

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>Sanchez</u> SUFFIX: _____	OFFICE USE ONLY Date Received <div style="text-align: center; color: red; font-size: 1.2em; font-family: cursive;"> Anness Benton OCT 28 2024 </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1710 S. Jefferson Street</u> <u>Midland, TX 79701</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(432) 352-8130</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Adrian</u> MI: _____ NICKNAME: _____ LAST: <u>Urquidi</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1210 Cerillos Ave.</u> <u>Midland, TX 79701</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(432) 530-9517</u>		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>09 / 27 / 2024</u> THROUGH <u>10 / 26 / 2024</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 05 / 24</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) <input type="checkbox"/> Additional Pages	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	
	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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,700. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 521.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,870.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

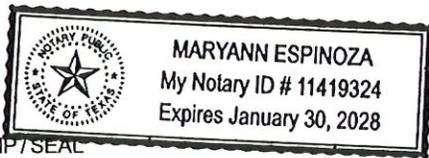
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Luis D. Sanchez this the 28th day of October,

20 24, to certify which, witness my hand and seal of office.

MaryAnn Espinoza MaryAnn Espinoza Chief Deputy
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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,700. ⁰⁰
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	\$ 521. ⁴¹
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>10/04/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Guy Fidelix Jr.</i>	7 Amount of contribution (\$) <i>\$90.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>2016 Clarinda Ave., Wichita Falls, TX 76308</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/04/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Matthew Mutto</i>	Amount of contribution (\$) <i>\$90.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>8624 Scott Circle, Frisco, TX 75034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/04/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Adam Walker</i>	Amount of contribution (\$) <i>\$90.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>5410 170th St., Lubbock, TX 79424</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/04/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Christopher Jackson</i>	Amount of contribution (\$) <i>\$90.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>11137 Brista Way, Austin, TX 78726</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Luis O. Sánchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/04/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Hiram Gutierrez</i>	7 Amount of contribution (\$) <i>\$90.00</i>
6 Contributor address; City; State; Zip Code <i>701 N. Bentsen Rd., McAllen, TX 78501</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/04/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Dr. Monte Monroe</i>	Amount of contribution (\$) <i>\$90.00</i>
Contributor address; City; State; Zip Code <i>4514 16th St., Lubbock, TX 79416</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/04/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jason Bailey</i>	Amount of contribution (\$) <i>\$90.00</i>
Contributor address; City; State; Zip Code <i>611 E. 21st St., Houston, TX 77008</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/04/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Joseph Longoria</i>	Amount of contribution (\$) <i>\$90.00</i>
Contributor address; City; State; Zip Code <i>502 Columbia St., Houston, TX 77007</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Luis D. Sánchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/04/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Darlow</i>	7 Amount of contribution (\$) <i>\$ 90.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>5201 Huisache St, Bellaire, TX 77401</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Arce</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>24722 Crescent Run, San Antonio, TX 78258</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Pinkham</i>	Amount of contribution (\$) <i>\$ 100.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>4606 Greenwich Pl., Amarillo, TX 79119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/04/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan Galley</i>	Amount of contribution (\$) <i>\$ 90.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>7005 34th Pl., Lubbock, TX 79407</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Luis D. Sanchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/04/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marry Bettis</i> 6 Contributor address; <i>Ste. 830</i> City; State; Zip Code <i>500 W. Texas Ave., Midland, TX 79701</i>	7 Amount of contribution (\$) <i>\$500.⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/04/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Silva</i> Contributor address; City; State; Zip Code <i>1100 S. Grant Ave, Odessa, TX 79761</i>	Amount of contribution (\$) <i>\$2,500.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Sparks</i> Contributor address; City; State; Zip Code <i>21020 Park Row Dr., Katy, TX 77449</i>	Amount of contribution (\$) <i>\$2,500.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sanjay Ramabhadran</i> Contributor address; City; State; Zip Code <i>13718 Bayou Pkwy. Ct., Houston, TX 77077</i>	Amount of contribution (\$) <i>\$250.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Luis D. Sánchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/09/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Cindy Clifford</i> 6 Contributor address; City; State; Zip Code <i>1939 W. Gray, Ste. 201, Houston, TX 77019</i>	7 Amount of contribution (\$) <i>\$250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Claudia Max Marris</i> Contributor address; City; State; Zip Code <i>2608 Madeline Grove Dr., Houston, TX 77008</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Rana Ellaham</i> Contributor address; City; State; Zip Code <i>23230 Summers Creek Ct., Katy, TX 77494</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>David Memilton</i> Contributor address; City; State; Zip Code <i>12315 Woodthorpe Ln, Houston, TX 77024</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Luis D. Sanchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/09/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Michael Fowler</i> 6 Contributor address; City; State; Zip Code <i>1411 North Boulevard, Houston, TX 77066</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Andrew Smith</i> Contributor address; City; State; Zip Code <i>2506 W. 12th St., Austin, TX 78703</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/10/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Leticia Velazquez</i> Contributor address; City; State; Zip Code <i>2255 Braeswood Park Dr., Houston, TX 77030</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/10/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ghazal Siddiqui</i> Contributor address; City; State; Zip Code <i>11018 Ella Lee Lane, Houston, TX 77042</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Luis O. Sánchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/09/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Larry Barfield</i>	7 Amount of contribution (\$) <i>\$500.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>10827 Painted Crescent Ct., Cypress, TX 77433</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Lisa Voiles</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>1511 Martin Street, Houston, TX 77018</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>James Thompson</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>5556 Doliver Dr., Houston, TX 77056</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/09/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Robert Siegfried</i>	Amount of contribution (\$) <i>\$5000.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>10503 Painted Crescent Ct., Cypress, TX 77433</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Luis D. Sánchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/11/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Golam Mostafa</i>	7 Amount of contribution (\$) <i>\$5000.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>24322 Millies Creek Ln, Cypress, TX 77433</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/22/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jorge Martinez</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>14806 FM 307, Stanton, TX 79782</i>		
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)
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)

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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 <u>Luis D. Sánchez</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/09/24</u>	5 Payee name <u>Rebel Idealist, LLC (DonorBox)</u>	
6 Amount (\$) <u>\$232.80</u>	7 Payee address; City; State; Zip Code <u>601 King Street, Suite 200, Alexandria, VA 22314</u>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description <u>Processing Donation Fees</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>10/09/24</u>	Payee name <u>Rebel Idealist, LLC (DonorBox)</u>	
Amount (\$) <u>\$4.95</u>	Payee address; City; State; Zip Code <u>601 King Street, Suite 200, Alexandria, VA 22314</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <u>Processing Donation Fees</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>10/09/24</u>	Payee name <u>Rebel Idealist, LLC (DonorBox)</u>	
Amount (\$) <u>\$23.55</u>	Payee address; City; State; Zip Code <u>601 King Street, Suite 200, Alexandria, VA 22314</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <u>Processing Donation Fees</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 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 Luis D. Sanchez	3 Filer ID (Ethics Commission Filers)
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4 Date 10/10/24	5 Payee name Rebel Idealist, LLC (DonorBox)
------------------------	--

6 Amount (\$) \$2,63	7 Payee address; City; State; Zip Code 601 King Street, Suite 200, Alexandria, VA 22314
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Donation Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/24	Payee name Rebel Idealist, LLC (DonorBox)
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Amount (\$) \$46.80	Payee address; City; State; Zip Code 601 King Street, Suite 200, Alexandria, VA 22314
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Donation Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/24	Payee name Rebel Idealist, LLC (DonorBox)
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Amount (\$) \$92.50	Payee address; City; State; Zip Code 601 King Street, Suite 200, Alexandria, VA 22314
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Donation Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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. Sanchez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/22/2024</i>	5 Payee name <i>Rebel Idealist, LLC (DonorBox)</i>	
6 Amount (\$) <i>\$ 23.55</i>	7 Payee address; City; State; Zip Code <i>601 King Street, Suite 200, 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) Check if travel outside of Texas. Complete Schedule T.	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>10/22/2024</i>	Payee name <i>Campaign Verify, Inc.</i>	
Amount (\$) <i>\$95.00</i>	Payee address; City; State; Zip Code <i>1215 31st St. NW, Washington, D.C. 20007-9998</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Advertising</i>
	Check if travel outside of Texas. Complete Schedule T.	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED