

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: **10**

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI
Mr. **Basilio** SUFFIX
NICKNAME LAST

Chino **Sanchez** CITY; STATE; ZIP CODE

OFFICE USE ONLY

Date Received



Date hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1601 High Street
Harlingen Tx 78550

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 535-8214

6 CAMPAIGN TREASURER NAME

MS/MRS/MR FIRST MI
Mrs. **Ida** SUFFIX
NICKNAME LAST
Yanez

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
21959 NewCombes Hwy. Harlingen Tx 78550

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 281-3461

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
3 / 08 / 2010 THROUGH **04 / 06 / 2010**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 08 / 2010 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
None **Commission District 1**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. 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

additional pages

GO TO PAGE 2

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. **

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

additional pages

18 CONTRIBUTION TOTALS

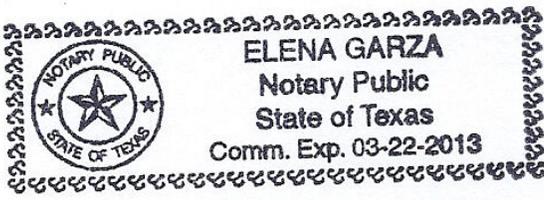
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2184.57
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
4. TOTAL POLITICAL EXPENDITURES	\$ 851.74
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 147.37
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,300.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT



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

Basilio Chino Sanchez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Basilio "Chino" Sanchez, this the 8th day of April, 2010, to certify which, witness my hand and seal of office.

Elena Garza Signature of officer administering oath
Elena Garza Printed name of officer administering oath
Asst. City Secretary 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

3-24-2010

5 Full name of contributor out-of-state PAC (ID# _____)

Richard A. Rodriguez, Sr

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

22001 FM 2556 Santa Rosa TX 78593

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

3-19-10

Full name of contributor out-of-state PAC (ID# _____)

Mario Sanchez

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

106 N Main Har La Feria TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self Employed

Date

3-1-10

Full name of contributor out-of-state PAC (ID# _____)

Humberto Zamora

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1014 E. Harrison Harlingen TX 78550

\$876.82
Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Self Employed

Date

3-16-10

Full name of contributor out-of-state PAC (ID# _____)

Tino Maldonado

Amount of contribution (\$)

\$757.75

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

424 W. Harrison Harlingen TX 78550

\$757.75
Truck Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sign maker

Employer (See Instructions)

Self Employed

Date

Full name of contributor 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)

ATTACH ADDITIONAL COPIES OF THIS FORM 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 3-16 2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT PEREZ	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) Food
6 Contributor address; City; State; Zip Code 1109 E. TAYLOR HARLINGEN TEX-78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) SALES MANAGER		10 Employer (See Instructions) COMPIER SOLUTIONS	
Date 3-23 2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IDA YANEZ	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable) Food
Contributor address; City; State; Zip Code 21959 NEW COMBES HARLINGEN TEX-78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Admin.		Employer (See Instructions) COMPIER SOLUTIONS	
Date 2-23 2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PILAR SANCHEZ	Amount of contribution (\$) \$45.00	In-kind contribution description (if applicable) SOFT DRINKS
Contributor address; City; State; Zip Code 479 PINTAIL SAN BENITO TEX. 78586		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) STREET REPAIR		Employer (See Instructions) CAMERON COUNTY	
Date 3-23 2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSE RUBIO	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) Food
Contributor address; City; State; Zip Code 2309 HACIENDA RD. HARLINGEN TEX-78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRIVATE INVESTIGATOR		Employer (See Instructions) SELF EMPLOYED	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

SCHEDULE E

Explains how to complete this form. **1** Total pages Schedule E: 1

Chino" Sanchez . **3** ACCOUNT # (Ethics Commission filers)

ITEMIZED LOANS: \$ ~~0~~

of lender out-of-state PAC (ID#: _____) **9** Loan Amount (\$) \$1,000.00

Address; City; State; Zip Code **10** Interest rate 0

North O Street **11** Maturity date N/A

See Instructions) **13** Employer (See Instructions) Self Employed

of guarantor **18** Amount Guaranteed (\$)

IA

Employer address; City; State; Zip Code **20** Employer

of lender out-of-state PAC (ID#: _____) Loan Amount (\$) \$300.00

Address; City; State; Zip Code Interest rate 0

High Street Maturity date N/A

See Instructions) Employer (See Instructions)

of guarantor Amount Guaranteed (\$)

N/A

Employer address; City; State; Zip Code Employer

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>9</u>
2 FILER NAME <u>BASILIO "Chino" Sanchez</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>3/24/10</u>	5 Payee name <u>HEB</u>	7 Amount (\$) <u>\$10.00</u>
6 Payee address; City; State; Zip Code <u>1103 MORGAN HARLINGEN TEX. 78550</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>SOFT DRINKS</u> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>3-24</u> <u>2010</u>	Payee name <u>EL RANCHO</u>	Amount (\$) <u>\$20.00</u>
Payee address; City; State; Zip Code <u>206-N-77 HARLINGEN tx. 78550</u>		
Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN MEETING / COFFEE</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>3-25</u> <u>2010</u>	Payee name <u>EL CAMPANARIO</u>	Amount (\$) <u>\$40.00</u>
Payee address; City; State; Zip Code <u>17 ST. HARRISON HARLINGEN tx. 78550</u>		
Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN COFFEE</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>4-7</u> <u>2010</u>	Payee name <u>M5 DESIGNS</u>	Amount (\$) <u>\$90.00</u>
Payee address; City; State; Zip Code <u>424 W. HARRISON HARLINGEN tx. 78550</u>		
Purpose of payment (See instructions regarding type of information required.) <u>SIGNS</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G:
3

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date 4510	5 Payee name <u>Stripes</u> 6 Payee address; City; State; Zip Code <u>1250 TT Sunshine Strip</u> <u>Harlingen TX 78550</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel for campaign truck</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>\$20.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 4610	Payee name <u>Stripes</u> Payee address; City; State; Zip Code <u>1826 W Tyler</u> <u>Harlingen TX 78550</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel for campaign truck</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$20.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 3-28-10	Payee name <u>HEB</u> Payee address; City; State; Zip Code <u>1103 Morgan Blvd</u> <u>Harlingen TX 78550</u> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$345.48</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name <u>Boost</u> Payee address; City; State; Zip Code <u>campaign phone</u> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$ 110.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

4 Date <u>3-2-10</u>	5 Payee name <u>Stripes</u> 6 Payee address; City; State; Zip Code <u>3602 Commerce Harlingen TX 78550</u>	8 Amount (\$) <u>\$20.00</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>fuel for campaign truck</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>3-30-10</u>	Payee name <u>Stripes</u> Payee address; City; State; Zip Code <u>28281 Fm 106 Rio Hondo TX 7858</u>	Amount (\$) <u>\$16.26</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>fuel for campaign truck</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4-1-10</u>	Payee name <u>Stripes</u> Payee address; City; State; Zip Code <u>1560 N 77 Sunshine Strip Harlingen TX 78550</u>	Amount (\$) <u>\$20.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>fuel for campaign truck</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4-1-10</u>	Payee name <u>Stripes</u> Payee address; City; State; Zip Code <u>1560 N 77 Sunshine Strip Harlingen TX 78550</u>	Amount (\$) <u>\$20.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>fuel for campaign truck</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4-3-10</u>	Payee name <u>Stripes</u> Payee address; City; State; Zip Code <u>1826 Jeter Harlingen TX 78550</u>	Amount (\$) <u>\$20.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>fuel for campaign truck</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
<i>3-2-10</i>	<i>Stripes</i> <i>1250 N. 77 Sunshine Strip</i> <i>Harlingen TX 78550</i>	<i>\$20.00</i>
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>fuel for campaign truck</i> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
<i>3-10-10</i>	<i>Stripes</i> <i>620 W. Harrison</i> <i>Harlingen TX 78550</i>	<i>\$20.00</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>fuel for campaign truck</i> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
<i>3-24-10</i>	<i>Stripes</i> <i>930 Morgan Blvd</i> <i>Harlingen TX 78550</i>	<i>\$20.00</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>fuel for campaign truck</i> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
<i>3-25-10</i>	<i>Stripes</i> <i>1725 S.F. Street</i> <i>Harlingen TX 78550</i>	<i>\$20.00</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>fuel for campaign truck</i> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
<i>3-26-10</i>	<i>Stripes</i> <i>620 W. Harrison</i> <i>Harlingen TX 78550</i>	<i>\$20.00</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>fuel for campaign</i> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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