

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Luis</u> MI: <u>D.</u> NICKNAME: _____ LAST: <u>Sánchez</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: [REDACTED] APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>Midland, TX 79701</u>	Date Received <div style="font-size: 24pt; font-weight: bold;">JUL 08 2024</div> <u>Ksa</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(432)</u> PHONE NUMBER: [REDACTED] EXTENSION: _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Adrian</u> MI: _____ NICKNAME: _____ LAST: <u>Urquidi</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): [REDACTED] APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ (Residence or Business) <u>Midland, TX 79701</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: <u>(432) 530-9517</u> EXTENSION: _____	Date Imaged	
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>02 / 25 / 2024</u> THROUGH <u>06 / 30 / 2024</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 05 / 2024</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Midland County Commissioner, Pct. 3</u>	13 OFFICE SOUGHT (if known) <u>Midland County Commissioner, Pct. 3</u>	
14 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"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,350.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,467.45</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>9,300.16</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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

Rachel G. Puga
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Yuis D. Sanchez this the 8th day of July, 2024, to certify which, witness my hand and seal of office.

Rachel G. Puga Rachel G Puga 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Luis D. Sanchez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8,350.⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3467.⁴⁵</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Luis D. Sánchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04/24/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Garcia</i>	7 Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
6 Contributor address; City; State; Zip Code [Redacted], <i>Houston, TX 77009</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>05/06/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lydia Evaro Madrigal</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted], <i>Odessa, TX 79762</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>05/06/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick De Hoyas</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted], <i>San Angelo, TX 76904</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>05/06/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Villarreal</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted], <i>Ft. Stockton, TX 79735</i>		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Luis O. Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

05/04/2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Adrian & Elaine Carrasco

7 Amount of contribution (\$)

\$1,500.⁰⁰

6 Contributor address; City; State; Zip Code

[Redacted], Midland, TX 79707

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/07/2024

Full name of contributor out-of-state PAC (ID#: _____)

Evette Gutierrez

Amount of contribution (\$)

\$500.⁰⁰

Contributor address; City; State; Zip Code

[Redacted], Midland, TX 79707

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/08/2024

Full name of contributor out-of-state PAC (ID#: _____)

Ruth Angelica Peinado

Amount of contribution (\$)

\$500.⁰⁰

Contributor address; City; State; Zip Code

[Redacted], Midland, TX 79706

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/07/2024

Full name of contributor out-of-state PAC (ID#: _____)

Becky Ferguson

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

[Redacted], Midland TX 79701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Luis D. Sanchez

3 Filer ID (Ethics Commission Filers)

4 Date

06/07/2024

5 Full name of contributor

Paula Johnson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.⁰⁰

6 Contributor address;

City;

State;

Zip Code

Midland TX 79702

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/07/2024

Full name of contributor

Abraham Gutierrez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,500.⁰⁰

Contributor address;

City;

State;

Zip Code

Midland TX 79703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/21/2024

Full name of contributor

Lectie Briones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

City;

State;

Zip Code

Houston TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Luis D. Sánchez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>04/24/2024</i>	5 Payee name <i>Rebel Idealist, LLC (Donorbox)</i>	
6 Amount (\$) <i>\$46.80</i>	7 Payee address; City; State; Zip Code <i>[Redacted], Alexandria, VA 22314</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Processing Donation Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>05/07/2024</i>	Candidate / Officeholder name <i>Rebel Idealist, LLC (Donorbox)</i>	
Amount (\$) <i>\$23.55</i>	Office sought <i>Alexandria, VA 22314</i>	
PURPOSE OF EXPENDITURE	Office held	
	Category (See Categories listed at the top of this schedule) <i>Fees</i>	
Description <i>Processing Donation Fees</i>		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>05/08/2024</i>	Candidate / Officeholder name <i>Rebel Idealist, LLC (Donorbox)</i>	
Amount (\$) <i>\$23.55</i>	Office sought <i>Alexandria, VA 22314</i>	
PURPOSE OF EXPENDITURE	Office held	
	Category (See Categories listed at the top of this schedule) <i>Fees</i>	
Description <i>Processing Donation Fees</i>		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
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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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Luis O. Sánchez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>05/17/2024</i>	5 Payee name <i>JLG PR Consulting, LLC dba Red Pixel</i>	
6 Amount (\$) <i>\$1,300.⁰⁰</i>	7 Payee address; 	City; State; Zip Code <i>Midland TX 79701</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense / Consulting Expense</i>	(b) Description <i>Campaign Marketing / Consulting</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>05/20/2024</i>	Payee name <i>JLG PR Consulting, LLC dba Red Pixel</i>	
Amount (\$) <i>\$750.⁰⁰</i>	Payee address; 	City; State; Zip Code <i>Midland TX 79701</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Consulting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>05/20/2024</i>	Payee name <i>JLG PR Consulting, LLC dba Red Pixel</i>	
Amount (\$) <i>\$1,300.⁰⁰</i>	Payee address; 	City; State; Zip Code <i>Midland TX 79701</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense / Advertising Expense</i>	Description <i>Campaign Marketing / Consulting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Luis O. Sanchez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>06/24/2024</i>	5 Payee name <i>Rebel Idealist, LLC (Donorbox)</i>	
6 Amount (\$) <i>\$23.55</i>	7 Payee address; <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>	City; State; Zip Code <i>Alexandria, VA 22314</i>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Processing Donatim Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check 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 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
	<input type="checkbox"/> Check 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 Office held		

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