>Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment</li> </ul>			
1 Total pages Schedule F1:	2 FILER NAME  PRAND = SANCHE 2. 3 Filer ID (Ethics Commission Filers)		
4 Date 12 . 5 - 16	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
16.10	1118 Silbre Rd.		
8	(a) Category (See Categories listed at the top of this schodule)  (b) Description  Check it travel outside of Texas. Complete Schedule T.		
PURPOSE OF EXPENDITURE	Check It Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		
Date	Payee name (		
12-6-12	Parry City		
Amount (\$)	Payee address; City; State; Zip Code		
9.60	Harris IX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit CO	Candidate / Officeholder name Office sought Office held		
Date 12 - 6 - 16	Payee name  United States Post Office		
Amount (\$) 76,75	Payee address; City; State; Zip Code 1900 W GAAY 1-1008700 TX 7-7019		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

		DICC FOR BOY 9(a)
	EXPENDITURE CATEGO	
Advertising Expense		oan Repayment/Reimbursement Sollcitation/Fundraising Expense titice Overhead/Rental Expense Transportation Equipment & Related Expense
Accounting/Banking Consulting Expense	Food/Beverage Expense P	olling Expense Travel In District
Contributions/Donations Made By	Gillo / Warden Line	rinting Expense Travel Out Of District  alaries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	
	The Instruction Guide explains h	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Etriks Continuous)
20	()plaus=	SANCHEZ
4 Date	5 Payee name	<i>C</i> .
12-7-16	7 Payee address; City; State; Zip Po Rex 131	t Choix
6 Amount (\$)	7 Payee address; City; State; Zip	Code
δ Amount (Φ)	P> Box 121	381
	1 10-7 131	
546.73	(tous 20 h)	, TX 77019
8	(a) Category (See Categories listed at the top of this school	odule) (b) Description
Į.		Check if travel outside of Texas. Complete Schedule T.
PURPOSE		Check If Austin, TX, officeholder living expense
EXPENDITURE		· .
	CONTRACT LABOR	
	Candidate / Officeholder name	. Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/O		
experience to serious or o		
Date	Payee name	
12-9-16	SACRED	FEART SOCIETY
Amount (\$)	Payee address; City; State; Zip	Code Nithey ST.
Attiount (#)	Sile E. L.	nithery St.
1 00. /	010	TX 17022
28.15	. (400572	
	Category (See Categories listed at the top of this sc	nedule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	FOOD BEVERAGE	
	1000 DECEMBER 1	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	H	
Date	Payee name	
	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of HOUSTON PACKING
12-9-16	- ity	1008BR BURING
	Payee address; City; State; Zi	o Code
Amount (\$)		
201	901 134	2. (
2.25	HOUSTON	7 77252
	Category (See Categories listed at the top of this s	chedule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	1 )	
	Jarking HE	
0 1. 0	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED
· (	741 174 174 174 174 174 174 174 174 174	Poviced 0/9/20

117-

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking	Fees Office Overhe	nent/Reimbursement Solicitation/Fundralsing Expense Solicitation Fundralsing Expense Transportation Equipment & Related Expense		
Consulting ExpenseContributions/Donations-Made By	Food/Beverage Expense Polling Exper			
Candidate/Officeholder/Politica	Committee Legal Services Salarles/Wag	es/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to con			
1 Total pages Schedule F1:	2 FILER NAME ORLANDO SAM	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Pavee name	0 0		
12-14-16	What's up	KADID Program		
6 Amount (\$)	7 Payee address; City; State; Zip Code 12337 TONES	Re.		
15000	1-00 :70 -, TX	77070		
8 -		(b) Description		
		Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE	ADVERTISING EXPENSE			
O Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
9 Complete ONLY if direct expenditure to benefit C/O				
Date	Payee name			
10 11 13	CK of t	touson Packing		
12-16-16		(3) (3)		
Amount (\$)	Payee address; City; State; Zip Code	_		
400	GOI BAJON S			
1.0	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Catagory (See Catagories issued at the top of this schooling)	Check if travel outside of Texas. Complete Schedule T.		
OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE				
	PACKING FEE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	<del>!</del>			
Date	Payee name			
Date				
12-19-14		roen		
Amount (\$)	Payee address; City; State; Zip Code	St.		
207 73	Hansens Tx	7 7003		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check it travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	TODO BEURDAGE	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Office Christmas Party			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	<u> </u>		
•	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	,
Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Travel In Distri	
Contributions/Donations Made By Candidate/Officeholder/Politica			category not listed above)
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	SANCHEZ 3 Filer ID (	Ethics Commission Filers)
4 Date 12-19-16	5 Payee name	POSTAL SERVICE	
6 Amount (\$)	7 Payee address; City; State; Z		
60,00	1900 U		
8	(a) Category (See Categories listed at the top of this s		_
PURPOSE OF EXPENDITURE	POSTAGE	Check if Austin, TX, officeholde	
		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Onigersdugist	Ollino Note
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	(ip Code	
PURPOSE	Category (See Oategories listed at the top of this	schedule)  Description  Check if ravel outside of Texas. Col  Check if Austin, TX, officeholds	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	7		
Date	Payee name		
Amount (\$)	Payee address; Gify; State;	Zip Code	
	· John Market Company		
PURPOSE	Category (See Categories listed at the top of this	Check if travel outside of Texas Co	
OF EXPENDITURE		Check if Austin, TX, officehold	Brollving expense
			200
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
7	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEEDED	
			Revised 9/8/201

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
dvertising Expense accounting/Banking consulting Expense contributions/Donations Made By Candidate/Officeholder/Politica	Fees C Food/Beverage Expense F y Git/Awards/Memorials-Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
redit Card Payment	The Instruction Guide explains i	how to complete this form.	
Total pages Schedule G:	2 FILER NAME ORLANDO S	WHE Z	3 Filer 1D (Ethics Commission Filers)
Date S 24 //	5 Payee name		
Amount (\$)	7 Payee address; City; State; Zip C	Code	
political contributions intended			
PURPOSE OF	(a) Category (See Categories listed at the top of this sched	Check if travel outs	ide of Texas. Complete Schedule T.
EXPENDITURE	Supplies for Office	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
8/24/6	NETWOR	k Poluti	کیدد
Amount (\$) 279.13	Payee address; City; State; Zip	Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel out	iside of Texas. Complete Schedule T. TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	. Office sought.	Office held
Date	Payee name	foun	RECORDER'S MEMORANDUM: he time of recordation, this instrument w d to be inadequate for the best photograph
Amount (\$)	Payee address; City, State; Zip	phot	oduction because of Illegibility, carbon to copy, discolored paper, etc. All blockot tions and changes were present at the ti nstrument was filed and recorded.
Reimbursement from political contributions intended			not chart was mad and reserved.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel ou	utside of Texas. Complete Schedule T. n., TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
			The same of the sa
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED
	AT IACITADDITIONAL COPIES OF		· · · · · · · · · · · · · · · · · · ·