

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 MR FIRST Basilio MI
NICKNAME "Chino" LAST Sanchez SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX 121 W. Filmore APT / SUITE # CITY Harlingen TX STATE TX ZIP CODE 78550

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (956) PHONE NUMBER 793-2829 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST Robert B. MI
NICKNAME BOB LAST Dunkin SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE) 410 Retama APT / SUITE # CITY Harlingen TX STATE TX ZIP CODE 78552

8 CAMPAIGN TREASURER PHONE

AREA CODE (956) PHONE NUMBER 367-0434 EXTENSION

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 01 Day 29 Year 2015 THROUGH Month 4 Day 7 Year 2015

11 ELECTION

ELECTION DATE: Month 05 Day 09 Year 2015
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): Harlingen City Commissioners District 4

13 OFFICE SOUGHT (if known)

District 4, Harlingen City Commissioners

OFFICE USE ONLY

Date Received: Aug 9 2015

 Date Hand Delivered or Postmarked: HARLINGEN, TX
 Receipt # _____ Amount _____
 Date Processed _____
 Date Imaged _____

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Basilio 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	COMMITTEE TYPE	COMMITTEE NAME
		<i>- NA -</i>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

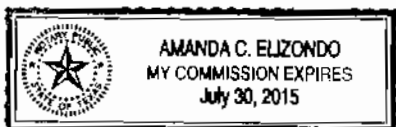
1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100. ⁰⁰
2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,450. ⁰⁰
3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 90. ⁰⁰
4	TOTAL POLITICAL EXPENDITURES	\$ 1838.24
5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2611.76
6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 9th day of April, 20 15, 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:
2 ~~3~~

2 FILER NAME Basilio Sanchez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-13-2015	5 Full name of contributor <input type="checkbox"/> out of state PAC ID# Soledad R. Flores	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 322 LOWA ST. Harlingen, TX 78552		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) RETIRED	10 Employer (See Instructions) RETIRED
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Date 3-19-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Arturo & Raquel Ayala	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1609 E. Monroe Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) RESTAURANT OWNERS	Employer (See Instructions) Mi Rancho, Don Rubio, Montoya
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Date 3-26-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# George Merrill	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1773 Apple Ct. Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) PASTOR	Employer (See Instructions) PASTOR
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Date 3-27-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Robert Dunkin	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 410 Retama Harlingen, TX 78552		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) - BANKER -	Employer (See Instructions) Semi-Retired
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Date 4-6-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Roy E. Esquivel	Amount of contribution (\$) \$750	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 822 Harlingen TX 78551		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Bail BONDS	Employer (See Instructions) Esquivel Bail Bonds
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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 SANCHEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-13-2015	5 Full name of contributor <input type="checkbox"/> out of state PAC ID# Lineberger Grogan Blair Samson LLP	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code PO Box 17428 Austin, TX 78740		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEYS		10 Employer (See Instructions) LAW FIRM	
Date 3-30-2015	Full name of contributor <input type="checkbox"/> out of state PAC ID# XXXXXXXXXX LORENA Fernandez	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 29157 ED Casey DR Harlingen TX 78555		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SALES PERSON		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)	
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)	

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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: 1		2 FILER NAME: Basilio Sanchez		3 ACCOUNT # (Ethics Commission Filers):	
4 Date: 3-4-2015		5 Payee name: M5 Designs			
6 Amount (\$): *622.44		7 Payee address, City, State, Zip Code: 1405 South Palm Court Drive Harlingen TX 78552			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Advertising		(b) Description (If travel outside of Texas, complete Schedule T): SIGNS		
	Candidate / Officeholder name: -NA-		Office sought: Office held:		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date: 3-12-2015		Payee name: M5 Designs			
Amount (\$): 541.25		Payee address, City, State, Zip Code: 1405 South Palm Court Drive Harlingen TX 78552			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising		Description (If travel outside of Texas, complete Schedule T): SIGNS		
	Candidate / Officeholder name: -NA-		Office sought: Office held:		
Complete ONLY if direct expenditure to benefit C/OH					
Date: 4-1-2015		Payee name: M5 Designs			
Amount (\$): *454.65		Payee address, City, State, Zip Code: 1405 South Palm Court Drive Harlingen TX 78552			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising		Description (If travel outside of Texas, complete Schedule T): SIGNS		
	Candidate / Officeholder name: -NA-		Office sought: Office held:		
Complete ONLY if direct expenditure to benefit C/OH					
Date: 4-6-2015		Payee name: M5 Designs			
Amount (\$): *129.90		Payee address, City, State, Zip Code: 1405 South Palm Court Dr. Harlingen TX 78552			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising		Description (If travel outside of Texas, complete Schedule T): SIGNS		
	Candidate / Officeholder name: -NA-		Office sought: Office held:		
Complete ONLY if direct expenditure to benefit C/OH					

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