

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>Sc�nchez</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1710 S. Jefferson</u> <u>Midland, TX 79701</u>	Date Received <div style="font-size: 2em; font-weight: bold;">DEC 20 2024</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (<u>432</u>) <u>352-8130</u>	Date Hand-Delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Adrian</u> MI: _____ NICKNAME: _____ LAST: <u>Urquid�</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1210 Cenillos Ave.</u> <u>Midland, TX 79701</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (<u>432</u>) <u>530-9517</u>	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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>10 / 27 / 2024</u> THROUGH <u>12 / 19 / 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, Pet. 3</u>	13 OFFICE SOUGHT (if known) <u>Midland Conty Commissioner, Pet. 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.		
Additional Pages	<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

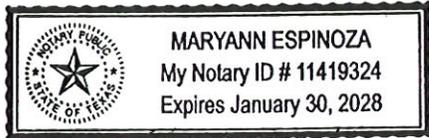
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,255.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>26,125.41</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</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.


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 20th day of December, 2024, 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

Luis D. Sanchez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,255.00</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>26,125.41</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

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>11/07/2024</i>	5 Payee name <i>Alpha Graphics</i>	
6 Amount (\$) <i>\$8,417.02</i>	7 Payee address; City; State; Zip Code <i>1333 E. 5th St., Odessa, TX 79761</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Mailer/Postage</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/07/2024</i>	Payee name <i>Tkilaz Mexican Restaurant</i>	
Amount (\$) <i>\$2,013.13</i>	Payee address; City; State; Zip Code <i>100 N. Main St., Ste. 100, Midland, TX 79701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Election Night Watch Party</i>
	<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 <i>11/07/2024</i>	Payee name <i>Scale to Win</i>	
Amount (\$) <i>\$1,517.90</i>	Payee address; City; State; Zip Code <i>13742 Harper St., Santa Ana, CA 92703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Text Messaging</i>
	<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

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>10/28/2024</i>	5 Payee name <i>Rebel Idealist, LLC (Donor box)</i>	
6 Amount (\$) <i>\$ 4.95</i>	7 Payee address; City; State; Zip Code <i>601 King St, 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. <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	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. <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	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. <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 <i>Luis D. Sanchez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/26/2024</i>	5 Payee name <i>Rebel Idealist, LLC (Donorbox)</i>	
6 Amount (\$) <i>\$ 2,116</i>	7 Payee address; City; State; Zip Code <i>1201 King St., 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) <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>11/27/2024</i>	Payee name <i>The Carrasio Group</i>	
Amount (\$) <i>\$ 4,500.00</i>	Payee address; City; State; Zip Code <i>25 Smith Road, Suite 301, Midland, TX 79705</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense / Consulting 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
Date <i>11/27/2024</i>	Payee name <i>JLG PR Consulting, LLC dba Red Pixel</i>	
Amount (\$) <i>\$ 4,000.00</i>	Payee address; City; State; Zip Code <i>105 N. G Street Midland, TX 79701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense / Consulting 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

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>12/09/2024</i>	5 Payee name <i>Adrian Garcia Campaign</i>	
6 Amount (\$) <i>\$3,004.²⁰</i>	7 Payee address; <i>825 West 18th St., Houston, TX 77008</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution to Candidate</i>	(b) Description <i>Contribution to Candidate</i>
	<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>10/28/2024</i>	Payee name <i>ICA Radio</i>	
Amount (\$) <i>\$1760.⁰⁰</i>	Payee address; <i>1330 E. 8th St., Odessa, TX 79761</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Advertising Expense</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>10/29/2024</i>	Payee name <i>Scale to Win</i>	
Amount (\$) <i>\$26.⁰⁵</i>	Payee address; <i>13742 Harper St., Santa Ana, CA 92703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Text Messaging</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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. Sanchez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Manny Abarca</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>438 North Topping Ave., Kansas City, MO 64123</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/09/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Celia E. Morales</i>	Amount of contribution (\$) <i>\$150.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>1907 Georgetown Ave., Midland, TX 79707</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/04/2024</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Gabriel V. Johnson</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>9407 Ruston Grove Ln, Houston, TX 77095</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/26/2024</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Juan De Leon</i>	Amount of contribution (\$) <i>\$5.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>8303 Greenview St., Apt. 102, San Antonio, TX 78230</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.

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

Luis D. 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.

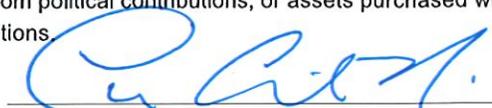
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must 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