

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX BASILIO CHINO SANCHEZ	OFFICER ONLY 	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1601 High St. HARLINGEN TX 78550		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 535-8214		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX AIDA YANES		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 21959 New Combes Hwy Harlingen TX 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 264-3630		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 07 / 2010 4 / 29 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) - NA	13 OFFICE SOUGHT (if known) Commission District	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name: NA Address / PO Box; Apt. / Suite #; City; State; Zip Code		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Basilio "Chino" Sanchez **16 ACCOUNT # (Ethics Commission Filers)**

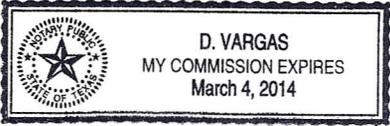
17 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>980⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>38⁰⁰</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1467.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>268⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>115⁰⁰</u>

19 AFFIDAVIT



D. VARGAS
MY COMMISSION EXPIRES
March 4, 2014

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.

Basilio Chino Sanchez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Basilio Sanchez, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

D. Vargas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Basilio "Chino" Sanchez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/27/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Humberto Zamora	7 Amount of contribution (\$) \$300⁰⁰	8 In-kind contribution description (if applicable) PAID FOR FUNDRAISER SUPPLIES
6 Contributor address; City; State; Zip Code 1014 E HARRISON HARLINGEN TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) DEVELOPER		10 Employer (See Instructions) SELF EMPLOYED	
Date 04/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NATIVIDAD "TIVE" VALENCIA	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable) PAID FOR FUNDRAISER SUPPLIES
Contributor address; City; State; Zip Code 20106 MORRIS RD. HARLINGEN TX 78552		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED	
Date 04/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEE SEPEDA	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable) PAID FOR FUNDRAISER SUPPLIES
Contributor address; City; State; Zip Code 712 - WRIGHT HARLINGEN TX - 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED	
Date 4/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERTO PEREZ	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable) PAID
Contributor address; City; State; Zip Code 1109 E TAYLOR HARLINGEN TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) COPIER SOLUTION / self-employed	
Date 4/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSE RUBIO SR.	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable) Newspaper advertisement on REVISTA ESTIMAR
Contributor address; City; State; Zip Code 2309 HACIENDA RD. HARLINGEN TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRIVATE INVESTIGATOR		Employer (See Instructions) SELF EMPLOYED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Basilio "Chino" Sanchez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/26/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERTO PEREZ BARBQUE	7 Amount of contribution (\$) \$480⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1109-E-TAYLOR FUNDRAISER HARLINGEN TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) SALES MANAGER		10 Employer (See Instructions) SELF EMPLOYED	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center; font-size: 2em;">3</p>	2 FILER NAME <p style="text-align:center; font-size: 1.5em;">Basilio "Chino" Sanchez</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center; font-size: 1.5em;">4/28/10</p>	5 Payee name <p style="text-align:center; font-size: 1.5em;">DON BETO'S RESTAURANT</p>	
6 Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$42.22</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">603 - W TYLER ST. HARLINGEN TX 78550</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">FOOD / Expense</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size: 1.5em;">CAMPAIGN MEETING</p>
Date <p style="text-align:center; font-size: 1.5em;">4/11/10</p>	Payee name <p style="text-align:center; font-size: 1.5em;">E L RANCHO R.</p>	
Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$19.21</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">77 SUNSHINE ST. HARLINGEN TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">FOOD / Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size: 1.5em;">CAMPAIGN MEETING</p>
Date <p style="text-align:center; font-size: 1.5em;">4/29/10</p>	Payee name <p style="text-align:center; font-size: 1.5em;">DON BETO'S RESTAURANT</p>	
Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$1100.00</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">603 - W TYLER ST. HARLINGEN TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Fundraising Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size: 1.5em;">Paid for hard-ware plates</p>
Date <p style="text-align:center; font-size: 1.5em;">4/10/10</p>	Payee name <p style="text-align:center; font-size: 1.5em;">Stripes</p>	
Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$40</p> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">620 W HARRISON HARLINGEN TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Fuel - other</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size: 1.5em;">Gas for truck</p>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Basilio "Chino" Sanchez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/24/10	5 Payee name HEB
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6 Amount (\$) \$18.59 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1103 MORGAN BLVD HARLINGEN TX - 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) FOR CAMPAIGN WORKERS
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Date 4/28/10	Payee name HEB
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Amount (\$) \$97.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 613 S EXPRESSWAY 83 HARLINGEN TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) FOR CAMPAIGN WORKERS
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Date 4/28/10	Payee name WALMART
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Amount (\$) \$178.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1801 W Lincoln HARLINGEN TX 78552
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description (If travel outside of Texas, complete Schedule T) CANOPAY - TEST
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Date 4/28/10	Payee name LA MICHUACANA
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Amount (\$) \$36.71 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 902 - W - HARRISON RD HARLINGEN TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WORKERS
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Raulo Sanchez</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2-19-10</i>	5 Payee name <i>Stripes</i>	
6 Amount (\$) <i>55</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1826 W Tyler Harlingen TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Gas/other</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>fuel for truck</i>
	Date <i>4/14/10</i>	Payee name <i>Stripes</i>
Amount (\$) <i>240</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>938 MORGAN Blvd Harlingen TX 78552</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Gas/other</i>	Description (If travel outside of Texas, complete Schedule T) <i>fuel for trucks</i>
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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