

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:
**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Monica

Sanchez

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8105 Lockington Way
Austin TX 78748
 change of address

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 291-3791

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mario

Sanchez

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8105 Lockington Way
Austin, TX 78748
**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 291-3791

9 REPORT TYPE
 January 15

 30th day before election

 Runoff

 15th day after campaign
treasurer appointment
(officeholder only)

 July 15

 8th day before election

 Exceeded \$500
limit

 Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month

Day

Year

08 / 18 / 2014

THROUGH

Month

Day

Year

10 / 06 / 2014

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 04 / 14

ELECTION TYPE

 Primary

 Runoff

 General

 Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

District 6 - AISD

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

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

\$ 500.00

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

\$ 1500.00

EXPENDITURE
TOTALS

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

\$ 476.55

4. TOTAL POLITICAL EXPENDITURES

\$ 874.30

CONTRIBUTION
BALANCE

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

\$ 625.70

OUTSTANDING
LOAN TOTALS

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

\$

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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 FILER NAME Monica Sanchez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 27sep14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilda Villobos-Alvarez	7 Amount of contribution (\$) 295.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1035-B Lott Ave. Austin, TX 78721		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 27sep14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Treviño	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5401 S. FM 1626 Ste, 170.285 Kyle, TX 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 27sep14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esperanza Loera	Amount of contribution (\$) 85.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1906 St. Albans Blvd. Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 19sep14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John S. Loera	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1906 St. Albans Blvd. Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 19sep14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Sanchez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8105 Tockington Way Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Monica Sanchez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12 sep 14

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

Gregorio Alvarez

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1035-B Lott Ave.
Austin TX 78721

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12 sep 14

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

Ruth Mantilla

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

149 Ruellia Cove
Kyle, TX 78640

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12 sep 14

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

Rafael Ibarra

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

123 Whirlaway Dr.
Del Valle, TX 78617

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12 sep 14

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

John Paul Villegas

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

116 McDowell Rd.
Del Valle, TX 78617

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12 sep 14

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

Nancy Villegas

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

116 McDowell Rd.
Del Valle, TX 78617

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Monica Sanchez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12 sep 14

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

Arturo Villegas

7 Amount of contribution (\$):

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

116 McDowell Rd.
Del Valle, TX 78617

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12 sep 14

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

Ruben Villegas

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

123 Whirlaway Dr.
Del Valle, TX 78617

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12 sep 14

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

Claudia Ibarra

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1106 St. Albans Blvd.
Austin, TX 78745

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 ACCOUNT # (Ethics Commission Filers)

FILER NAME

Monica Sanchez

4 Date
~~16 Oct 14~~
23 Sep 14

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

Deborah Trejo

6 Contributor address; City; State; Zip Code
1717 Briar St. Austin, TX 78704

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
29 Sep 14

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

Alicia Barrientos-Lee

Contributor address; City; State; Zip Code
5902 Marchmont Ln.
Austin, TX 78749

Amount of contribution (\$)
25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
15 Sep 14

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

Alberto & Rosa Maria Gonzalez

Contributor address; City; State; Zip Code
11321 Chatam Berry Ln.
Austin, TX 78749

Amount of contribution (\$)
120.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
27 Sep 14

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

Laura Wera Haggag

Contributor address; City; State; Zip Code
2908 E. 2nd St.
Austin, TX 78702

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
27 Sep 14

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

Leticia Ramirez

Contributor address; City; State; Zip Code
125 Cotton Gin Rd.
Wland, TX 78640

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

SCHEDULE F

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Rent Expense
Utilities

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

3. ACCOUNT # (Ethics Commission Filers)

Number of pages Schedule F: 1

2 FILER NAME
Monica Sanchez

Date: **7 Sep 14**

5 Payee name
HEB

Amount (\$): **28.76**

7 Payee address; City; State; Zip Code
**600 W. Wm Cannon Dr.
Austin, TX 78745**

PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Food/Beverages

(b) Description (If travel outside of Texas, complete Schedule T)
for volunteers

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Date: **26 Sep 14**

Payee name
HEB

Amount (\$): **79.29**

Payee address; City; State; Zip Code
**2110 W. Slaughter Ln.
Austin, TX 78748**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Food/Bev

Description (If travel outside of Texas, complete Schedule T)
for fundraiser

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Date: **12 Sep 14**

Payee name
Vista Print

Amount (\$): **88.98**

Payee address; City; State; Zip Code
**8877 Inkster Rd.
Taylor, Michigan 48180**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Printing

Description (If travel outside of Texas, complete Schedule T)
Business cards, t-shirts

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Date: **15 Sep 14**

Payee name
Vista Print

Amount (\$): **80.96**

Payee address; City; State; Zip Code
**8877 Inkster Rd.
Taylor, Michigan 48180**

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Printing

Description (If travel outside of Texas, complete Schedule T)
Business cards, t-shirts

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: _____ 2 FILER NAME Monica Sanchez 3. ACCOUNT # (Ethics Commission Filers) _____

4 Date 19 Sep 14 5 Payee name Fernanda Ibarra

6 Amount (\$) 397.75 7 Payee address; City; State; Zip Code
Po Box 14203 Austin, TX 78711

8 PURPOSE OF EXPENDITURE
(a) Category (See categories listed at the top of this schedule) contract labor
(b) Description (If travel outside of Texas, complete Schedule T) web site

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name _____ Office sought _____ Office held _____

Date 29 sep 14 Payee name Pay Pal

Amount (\$) 34.18 Payee address; City; State; Zip Code
2211 N. 1st St. San Jose, CA 95131

PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule) Fees
Description (If travel outside of Texas, complete Schedule T) online donation fees

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name _____ Office sought _____ Office held _____

Date 12 sep 14 Payee name Kinko's

Amount (\$) 68.10 Payee address; City; State; Zip Code
600 E. Ben White Blvd. Austin, TX 78704

PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule) Printing
Description (If travel outside of Texas, complete Schedule T) flyers

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name _____ Office sought _____ Office held _____

Date 19 sep 14 Payee name Kinko's

Amount (\$) 96.28 Payee address; City; State; Zip Code
9500 S. IH 35 Austin, TX 78748

PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule) Printing
Description (If travel outside of Texas, complete Schedule T) flyers

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name _____ Office sought _____ Office held _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED