

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI
Mr. *Luis* *D*
 NICKNAME LAST SUFFIX
Sanchez

OFFICE USE ONLY

Date: *12/22/2020*
Rodriguez

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1710 S. Jefferson, Midland, TX 79701

Date Received or Date of Postmark

Receipt Number Amount \$

4 REPORT TYPE

Annual Final Disposition

Date Processed: ~~DEC 08 2020~~ *PO*
JAN 04 2021

5 PERIOD COVERED

Month Day Year Month Day Year
01 / 01 / 2020 THROUGH *12 / 31 / 2020*

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.
 2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ *2,368,76*

\$

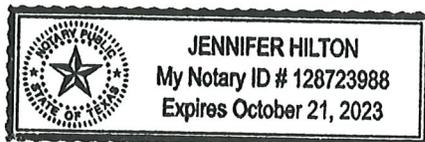
7 SIGNATURE

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.

[Signature]
 Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *LUIS SANCHEZ* this the *22* day of *DECEMBER*,

20 *20*, to certify which, witness my hand and seal of office.

Jennifer Hilton *JENNIFER HILTON* *NOTARY*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)