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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. 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR B FIRST Basilio MI	OFFICE USE ONLY Date Received CITY SECRETARY'S OFFICE Received MAY 29 2015 Date Hand-delivered or Postmarked 09/10:25 am. Receipt HARLINGEN, TX Date Processed Date Imaged	
	NICKNAME 'Chino' LAST Sanchez SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX 121 W Filmore APT / SUITE # CITY STATE ZIP CODE HARLINGEN, TX 78550		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956) PHONE NUMBER 793-2829 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR R FIRST Robert MI	OFFICE USE ONLY	
	NICKNAME BOB LAST Dunkin SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 410 Retama HARLINGEN TX 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) PHONE NUMBER 367-0434 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/09/2015 05/20/2015		
11 ELECTION	ELECTION DATE Month Day Year 05/09/2015	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) HARLINGEN City Commissioner District 4	13 OFFICE SOUGHT (if known) HARLINGEN City Commissioner District 4	

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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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

- NA -

SPECIFIC

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

\$ *0*

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

\$ *850.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *2585.46*

CONTRIBUTION
BALANCE

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

\$ *0*

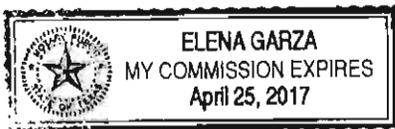
OUTSTANDING
LOAN TOTALS

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

\$ *0*

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 *29th* day of *May*, 20 *15*, 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: 2	
2 FILER NAME Basilio Chino Sanchez		3 ACCOUNT # (Ethics Commission Filers) B.S.	
4 Date 5-05-2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRANK N. BOGGUS	7 Amount of contribution (\$) \$150⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 1111 HARLINGEN TEXAS 78551		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CAR DEALERSHIP		10 Employer (See Instructions) Self-employed	
Date 5-5-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT R FARRIS	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1870 HARLINGEN TEXAS 78551-1870		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) Valley Transit	
Date 4-15-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DANIEL T ROBLES	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1 RESACA VIEW DR SAN BENITO, TX 78586-4425		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) self-employed	
Date 5-5-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CONNIE DE LA GARZA	Amount of contribution (\$) \$150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 503 E. HARRISON HARLINGEN TX. 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real estate broker		Employer (See Instructions) Shannon Realty	
Date 4-30-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J.G. DR NORMA O. LEAL	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2726 CLIFFORD DRIVE HARLINGEN TEXAS 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) business		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) 15.3.	
4 Date 5-5-2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CURTIS BONNER	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 288 PH HARLINGEN TX 78551-0288		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) self-employed	
Date 5-5-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R. WILLIAM DEBROOKE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2723 HARLINGEN TX 78551		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business developer		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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	3	BASILIO CHINO SANCHEZ
4 Date	5 Payee name	
5/15/15	LORENZO HERNANDEZ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$300 ⁰⁰	4202 SF ST HARLINGEN TEXAS 78552	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	CONTRACT LABOR	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPUTER WORK
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	- NA -	
Date	Payee name	
5/19/15	MURPHY USA 6744	
Amount (\$)	Payee address; City; State; Zip Code	
\$50 ⁰⁰	1805 W LINCOLN STREET HARLINGEN TEXAS 78552	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	* Reimbursement OTHER GASOLINE	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense GASOLINE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5-20-15	LOAVES & FIGDES	
Amount (\$)	Payee address; City; State; Zip Code	
\$192.56	514 S E ST HARLINGEN TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	Other - DONATION * 501.3 (e)	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense * closes account; Balance is 0 after donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>Basilio Chino Sanchez</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>5/15/15</u>	5 Payee name <u>MARYANN HUERTA</u>	
6 Amount (\$) <u>\$100⁰⁰</u>	7 Payee address, City, State, Zip Code <u>601-S-17th ST. HARLINGEN TEXAS 78550</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Contract Labor</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>(B)</u> <u>ELECTION DAY WORK</u>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>- NA -</u> Office sought: Office held:	
Date <u>5/15/15</u>	Payee name <u>GINA SAENZ</u>	
Amount (\$) <u>\$100⁰⁰</u>	Payee address; City; State; Zip Code <u>1216 E-BOWIE HARLINGEN TEXAS 78550</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Contract Labor</u>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>ELECTION DAY WORK</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>- NA -</u> Office sought: Office held:	
Date <u>5/15/15</u>	Payee name <u>SENORIO MUNIZ</u>	
Amount (\$) <u>\$300⁰⁰</u>	Payee address; City; State; Zip Code <u>207-N-0 ST. HARLINGEN TEXAS 78550</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>(B)</u> <u>Contract Labor</u>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>SIGNS REMOVAL</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>- NA -</u> Office sought: Office held:	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Basilio Chino Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 5/5/15		5 Payee name MEADE MARKETING - INC.			
6 Amount (\$) \$562.90		7 Payee address; City, State; Zip Code 211 W. SEFFERSON SUITE 7 HARLINGEN TEXAS 78550			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (25)		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Advertising		DIRECT MAIL		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name - NA -		Office sought - NA -	
Date 5/8/15		Payee name FRANCISCO MORALES			
Amount (\$) \$480⁰⁰		Payee address; City; State; Zip Code 801 E. FERN SUITE 167 McALLEN, TEXAS 78501			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) (25)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Advertising		AZTECA T.V. COMMERCIAL		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name - NA -		Office sought - NA -	
Date 5/12/15		Payee name GLORIA SANCHEZ			
Amount (\$) \$500⁰⁰		Payee address; City; State; Zip Code 1601 High. St HARLINGEN TEXAS 78550			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	LOAN REPAYMENT				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name - NA -		Office sought - NA -	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

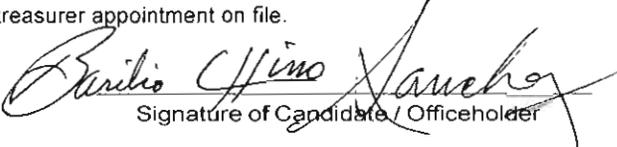
1 C/OH NAME

Basilio Chino Sanchez

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

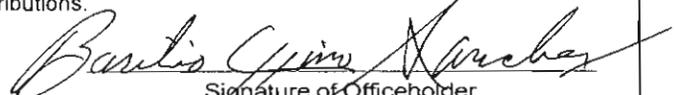
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder