

**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 MR FIRST Basilio MI NICKNAME Chino LAST Sanchez SUFFIX | OFFICE USE ONLY Date Received OCT 29 2012 Date Hand-delivered or Postmarked eg / 9:00a.m. Receipt HARLINGEN, TX Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 121 West 7th more Harlingen, TX 78550 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (956) PHONE NUMBER 793-2829 EXTENSION | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR FIRST Basilio MI NICKNAME Chino LAST Sanchez SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 121 West 7th more Harlingen, TX 78550 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) PHONE NUMBER 793-2829 EXTENSION | | |
| 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 10 / 1 2012 THROUGH 10 / 28 2012 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 06 2012 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) -NA- | 13 OFFICE SOUGHT (if known) Harlingen City Commissioner District #4 | |
| 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 Jose Rubio SR. Address / PO Box APT / Suite # City State Zip Code 2309 Hacienda Road Harlingen, TX 78552 * GET OUT THE VOTE * Event on October 21, 2012 at Dixieland Park. | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Basilio "Chino" Sanchez

16 ACCOUNT # (Ethics Commission Filer)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

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

\$ 20⁰⁰

2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 100⁰⁰

EXPENDITURE TOTALS

3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4 TOTAL POLITICAL EXPENDITURES

\$ 1204.75

CONTRIBUTION BALANCE

5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 50

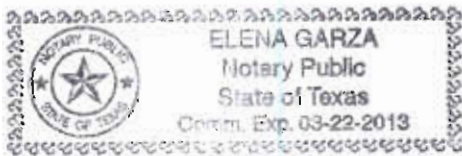
OUTSTANDING LOAN TOTALS

6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,400

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 29th day of October 20 12 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

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 1 | |
| 2 FILER NAME <i>Basilio "Chino" Sanchez</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>10-26-2012</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Humberto Zamora</i> | 7 Amount of contribution (\$) <i>\$100</i> | 8 In-kind contribution description (if applicable) <i>for Gasoline</i> |
| 6 Contributor address, City, State, Zip Code <i>1014 E Harrison Harlingen, TX</i> | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| 9 Principal occupation / Job title (See Instructions) <i>Developer</i> | | 10 Employer (See Instructions) <i>self-employed</i> | |
| 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) |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| 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) |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| 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) |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| 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) |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | |
|---|--------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule B 1 |
|---|--------------------------------------|

| | |
|--|--|
| 2 FILER NAME <i>Basilio "Chino" Sanchez</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED PLEDGES: = = = = = = | \$ |
|--|----|

| | | | |
|--------|--|-------------------------|---------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address City State Zip Code <i>None</i> | | |

(If travel outside of Texas complete Schedule T)

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

| | | | |
|------|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address City State Zip Code | | |

(If travel outside of Texas complete Schedule T)

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

| | | | |
|------|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address City State Zip Code | | |

(If travel outside of Texas complete Schedule T)

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

| | | | |
|------|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address City State Zip Code | | |

(If travel outside of Texas complete Schedule T)

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

| | | | |
|------|--|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor 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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E 2 |
| 2 FILER NAME Basilio "Chino" Sanchez | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇩ ⇨ ⇩ ⇨ ⇩ | | \$1400⁰⁰ |
| 5 Date of loan 10/22/2012 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Gloria Sanchez | 9 Loan Amount (\$) 500 |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/> | 8 Lender address City State Zip Code 1601 High St. Harlingen TX 78550 | 10 Interest rate 0 |
| | | 11 Maturity date 0 |
| 12 Principal occupation / Job title (See Instructions) child care | | 13 Employer (See Instructions) self-employed w/family |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | |
| 15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 16 Name of guarantor -NA- | 18 Amount Guaranteed (\$) |
| 17 Guarantor address City State Zip Code | | |
| 19 Principal Occupation (See Instructions) -NA- | | 20 Employer (See Instructions) |
| Date of loan 10/24/2012 | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Antonina Sanchez | Loan Amount (\$) \$500 |
| Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/> | Lender address City State Zip Code 121 W Filmore Harlingen, TX 78550 | Interest rate 0 |
| | | Maturity date 0 |
| Principal occupation / Job title (See Instructions) Education Specialist | | Employer (See Instructions) Ninos Head START |
| Description of Collateral <input checked="" type="checkbox"/> none | | |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| Guarantor address City State Zip Code | | |
| Principal Occupation (See Instructions) -NA- | | Employer (See Instructions) |

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

POLITICAL EXPENDITURES

SCHEDULE F

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F 1 | 2 FILER NAME Basilio "Chino" Sanchez | 3 ACCOUNT # (Ethics Commission Filer) |
| 4 Date 10/24/2012 | 5 Payee name Gem's Pancake House | |
| 6 Amount (\$) 88⁰⁰ | 7 Payee address City State Zip Code Tyler 9 7770 RD HARLINGEN, TX 78550 | |
| 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) Meals for workers |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/26/2012 | Payee name SAS PAZ VELAS RESTAURANT | |
| Amount (\$) 50⁰⁰ | Payee address City State Zip Code Tyler 9 7 ST HARLINGEN, TX 78550 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD/Beverage | Description (If travel outside of Texas, complete Schedule T) Meals for workers |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/26/2012 | Payee name NORTENOS RESTAURANT | |
| Amount (\$) 48⁰⁰ | Payee address City State Zip Code JACKSON STREET & HARRISON HARLINGEN, TX 78550 | |
| 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 MEETING |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/25/2012 | Payee name HEB | |
| Amount (\$) 26.75 | Payee address City State Zip Code MORGAN BLVD STORE HARLINGEN TX 78550 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD/Beverage | Description (If travel outside of Texas, complete Schedule T) drinks/ice/food |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E 2 |
| 2 FILER NAME Basilio "Chino" Sanchez | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ↕ ↕ ↕ ↕ ↕ ↕ | | \$ 1,400⁰⁰ |
| 5 Date of loan 10/18/2012 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Robio SR. | 9 Loan Amount (\$) \$400⁰⁰ |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> N | 8 Lender address City State Zip Code 2309 Hacienda Road Harlingen, TX 78552 | 10 Interest rate 0 |
| | | 11 Maturity date 0 |
| 12 Principal occupation / Job title (See Instructions) Retired Police Officer | | 13 Employer (See Instructions) part-time self-employed Private Investigator |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | |
| 15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 16 Name of guarantor | 18 Amount Guaranteed (\$) |
| 17 Guarantor address, City State Zip Code | | |
| 19 Principal Occupation (See Instructions) -NA- | | 20 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | Loan Amount (\$) |
| Is lender a financial institution? Y N | Lender address, City State Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| Guarantor address, City State Zip Code | | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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

POLITICAL EXPENDITURES

SCHEDULE F

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F | | 2 FILER NAME | | 3 ACCOUNT # (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 (if travel outside of Texas, complete Schedule T) | |
| 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 (if travel outside of Texas, complete Schedule T) | |
| 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 (if travel outside of Texas, complete Schedule T) | |
| 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 (if travel outside of Texas, complete Schedule T) | |
| 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 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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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 1 | | 2 FILER NAME Basilio "Chino" Sanchez | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/19/2012 | | 5 Payee name Stripes | | | |
| 6 Amount (\$) 40⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address, City, State, Zip Code Expressway 97R 77 Harlingen, TX 78550 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Travel / Gasoline | | (b) Description (If travel outside of Texas, complete Schedule T) Gas to do block walking | |
| Date 10/24/2012 | | Payee name Stripes | | | |
| Amount (\$) 40⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address, City, State, Zip Code Expressway 97R 77 Harlingen, TX 78550 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Travel / Gasoline | | Description (If travel outside of Texas, complete Schedule T) Gas for block walking | |
| Date 10/24/2012 | | Payee name Basilio Sanchez | | | |
| Amount (\$) 812⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address, City, State, Zip Code 121 W. Filmore Harlingen, TX 78550 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Other - Misc expense setting up | | Description (If travel outside of Texas, complete Schedule T) 2000 GME for advertising/signs | |
| 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) | | Description (If travel outside of Texas, complete Schedule T) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Business name | | |
| 6 Amount (\$) | 7 Business address City State Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | | (b) Description (if travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name | | Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Business name | | |
| Amount (\$) | Business 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) |
| | Candidate / Officeholder name | | Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Business name | | |
| Amount (\$) | Business 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) |
| | Candidate / Officeholder name | | Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Business name | | |
| Amount (\$) | Business 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) |
| | Candidate / Officeholder name | | Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED