

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST MI BASILIO NICKNAME LAST SUFFIX CHINO SANCHEZ	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY SECRETARY'S OFFICE Received APR 30 2015 4:30 P.M. au HARLINGEN, TX </div> Date Received Date Handled or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 121 - W - FILMORE HARLINGEN TEXAS 78552		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 793-2829		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST MI ROBERT B BOB DUNKIN NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 410 RETAMA HARLINGEN TEXAS 78552		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 367-0434		
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 / 2015 4 / 30 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) HARLINGEN CITY COMMISSIONER DISTRICT 4	OFFICE SOUGHT (if known) HARLINGEN CITY COMMISSIONER DISTRICT 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

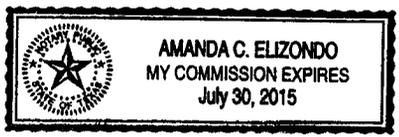
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

17 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>850.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2041.26</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1620.54</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>500.00</u>

18 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 30th day of April, 2015, to certify which, witness my hand and seal of office.

Amanda C. Elizondo Amanda C. Elizondo City Secy
Signature of officer administering oath Printed name of officer administering oath 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: I	
2 FILER NAME BASILIO CHINO SANCHEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAT KORNEGAY	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable) -NA-
	6 Contributor address; City; State; Zip Code 28125 NORMA LINDA SAN BENITO, TX 78586	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PILOT		10 Employer (See Instructions) SELF-EMPLOYED	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNESTO SILVA	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable) -NA-
	Contributor address; City; State; Zip Code 1114 SOUTH-D-STREET HARLINGEN TEXAS 78550	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUMBERTO ZAMORA	Amount of contribution (\$) \$150⁰⁰	In-kind contribution description (if applicable) -NA-
	Contributor address; City; State; Zip Code 1014 EAST HARRISON HARLINGEN TEXAS 78550	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS MAN		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)	
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 SCHEDULE AS NEEDED
If contributor 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 | 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 F: (P.1) 5		2 FILER NAME Basilio "Chino" Sanchez		3 ACCOUNT # (Ethics Commission Filers) (BS)	
4 Date 4-11-2015		5 Payee name Stripes #912 #9112			
6 Amount (\$) 20⁰⁰		7 Payee address; City; State; Zip Code 1826 W. Tyler Harlingen, TX 78532			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRAVEL in District		(b) Description (If travel outside of Texas, complete Schedule T) GAS EXPENSES		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name -NA-		Office sought -NA-	
Office held					
Date 4-16-15		Payee name Stripes #9112			
Amount (\$) 25⁰⁰		Payee address; City; State; Zip Code 1826 Tyler Harlingen, TX 78532			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL in District		Description (If travel outside of Texas, complete Schedule T) GAS EXPENSES		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name -NA-		Office sought -NA-	
Office held					
Date 4-9-15		Payee name Stripes #9112			
Amount (\$) \$20⁰⁰		Payee address; City; State; Zip Code 1826 W. Tyler Harlingen, TX 78532			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL in District		Description (If travel outside of Texas, complete Schedule T) GAS EXPENSES		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name -NA-		Office sought -NA-	
Office held					
Date 4-9-2015		Payee name Stripes #9112			
Amount (\$) 20⁰⁰		Payee address; City; State; Zip Code 1826 W. Tyler Harlingen, TX 78532			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL in District		Description (If travel outside of Texas, complete Schedule T) GAS EXPENSES		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name -NA-		Office sought -NA-	
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 F: (p.2) 5	2 FILER NAME Basilio "Chino" Sanchez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-10-2015	5 Payee name Stripes # 7075
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6 Amount (\$) 20⁰⁰	7 Payee address, City, State, Zip Code 705 S Commerce Harlingen TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRAVEL Expenses	(b) Description (If travel outside of Texas, complete Schedule T) GAS Expenses <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NA	Office sought	Office held
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Date 4-14-15	Payee name Murphy USA 6744
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Amount (\$) 25⁰⁰	Payee address, City, State, Zip Code 1805 W Lincoln Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL Expenses	Description (If travel outside of Texas, complete Schedule T) GAS Expenses <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name - NA -	Office sought	Office held
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Date 4-22-2015	Payee name EL Rancho
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Amount (\$) \$70.27	Payee address, City, State, Zip Code 77 SUNSHINE STRIP Harlingen TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Food for workers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NA	Office sought	Office held
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Date 4-19-2015	Payee name Las Cazuelas
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Amount (\$) 433.13	Payee address, City, State, Zip Code 314 57st. Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) FOOD FOR WORKERS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NA	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 F: (P3) 5		2 FILER NAME Basilio "Chino" Sanchez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4-28-15	5 Payee name Las Vegas Cafe		
6 Amount (\$) 27.43	7 Payee address; City; State; Zip Code 1101 W. HARRISON AVE HARLINGEN, TX 78550		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food-Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food for Workers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NA	Office sought	Office held
Date 4-12-15	Payee name LOS MORTENOS		
Amount (\$) \$71.56	Payee address; City; State; Zip Code 1524 W. JACKSON HARLINGEN TX 78550		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food-Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Meetings <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NA-	Office sought	Office held
Date 4-27-15	Payee name TROPHY PLUS		
Amount (\$) \$112.50	Payee address; City; State; Zip Code 717 E HARRISON HARLINGEN TX 78550		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expenses	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS - 25 total <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name - NA -	Office sought	Office held
Date 4-25-15	Payee name SAM'S CLUB		
Amount (\$) \$241.84	Payee address; City; State; Zip Code 621 N EXPWAY 77 HARLINGEN TX 78550		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER - Campaign Expense	Description (If travel outside of Texas, complete Schedule T) cooler / water / chairs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name - NA -	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 F: (14) 5		2 FILER NAME Basilio "Chino" Sanchez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-25-15		5 Payee name WAL-MART			
6 Amount (\$) \$108.19		7 Payee address; City; State; Zip Code 1801 W Lincoln Harlingen TX 78552			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense - DONATION		(b) Description (If travel outside of Texas, complete Schedule T) 2 bicycles	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name -NA-		Office sought Office held	
Date 4-27-2015		Payee name WALMART			
Amount (\$) \$96.34		Payee address; City; State; Zip Code 1126 W US HWY 77 SAN BENITO, TX 78586			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other - Campaign Expense		Description (If travel outside of Texas, complete Schedule T) - Canopy expense -	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name -NA-		Office sought Office held	
Date 4-15-2015		Payee name Victor Martinez			
Amount (\$) \$350⁰⁰		Payee address; City; State; Zip Code M Calle Sexta MATAMORES, MX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Push CARDS - 10,000	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name -NA-		Office sought Office held	
Date 4-13-15		Payee name Senorio Muniz			
Amount (\$) \$300⁰⁰		Payee address; City; State; Zip Code 207N St Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Signs - delivery & installation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name -NA-		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 F: 25		2 FILER NAME: amilio "Chino" Sanchez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 4-13-15		5 Payee name: Lorenzo Hernandez			
6 Amount (\$): \$300⁰⁰		7 Payee address; City; State; Zip Code: 4202 57st Harlingen TX 78552			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T): Street walker w/ pushcarts		
	<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	
Date: 4-23-15		Payee name: SWAN B Sanchez			
Amount (\$): 200⁰⁰		Payee address; City; State; Zip Code: 1601 High st Harlingen TX 78552			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T): Sign holding/ pushcart distribution		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: -NA-		Office sought	
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)		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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)		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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: 4
2 FILER NAME Basilio "Chino" Sanchez		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 500⁰⁰
5 Date of loan 4-12-15	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	8 Lender address; City; State; Zip Code 1214 E Bowie Harlingen TX 78552	10 Interest rate 0
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions) Retired - wife of Basilio Sanchez		13 Employer (See Instructions) NA -
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 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		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.