



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

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>			<b>FORM C/OH COVER SHEET PG 1</b>	
The C/OH Instruction Guide explains how to complete this form.		<b>1 Filer ID (Ethics Commission Filers)</b>		<b>2 Total pages filed:</b> <div style="font-size: 24px; text-align: center;">25</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           MS / MRS <input checked="" type="checkbox"/> MR            NICKNAME: <span style="font-size: 1.2em;">Orlando</span>            LAST: <span style="font-size: 1.2em;">SANCHEZ</span> </div> <div style="width: 20%;">           FIRST: <span style="font-size: 1.2em;">Orlando</span>            MI: <span style="font-size: 1.2em;">SANCHEZ</span>            SUFFIX:         </div> </div>		<b>OFFICE USE ONLY</b> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">             Date Received           </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">             Date Hand-delivered or Date Postmarked           </div> <div style="display: flex; border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="flex: 1; border-right: 1px solid black; padding: 5px;">Receipt #</div> <div style="flex: 1; padding: 5px;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">             Date Processed           </div> <div style="border: 1px solid black; padding: 5px;">             Date Imaged           </div>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address <div style="font-size: 1.2em;">             ADDRESS / PO BOX: <span style="font-size: 1.2em;">PO Box 130853</span>              CITY: <span style="font-size: 1.2em;">Houston, Tx</span> STATE: <span style="font-size: 1.2em;">77219-0853</span> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           AREA CODE: <span style="font-size: 1.2em;">(832)</span> PHONE NUMBER: <span style="font-size: 1.2em;">521-1962</span>            EXTENSION:         </div> </div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>		<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           MS / MRS <input checked="" type="checkbox"/> MR            NICKNAME: <span style="font-size: 1.2em;">PENNY</span>            LAST: <span style="font-size: 1.2em;">Butler</span> </div> <div style="width: 20%;">           FIRST: <span style="font-size: 1.2em;">PENNY</span>            MI: <span style="font-size: 1.2em;">Butler</span>            SUFFIX:         </div> </div>		
<b>6 CAMPAIGN TREASURER NAME</b>		<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           AREA CODE: <span style="font-size: 1.2em;">(113)</span> PHONE NUMBER: <span style="font-size: 1.2em;">621-7221</span>            EXTENSION:         </div> </div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)		<div style="font-size: 1.2em;">             STREET ADDRESS (NO PO BOX PLEASE): <span style="font-size: 1.2em;">4605 Post Oak Pl. Dr</span>              CITY: <span style="font-size: 1.2em;">Houston, Tx</span> STATE: <span style="font-size: 1.2em;">77056</span> </div>		
<b>8 CAMPAIGN TREASURER PHONE</b>		<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           AREA CODE: <span style="font-size: 1.2em;">(113)</span> PHONE NUMBER: <span style="font-size: 1.2em;">621-7221</span>            EXTENSION:         </div> </div>		
<b>9 REPORT TYPE</b>		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<b>10 PERIOD COVERED</b>		<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">             Month: <span style="font-size: 1.2em;">7</span> Day: <span style="font-size: 1.2em;">1</span> Year: <span style="font-size: 1.2em;">16</span> </div> <div style="width: 20%; text-align: center;">THROUGH</div> <div style="width: 40%;">             Month: <span style="font-size: 1.2em;">12</span> Day: <span style="font-size: 1.2em;">31</span> Year: <span style="font-size: 1.2em;">16</span> </div> </div>		
<b>11 ELECTION</b>		<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">             ELECTION DATE              Month: / Day: / Year:           </div> <div style="width: 60%;">             ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special           </div> </div>		
<b>12 OFFICE</b>		<b>13 OFFICE SOUGHT (if known)</b>		
OFFICE HELD (if any) <div style="font-size: 1.2em;">             HARRIS              County TREASURER           </div>				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Orlando Sanchez

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages17 CONTRIBUTION  
TOTALS

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)

\$

1250

EXPENDITURE  
TOTALS3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

78.13

4. TOTAL POLITICAL EXPENDITURES

\$

21813.66

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

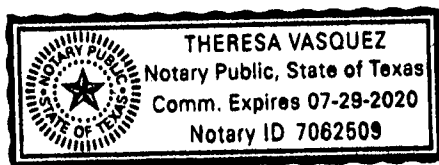
214,820.40

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

200,000

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Orlando Sanchez

this the

17<sup>th</sup>

day of January, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 1/1 Rpt: 4/4

2 FILER NAME

Sanchez, Orlando

3 Filer ID

4 Date

08/23/2016

5 Full name of contributor

Haug, David

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of Contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

1330 Post Oak Blvd.

Ste. 1600

Houston, TX 77056

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/11/2016

Full name of contributor

Pentecost, Peggie

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

2606 Centenary

Houston, TX 77005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Orlando Sanchez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1250
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,813.66
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 419.07
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>20</b>		2 FILER NAME <b>ORLANDO SANCHEZ</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7-5-16</b>		5 Payee name <b>BRITISH AMERICAN CONFERENCE</b>			
6 Amount (\$) <b>950.99</b>		7 Payee address; City: State: Zip Code <b>12221 FAULKNER LN. LOS ANGELES, CA 90049</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7-6-16</b>		Payee name <b>COUNCIL ON FOREIGN RELATIONS</b>			
Amount (\$) <b>250 -</b>		Payee address; City: State: Zip Code <b>58 EAST 68TH STREET NEW YORK NY 10065</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7-12-16</b>		Payee name <b>UNITED STATES POSTAL SERVICE</b>			
Amount (\$) <b>18.80</b>		Payee address; City: State: Zip Code <b>1900 WEST GARY HOUSTON TX 77019</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>POSTAGE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense

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

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

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

Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 7.22.16		5 Payee name SACRED HEART SOCIETY			
6 Amount (\$) 37.35		7 Payee address; City: State: Zip Code 816 E. Whitney St. Houston, TX 77022			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-29-16		Payee name SACRED HEART SOCIETY			
Amount (\$) 26.79		Payee address; City: State: Zip Code 816 E. Whitney St. Houston TX 77002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BEVERAGE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-29.16		Payee name SACRED HEART SOCIETY			
Amount (\$) 19.50		Payee address; City: State: Zip Code 816 E. Whitney St Houston, TX 77002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BEVERAGE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **20** 2 FILER NAME **ORLANDO SANCHEZ** 3 Filer ID (Ethics Commission Filers)

4 Date **7-13-16** 5 Payee name **VERIZON WIRELESS**

6 Amount (\$) **52.76** 7 Payee address: City: State; Zip Code  
**PO Box 920041**  
**DALLAS TX 75392-0041**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **WIRELESS SERVICE** (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/OH Candidate / Officeholder name Office sought Office held

Date **7-20-16** Payee name **LA COLOMBE D'OR**

Amount (\$) **169.55** Payee address: City: State; Zip Code  
**3410 MONTROSE BLVD.**  
**HOUSTON, TX 77006**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **FOOD BEVERAGE** 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/OH Candidate / Officeholder name Office sought Office held

Date **7-22-16** Payee name **SACRED HEART SOCIETY**

Amount (\$) **37.35** Payee address: City: State; Zip Code  
**816 E. Whitney St.**  
**HOUSTON TX 77022**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **FOOD BEVERAGE** 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/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense

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

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

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

Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME ORLANDO SANCHEZ	3 Filer ID (Ethics Commission Filers)
4 Date 8-1-16	5 Payee name VANESSA CROIX	
6 Amount (\$) 250	7 Payee address; City; State; Zip Code PO BOX 131381 HOUSTON TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8-5-16	Payee name SACRED HEART SOCIETY	
Amount (\$) 36.81	Payee address; City; State; Zip Code 816 E. WHITNEY ST HOUSTON TX 77002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8-11-16	Payee name VERIZON WIRELESS	
Amount (\$) 52.76	Payee address; City; State; Zip Code PO BOX 920041 DALLAS TX 75392-0041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WIRELESS SERVICE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>20</b>		2 FILER NAME <b>ORLANDO SANCHEZ</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8-12-16</b>		5 Payee name <b>SACRED HEART SOCIETY</b>			
6 Amount (\$) <b>20.84</b>		7 Payee address; City: State; Zip Code <b>816 E. Whitney ST HOUSTON, TX 77022</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-22-16</b>		Payee name <b>UNIVERSITY of HOUSTON</b>			
Amount (\$) <b>10.00</b>		Payee address; City: State; Zip Code <b>4800 Calhoun ST HOUSTON TX 77004</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Parking Fee</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-23-16</b>		Payee name <b>LE PEEP</b>			
Amount (\$) <b>30.00</b>		Payee address; City: State; Zip Code <b>4702 WESTHEIMER RD HOUSTON TX 77027</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **20** 2 FILER NAME **Orlando Sanchez** 3 Filer ID (Ethics Commission Filer)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

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/OH Candidate / Officeholder name Office sought Office held

Date Payee name

8/25/16

Orlando Sanchez

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

139.94

P.O. Box 130853  
Houston, TX 77219-0853

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
RE-imbursment  
SEE SCHEDULE G

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/OH Candidate / Officeholder name Office sought Office held

Date Payee name

8/25/16

Orlando Sanchez

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

279.13

PO Box 130853  
Houston, TX 77219-0853

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
RE-imbursment  
SEE SCHEDULE G

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/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>20</b>		2 FILER NAME <b>ORLANDO SANCHEZ</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8-29-16</b>		5 Payee name <b>SPAGHETTI WAREHOUSE</b>			
6 Amount (\$) <b>290</b>		7 Payee address; City; State; Zip Code <b>901 CONGRESS ST. HOUSTON TX 77002</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-30-16</b>		Payee name <b>WALMART</b>			
Amount (\$) <b>18.08</b>		Payee address; City; State; Zip Code <b>1118 SILBER RD. HOUSTON TX 77055</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9-12-16</b>		Payee name <b>VERIZON</b>			
Amount (\$) <b>52.76</b>		Payee address; City; State; Zip Code <b>PO Box 920041 DALLAS TX 75392-0041</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>TELECOM WIRELESS FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20 2 FILER NAME ORLANDO SANCHEZ 3 Filer ID (Ethics Commission Filers)

4 Date 9-29-16 5 Payee name HOUSTON LIVESTOCK SHOW: ROODED

6 Amount (\$) 350 7 Payee address; City; State; Zip Code  
3 NRG PKWY  
HOUSTON, TX 77054

8 (a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION (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/OH Candidate / Officeholder name Office sought Office held

Date 9-30-16 Payee name GRANDUCA HOTEL

Amount (\$) 9.00 Payee address; City; State; Zip Code  
1080 UPTOWN PARK BLVD  
HOUSTON, TX 77056

PURPOSE OF EXPENDITURE FOOD BEVERAGE 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/OH Candidate / Officeholder name Office sought Office held

Date 9-30-16 Payee name SACRED HEART SOCIETY

Amount (\$) 5.95 Payee address; City; State; Zip Code  
816 E. WHITNEY ST  
HOUSTON, TX 77022

PURPOSE OF EXPENDITURE FOOD BEVERAGE 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/OH Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **20** 2 FILER NAME **Orlando Sanchez** 3 Filer ID (Ethics Commission Filers)

4 Date **10-3-16** 5 Payee name **Bubba's Bar-Grill**

6 Amount (\$) **82.27** 7 Payee address: City; State; Zip Code  
**6225 WASHINGTON AVE.  
HOUSTON, TX 77067**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Food / Beverage** (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/OH Candidate / Officeholder name Office sought Office held

Date **10-3-16** Payee name **Deputy Larry Bush Fund**

Amount (\$) **250** Payee address: City; State; Zip Code  
**1700 W. LEONARD ST  
PENSACOLA FL 32501**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Donation Contribution** 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/OH Candidate / Officeholder name Office sought Office held

Date **10-4-16** Payee name **Rudy's**

Amount (\$) **23.75** Payee address: City; State; Zip Code  
**21799 KATY FREEWAY  
KATY TX 77450**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Food Beverage** 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/OH Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **20** 2 FILER NAME **ORLANDO SAUCHEZ** 3 Filer ID (Ethics Commission Filers)

4 Date **10-5-16** 5 Payee name **Orlando's Italian Restaurant**

6 Amount (\$) **39.00** 7 Payee address; City: State; Zip Code  
**6951 INDIANA AVE**  
**LUBBOCK, TX 79413**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Food Beverage** (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/OH Candidate / Officeholder name Office sought Office held

Date **10-5-16** Payee name **Warwick Pizza**  
Amount (\$) **67.80** Payee address; City: State; Zip Code  
**1001 North E 27**  
**PLANOVIEW, TX 79072**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Food Beverage** 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/OH Candidate / Officeholder name Office sought Office held

Date **10-11-16** Payee name **WHAT'S UP RADIO PROGRAM**  
Amount (\$) **7,500** Payee address; City: State; Zip Code  
**12337 JONES RD.**  
**HOUSTON TX 77070**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** 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/OH Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME Orlando Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 10-14-16		5 Payee name British America Project			
6 Amount (\$) 300		7 Payee address; City; State; Zip Code 12221 Fall Kirk Ln. Los Angeles, CA 90049			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-20-16		Payee name Spec's Warehouse			
Amount (\$) 20.79		Payee address; City; State; Zip Code 2410 Smith St. Houston, TX 77006			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Beverage		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-21-16		Payee name Charivari Restaurant			
Amount (\$) 231		Payee address; City; State; Zip Code 2521 Bagby St. Houston TX 77006			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Beverage		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME Orlando Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-16		5 Payee name Verizon Wireless			
6 Amount (\$) 67.68		7 Payee address; City: State: Zip Code PO Box 920041 Dallas, TX 75392-0041			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Wireless Service		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-27-16		Payee name Castro Graphics			
Amount (\$) 1,000		Payee address; City: State: Zip Code 12750 BEAUMONT Hwy Houston, TX 77049			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-4-16		Payee name Sacred Heart Society			
Amount (\$) 39.51		Payee address; City: State: Zip Code 816 E. Whitney St. Houston, TX 77022			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Beverage		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **20** 2 FILER NAME **ORLANDO SAULHER** 3 Filer ID (Ethics Commission Filers)

4 Date **11-9-16** 5 Payee name **TAQUERIA Dona Maria**

6 Amount (\$) **33.00** 7 Payee address; City; State; Zip Code  
**2601 NAVIGATION Blvd.  
HOUSTON TX 77003**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **FOOD BEVERAGE** (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/OH Candidate / Officeholder name Office sought Office held

Date **11-14-16** Payee name **METROPOLITAN Transit Authority**

Amount (\$) **1.25** Payee address; City; State; Zip Code  
**1900 MAIN ST.  
HOUSTON, TX 77002**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **RAIL PASS** 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/OH Candidate / Officeholder name Office sought Office held

Date **11-14-16** Payee name **SPEC'S**

Amount (\$) **6.48** Payee address; City; State; Zip Code  
**2410 Smith ST  
HOUSTON, TX 77006**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **FOOD BEVERAGE** 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/OH Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME ORLANDO SANCHEZ 2		3 Filer ID (Ethics Commission Filers)	
4 Date 11-14-16		5 Payee name METROPOLITAN TRANSIT AUTHORITY			
6 Amount (\$) 1.25		7 Payee address; City; State; Zip Code 1900 MAIN ST HOUSTON, TX 77002			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) RAIL PASS		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-15-16		Payee name Avenida South Garage			
Amount (\$) 12.00		Payee address; City; State; Zip Code 1806 Polk HOUSTON, TX 77010			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Parking Fee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-16-16		Payee name Hilton Hotel Americas			
Amount (\$) 28		Payee address; City; State; Zip Code 1600 Lamar HOUSTON, TX 77010			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>20</b>		2 FILER NAME <b>ORLANDO SAUCHEZ</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-29-16</b>		5 Payee name <b>ABE Books</b>			
6 Amount (\$) <b>22.70</b>		7 Payee address; City; State; Zip Code <b>3720 WESTHEIMER RD HOUSTON, TX 77098</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Gift/Award</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11-30-16</b>		Payee name <b>Verizon Wireless</b>			
Amount (\$) <b>68.51</b>		Payee address; City; State; Zip Code <b>P.O. Box 920041 Dallas, TX 75392-0041</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Wireless Service</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12-2-16</b>		Payee name <b>City of Houston Parking</b>			
Amount (\$) <b>4.00</b>		Payee address; City; State; Zip Code <b>901 Bagby St Houston, TX 77052</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Parking Fee</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME Orlando Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 12-2-16		5 Payee name Carlos Calbillo			
6 Amount (\$) 200		7 Payee address; City; State; Zip Code 407 CORDELL Houston, TX 77009			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-5-16		Payee name LA VINA RESTAURANT			
Amount (\$) 115		Payee address; City; State; Zip Code 9381 Richmond Ave. Houston TX 77063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BEVERAGE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-5-16		Payee name Hoyo DE CUBA			
Amount (\$) 140		Payee address; City; State; Zip Code 3340 Chimney Rock Houston, TX 77056			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gift/Awards/Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME ORLANDO SANCHEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 12.5.16		5 Payee name WALMART			
6 Amount (\$) 16.10		7 Payee address; City; State; Zip Code 1118 SILBER RD. HOUSTON, TX 77055			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-6-16		Payee name PARTY CITY			
Amount (\$) 9.60		Payee address; City; State; Zip Code 13760 NORTHWEST FERRY HOUSTON, TX 77040			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		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. GRAY HOUSTON, TX 77019			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) POSTAGE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME Orlando Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 12-7-16		5 Payee name VANESSA Croix			
6 Amount (\$) 546.73		7 Payee address; City; State; Zip Code P.O. BOX 131381 HOUSTON, TX 77019			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-9-16		Payee name SACRED HEART SOCIETY			
Amount (\$) 28.15		Payee address; City; State; Zip Code 816 E. WHITNEY ST. HOUSTON, TX 77022			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BEVERAGE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-9-16		Payee name City of Houston Parking			
Amount (\$) 2.25		Payee address; City; State; Zip Code 901 Bagby HOUSTON, TX 77252			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PARKING FEE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense

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

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

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

Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME Orlando Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 12-14-16		5 Payee name What's up Radio Program			
6 Amount (\$) 7500.00		7 Payee address; City; State; Zip Code 12337 JONES RD. HOUSTON, TX 77070			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-16-16		Payee name City of Houston Parking			
Amount (\$) 4.00		Payee address; City; State; Zip Code 901 Bayou ST. HOUSTON, TX 77252			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Parking FEE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-19-16		Payee name China Garden			
Amount (\$) 207.73		Payee address; City; State; Zip Code 1602 LAMAR ST. HOUSTON, TX 77003			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BEVERAGE Office Christmas Party		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20 2 FILER NAME Orlando Sanchez 3 Filer ID (Ethics Commission Filers)

4 Date 12-19-16 5 Payee name US POSTAL SERVICE

6 Amount (\$) 60.00 7 Payee address; City; State; Zip Code  
1900 W. GRAY  
HOUSTON, TX 77019

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) POSTAGE (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/OH Candidate / Officeholder name Office sought Office held

Date Payee name  
Amount (\$) Payee address; City; State; Zip Code  
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense  
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name  
Amount (\$) Payee address; City; State; Zip Code  
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense  
Complete ONLY 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.

1 Total pages Schedule G: 1		2 FILER NAME Orlando Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 8/24/16		5 Payee name COSTCO			
6 Amount (\$) 279.13		7 Payee address; City; State; Zip Code			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Supplies for Office		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/24/16		Payee name Network Solutions			
Amount (\$) 279.13		Payee address; City; State; Zip Code			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WEB FEES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**RECORDER'S MEMORANDUM:**  
At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

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