FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00062546 27 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David A. NAME Date Received **ELECTRONICALLY FILED** 07/14/2024 NICKNAME LAST **SUFFIX** Sanchez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Melba M. NAME NICKNAME LAST **SUFFIX** Sanchez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 454-2566 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

District Judge District 444

Family District Court Judge District 444 Cameron

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	3 C / OH NAME Sanchez, David A. (The Honorable) 14 Filer ID 00062546							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politi These expenditures may have been n I officeholders are required to report the	ade without the candidate's or offic	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASUR	ER NAME					
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS					
16 CONTRIBUTION	1. TOTAL UNITEM	ZED DOUBLEAL CONTRIBUTIONS	THE THAN DIEDOES LOANS					
16 CONTRIBUTION TOTALS	OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)							
		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·							
TOTALS	4. TOTAL POLIT	TOTAL POLITICAL EXPENDITURES						
				\$ 8,861.97				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A	S OF THE LAST DAY OF THE	\$ 8,211.97				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	S LOANS AS OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
		I swear, or affirm, true and correct a under Title 15, Ele	under penalty of perjury, that the ac nd includes all information required ction Code.	companying report is to be reported by me				
			The Honorable David A. Sanch	nez				
			Signature of Candidate or Officeho	lder				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
of	, 20, to ce	ertify which, witness my hand and seal	of office.					
Signature of office	cer administering oath	Printed name of officer administr	ering oath Title of office	er administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		0.	OVEIVO	3 of 27
	ez, David A. (The Honorable)	19 Filer ID 00062546	(Ethics Co	mmission Filers)
	ULE SUBTOTALS DF SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	4,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	650.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	8,211.97
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/27
2	FILER NAME Sanchez, Da	avid A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062546
4	Date 05/23/2024	5 Full name of contributorDavis, Robert6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Harlingen, TX 78550				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm ice of Robert Davis Jr., P.L.I	C.	11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if				
H	Date	Full name of contributor	out-of-state PAC (ID#:		T	Amount of Contribution (\$)
05/23/2024 Gallaga, Alejandro Contributor address; City; State; Zip Code					\$800.00	
		Harlingen, TX 78550		T		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm	11.0	Law firm of contributor's sp	oous	se (if any)
		ices of Alejandro Gallaga, P				
	If contributor i	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/23/2024	Gustavo, Elizondo	_			\$1,000.00
		Contributor address; City;	State; Zip Code			
		San Benito, TX 78586				
		Principal Occupation		Contributor's Job Title		
	attorney			attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		condo Attorney at Law				
	If contributor i	s a child, law firm of parent(s) (if	any)			

MONE	MONETARY POLITICAL CONTRIBUTIONS								
The Instru	ıction Guide explains how	to complete this f	form.	1		ges Schedule A(J 2 Rpt: 5/27)1:		
2 FILER NAME Sanchez, D	avid A. (The Honorable)			3	Filer ID 000625	(Ethics Commiss	sion Filers)		
4 Date 05/23/2024	5 Full name of contributor Linebarger Goggan Blair & 6 Contributor address; City; St			7	Amount	of Contribution (\$)	\$500.00		
	Brownsville, TX 78521								
8 Contributor's	Principal Occupation		9 Contributor's Job Title						
10 Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)				
12 If contributor	is a child, law firm of parent(s) (if a	uny)	<u> </u>						
Date 05/23/2024	Full name of contributor Olivarez, Fela Contributor address; City; St	out-of-state PAC (ID#:_			Amount	of Contribution (\$)	\$1,500.00		
Contributor's	Pharr, TX 78577 Principal Occupation		Contributor's Job Title						
Attorney	Рипсіраї Оссираціон		Attorney						
Fela B Oliva	employer/law firm arez Law Office		Law firm of contributor's sp	oous	se (if any)				
If contributor	is a child, law firm of parent(s) (if a	ıny)							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	•	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 6/27	Sanchez, David A. (The Honorable) 00062546
4	Date	5 Payee name
	03/20/2024	Harlingen Area Educators Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	407 N 77 Sunshine Strip
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation for annual fundraiser
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/29/2024	Knights of Columbus
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1701 E. Harrison Ave
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation for annual Fish Fry
	Compulate ONLY if direct	Condidate/Officeholder some
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2024	Texas Conjunto Hall of Fame Museum
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	402 W. Robertson St.
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZADITORZ	Candidate/Officeholder/Political Committee
		Donation
_	Complete CNU V 'C "	Condidate/Officeholder come
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 1/20 Rpt: 7/27	Sanchez, David A.	(The Honorable)	00062546					
4	CREDIT CARD ISSUER		ncial institution e visa	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	[·] Paid			
		\$180.67	01/04/2024						
7	PAYEE	(a) Payee name	118 W. Second St.			City,	State,	Zip Code	
		Alegro's Flower Sho	ор						
				Weslaco,					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
		Gift/Awards/Memorial		flowers for	riunerai				
	X Political Non-Political	—		<u> </u>	_				
(c) Since the state of the second of the sec				Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolider	name Onice	e Sougrit		Office field			
_	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$100.45	01/10/2024	(5) = 5.115(5)					
		Ψ100.43	01/10/2024						
PAYEE		(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
				118 W. Se	econd St.				
		Alegro's Flower Sho							
				Weslaco,					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description flowers for funeral					
	X Political	Gift/Awards/Memorial		nowers to	riunerai				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH	() 1	L (1) D (1 (1)	1() 5 (()	0 12 0 11	D.11			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$95.21	02/01/2024						
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
				2001 S 23				·	
		Bloomers Flowers							
		Harlingen	, TX 78550						
	PURPOSE OF	(a) Category	of this schedule)	(b) Descript					
EXPENDITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		flowers for	r tuneral						
	X Political		•						
	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

The Insti	ruction Guide explains how	to complete	e this form.				
2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sanchez, David A.	(The Honorable)			00062546			
		EXPE CHAR	NDITURES GED TO A CREDIT	\$			
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
\$95.68	02/13/2024						
(a) Payee name Cano's Flowers		1 ' '	·	City,	State,	Zip Code	
	of this schedule)	1 ` ′	•				
l ' · · · ·	· · · · · · · · · · · · · · · · · · ·	flowers	for funeral				
	•						
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Candidate/Officeholder	name Offic	e sought		Office held			
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
\$181.87	02/16/2024						
(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
Lucy's Flowers		2302 N. Conway Avenue A					
		Mission	, TX 78574				
(a) Category		(b) Description					
		flowers	for funeral				
(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense		
Candidate/Officeholder	name Offic	e sought		Office held			
(a) Amount Charged \$103.00	(b) Date of Charge 02/16/2024	(c) Date(s) Credit Card Issue	r Paid			
(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
		2001 S	23rd St.				
Bloomers Flowers							
		Harlinge	en, TX 78550				
(a) Category		(b) Desci	ription				
, ,	,	flowers	for funeral				
One/ wards/wemonar	3 Expense						
(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense		
Candidate/Officeholder	name Offic	e sought		Office held			
	2 FILER NAME Sanchez, David A. Name of final see pl (a) Amount Charged \$95.68 (a) Payee name Cano's Flowers (a) Category (See Categories listed at the top Gift/Awards/Memorial (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$181.87 (a) Payee name Lucy's Flowers (a) Category (See Categories listed at the top Gift/Awards/Memorial (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$103.00 (a) Amount Charged \$103.00 (a) Payee name Bloomers Flowers (a) Category (See Categories listed at the top Gift/Awards/Memorial (c) Check if travel outside Category (See Categories listed at the top Gift/Awards/Memorial	2 FILER NAME Sanchez, David A. (The Honorable) Name of financial institution see previous (a) Amount Charged \$95.68 (b) Date of Charge \$95.68 02/13/2024 (a) Payee name Cano's Flowers (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Offic (a) Amount Charged \$181.87 02/16/2024 (a) Payee name Lucy's Flowers (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Offic (a) Amount Charged (b) Date of Charge Office (a) Amount Charged \$103.00 02/16/2024 (a) Payee name Bloomers Flowers (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Bloomers Flowers	2 FILER NAME Sanchez, David A. (The Honorable) Name of financial institution see previous (a) Amount Charged \$95.68 (b) Date of Charge CARC (c) Date(\$95.68 (c) Date(Cano's Flowers (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Payee (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee 2302 N. (a) Payee name Lucy's Flowers (a) Payee name (b) Payer 2302 N. (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payer 2302 N. (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (c) Date(Showers (d) Amount Charged (d) Date of Charge (d) Date of Charge (d) Date(Showers (d) Amount Charged (b) Date of Charge (c) Date(Showers (d) Payee name Bloomers Flowers (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Payer 2001 S (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Sanchez, David A. (The Honorable) Name of financial institution see previous (a) Amount Charged (b) Date of Charge \$95.68 (b) Date of Charge (c) Date(s) Credit Card Issue \$95.68 (a) Payee name Cano's Flowers (a) Category (a) Category (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; 405 Old Port Isabel Rd. Brownsville, TX 78521 (b) Description flowers for funeral (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; 2302 N. Conway Avenue Lucy's Flowers (c) Date(s) Credit Card Issue (b) Payee address; 2302 N. Conway Avenue Lucy's Flowers (a) Category (c) Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description flowers for funeral (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought (a) Amount Charged (b) Date of Charge Complete Schedule T. Candidate/Officeholder name Office sought (b) Description flowers for funeral (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought (a) Amount Charged Shoan (b) Date(s) Credit Card Issue Shoan Complete Schedule T. Candidate/Officeholder name Office sought (c) Date(s) Credit Card Issue Shoan Check if Austin, TX. Candidate/Officeholder name Office sought (d) Payee address; 2001 S 23rd St. Harlingen, TX 78550 (d) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	2 FILER NAME Sanchez, David A. (The Honorable) Name of financial institution see previous (a) Amount Charged \$95.68 (b) Date of Charge Cano's Flowers (a) Category (b) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; City, 405 Old Port Isabel Rd. (c) Date(s) Credit Card Issuer Paid (d) Payeename (b) Payee address; City, 405 Old Port Isabel Rd. Brownsville, TX 78521 (b) Description flowers for funeral (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, 2302 N. Conway Avenue A Mission, TX 78574 (b) Description flowers for funeral (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; City, 2302 N. Conway Avenue A Mission, TX 78574 (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (d) Description flowers for funeral (e) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (d) Date of Charge S103.00 (d) Date of Charge S103.00 (e) Date of Charge S103.00 (f) Date of Charge S103.00 (b) Date of Charge S103.00 (c) Category (d) Date of Charge S103.00 (d) Date of Charge S103.00 (e) Date of Charge S103.00 (f) Date of Charge S103.00 (f) Date of Charge S103.00 (g) Payee address; City, 2001 S 23rd St. Harlingen, TX 78550 (h) Description flowers for funeral (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder India Sexpense (b) Check if Austin, TX. officeholder India Sexpense	2 FILER NAME Sanchez, David A. (The Honorable) Name of financial institution see previous Name of financial institution see previous Sanchaz, David A. (The Honorable) Name of financial institution see previous Sanchaz (A) Armount Charged Sanchaz (B) Date of Charge Sanchaz (C) Date(s) Credit Card Issuer Paid (C) Date(s) Credit Card Issuer Paid (D) Payee address; City, State, 405 Old Port Isabel Rd. Brownsville, TX 78521 (E) Description Sitt/Awards/Memorials Expense (D) Date of Charge Sanchaz (C) Date(s) Credit Card Issuer Paid (D) Description Stock it travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought (E) Date(s) Credit Card Issuer Paid Office held (D) Date of Charge Sanchaz (C) Date(s) Credit Card Issuer Paid (E) Date(s) Credit Card Issuer Paid (E) Date(s) Credit Card Issuer Paid (E) Payee address; City, State, 2302 N. Conway Avenue A Mission, TX 78574 (B) Description Signature (C) Date(s) Credit Card Issuer Paid (C) Date(s) Credit Card Issuer Paid (D) Description Signature (C) Date(s) Credit Card Issuer Paid (E) Date(s) Credit Card Issuer Paid (D) Description Signature (C) Date(s) Credit Card Issuer Paid (E) Date(s) Credit Card Issuer Paid (D) Description Signature (C) Date(s) Credit Card Issuer Paid (E) Date(s) Credit Card Issuer Paid (D) Description Signature (C) Date(s) Credit Card Issuer Paid (E) Date(s) Credit Card Issuer Paid (D) Date(s) Credit Card Issuer Paid (E) Date(s) Credit Card Issuer Paid (D) Payee address; City, State, 2001 S 23rd St. (D) Payee address; City, State, 2001 S 23rd St. (E) Date(s) Credit Card Issuer Paid (D) Description Signature (C) Date(s) Credit Card Issuer Paid (D) Description Signature (C) Date(s) Credit Card Issuer Paid (D) Date(s) Credit Card Issuer	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	5 · · · <u>-</u> · · (,	
1 Total pages Schedule F4:	2 FILER NAME			3 F	iler ID (Ethics Commis	sion Filers)	
Sch: 3/20 Rpt: 9/27	Sanchez, David A.	(The Honorable)		0000	62546		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	5 \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid			
	\$88.19	04/01/2024					
7 PAYEE	(a) Payee name	(b) Payee address;	Cit	y, State,	Zip Code		
	Alice Floral		512 East Front St.				
			Alice, TX 78332				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		flowers for funera	ul			
X Political	Giri/ Wards/Memorial	э Ехрепэс					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, officeho	older living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	Offi	ce held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid			
	\$103.87	03/08/2024					
PAYEE	(a) Payee name		(b) Payee address;	Cit	y, State,	Zip Code	
	Bloomers Flowers		2001 S 23rd St.				
			Harlingen, TX 78550				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		flowers for funera	ıl			
X Political	Gift/Awards/Memorial	s Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, officeho	older living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Offi	ce held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid			
	\$242.02	03/14/2024					
PAYEE	(a) Payee name	<u>I</u>	(b) Payee address;	Cit	y, State,	Zip Code	
			405 Old Port Isab			·	
	Cano's Flowers						
			Brownsville, TX 7	'8521			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	,	flowers for funera	ıl			
X Political	Gill/Awarus/Memorial	s Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, officeho	older living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Offi	ce held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 4/20 Rpt: 10/27	Sanchez, David A.	(The Honorable)			00062546		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$144.90	04/11/2024					
7 PAYEE	(a) Payee name Honey Bees Flower	rs	(b) Payee address; City, 115 N. Oscar Williams Road			State,	Zip Code
	(a) Cataman			ito, TX 78586			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	•	(b) Descrip				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$93.40	06/28/2024					
PAYEE	PAYEE (a) Payee name (b) Payee address;		address;	City,	State,	Zip Code	
	Alice Floral		512 East	Front St.			
			Alice, TX	78332			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	L	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held	-	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$151.96	06/21/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Cano's Flowers		405 Old I	Port Isabel Rd.			
	Cario's Flowers						
				ille, TX 78521			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>	Gift/Awards/Memorial	•	flowers fo	or iuneral			
X Political				_			
Non-Political	`	of Texas. Complete Schedule T.	o coucht	Check if Austin, TX,	Office hold	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
experientale to belieffit C/OF							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	nis form.	, ,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 5/20 Rpt: 11/27	Sanchez, David A.	(The Honorable)			00062546		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$300.00	04/22/2024					
7 PAYEE	(a) Payee name Texas Criminal Def	ense lawyers		Meadow Dr.	City,	State,	Zip Code
	(a) Oatawari		Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
<u> </u>	Fees			Rusty Dunkin			
X Political	<u> </u>		<u> </u>				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Data(s)	Credit Card Issue	r Daid		
FATMENT	\$132.72	03/20/2024	(c) Date(s)	Credit Card 133de	raiu		
PAYEE (a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code		
	Ava's Flowers		1317 Bob	White Ave.			
			Katy, TX 7	77493			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Gift/Awards/Memorial		flowers for	r funeral			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$106.03	(b) Date of Charge 04/16/2024	(c) Date(s)	Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	DI		2001 S 23	Brd St.			
	Bloomers Flowers						
				, TX 78550			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	Gift/Awards/Memorial		flowers for	r funeral			
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

Carididate/Officeriolider/Folitica		ruction Guide explains how	-	THEN (enter a category not listed	above)		
1 Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Comm	ission Filers)		
Sch: 6/20 Rpt: 12/27	Sanchez, David A.	(The Honorable)		00062546			
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$93.04	05/01/2024					
7 PAYEE	(a) Payee name Bloomers Flowers		(b) Payee address; City, State, 2001 S 23rd St.				
8 PURPOSE OF	(a) Category		Harlingen, TX 78550				
EXPENDITURE X Political	(See Categories listed at the top Gift/Awards/Memorial		(b) Description flowers for funeral				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office s			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$75.00	01/25/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
Texas Center for The Judiciary		ne Judiciary	1210 San Antonio Suite 8	00			
	() 2		Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description CJE registration fee				
X Political	Fees	,	CJE registration lee				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$87.47	06/20/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
	Rodeo Goat		1926 Market Center Blvd.				
			Dallas, TX 75207				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Food/Beverage Expe	,	Dinner with campaign sup	porters			
X Political			<u> </u>				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Sch: 7/20 Rpt: 13/27	Sanchez, David A.	(The Honorable)			00062546		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
	\$237.34	05/29/2024					
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Lola's Bistro		1335 Pal				
				ille , TX 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	^{otion} h staff for adm pr	of day		
X Political	Food/Beverage Expe	nse	idilon wit	ir stair for adm pr	or day		
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		I					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
	\$70.00	05/22/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	La Feria Cafe		121 W. C	Commercial Ave.			
			La Feria	, TX 78559			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Description				
EXPENDITURE X Political	Food/Beverage Expe		breakfast with campaign supporters				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>I</u>	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
	\$32.40	05/21/2024					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Blanquitas		1302 W.	Harrison Unit B			
	Biariquitas						
	() 0 :			nq, TX 78550			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	t with supporters			
X Political	Food/Beverage Expe	nse	הוכמגומט	c with Supporters			
Non-Political	(a) Chapte if translation	of Toyon Complete Calculate		Charlett Access TV	officeholder linda -	nonce	
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Cneck if Austin, TX,	officeholder living exp	pense	
expenditure to benefit C/OH	Janaiaato, Omocnolido	Office	Jougin		Jinoo nolu		
	l						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.		,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)		
Sch: 8/20 Rpt: 14/27	Sanchez, David A.	(The Honorable)		00062546			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$30.02	05/15/2024					
7 PAYEE	(a) Payee name Nothing Bundt Cake	es	(b) Payee address; 2451 Pablo Kisel Blvd. Ste. A Brownsville , TX 78526	City, State,	Zip Code		
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE	Food/Beverage Exper	· · · · · · · · · · · · · · · · · · ·	staff birthday cake				
X Political	· · · · · · · · · · · · · · · · · · ·						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$59.00	06/05/2024					
PAYEE (a) Payee name			(b) Payee address;	City, State,	Zip Code		
	Vietnam Restauran	t	701 N. Water Street				
			Corpus Christi, TX 78401				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		dinner with campaign sup	pporter			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$85.00	(b) Date of Charge 04/21/2024	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	Texas Center for The Judiciary		(b) Payee address; 1210 San Antonio Suite 8 Austin, TX 78701	City, State, 300	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description tcj swag purchase for offic	ce			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	commiss	ion Filers)				
Sch: 9/20 Rpt: 15/27	Sanchez, David A.	(The Honorable)		00062546						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$165.08	06/22/2024								
7 PAYEE	(a) Payee name The Burnt Bean		(b) Payee address; 108 S. Austin St.	City,	State,	Zip Code				
			Seguin, TX 78155							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description							
l <u> </u>	Food/Beverage Exper		lunch with campaign supp	orters						
X Political										
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expense	Э					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH		T	1							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$53.00	06/21/2024								
PAYEE	PAYEE (a) Payee name			City,	State,	Zip Code				
	Hilton Anatole		2201 N. Stemmons Fwy							
			Dallas, TX 75207							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description happy hour with attys and judges							
X Political	Food/Beverage Expe	nse								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	е					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$250.55	(b) Date of Charge 06/20/2024	(c) Date(s) Credit Card Issuer	r Paid						
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code				
	0== 0		2201 N. Stemmons Fwy							
	SER Steaks									
			Dallas, TX 75207							
PURPOSE OF	(a) Category	of this schodulo)	(b) Description							
l <u> </u>	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Dinner with campaign contributors						
X Political										
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense	9					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH	expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica	· ·			THER (enter a category	not listed al	oove)		
		ruction Guide explains how	to complete this form.	I				
1 Total pages Schedule F4:				3 Filer ID (Ethics	s Commiss	sion Filers)		
Sch: 10/20 Rpt: 16/27	Sanchez, David A.	(The Honorable)		00062546				
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	œ.				
ISSUER	see pi	revious	CHARGED TO A CREDIT	\$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$63.50	06/06/2024						
7 PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code		
			Corpus Christi					
	Vernon's 1030 3rd	St.						
			texas, TX 78404					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		happy hour with campaigr	n supporters				
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	nse			
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	1130			
expenditure to benefit C/OH			o ooug	Cccc.u				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
. ,		, ,	(6) 2 416 (6) 6. 641 (6 41 4 10 6 46)					
	\$84.00	05/08/2024						
PAYEE	(a) Dayoo nama		(b) Payee address;	City	State,	Zip Code		
TAILL	(a) Payee name		1, ,	City,	State,	Zip Code		
	Lotus Cafe		2485 Boca Chica					
			Prownsyillo TV 70E20					
PURPOSE OF	(a) Category		Brownsville, TX 78520 (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	birthday lunch for staff					
X Political	Food/Beverage Expe	nse	bilitiday idilcii foi Staii					
l <u>=</u>								
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expe	nse			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	()	L (1) = 1 (a)	100000					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$63.58	05/05/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Main Street Deli		1157 E. Washington St.					
	Wall Steel Dell							
			Brownsville, TX 78520					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Food/Beverage Exper		lunch with campaign supp	orters				
X Political								
Non-Political	(c) Check if travel outside	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 11/20 Rpt: 17/27	Sanchez, David A.	(The Honorable)			00062546				
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
		\$500.00	04/23/2024							
7	PAYEE	(a) Payee name Cheesecake Factor	ry Houston	(b) Payee ad 5015 West	heimer Rd.	City,	State,	Zip Code		
L		() 2 :		Houston, T						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description		udges and CJE				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	name Office	e sought		Office held					
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
		\$154.94	06/11/2024							
	PAYEE (a) Payee name			(b) Payee ad	ldress;	City,	State,	Zip Code		
		Cinco De Mayo Gri	II	3457 Old H	lwy 77 Ste. 100)				
				Brownsville	e, TX 78520					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description lunch with family law group/supporters						
	X Political	Food/Beverage Expe	1130							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH		-	_						
	PAYMENT	(a) Amount Charged \$91.80	(b) Date of Charge 05/20/2024	(c) Date(s) C	redit Card Issuer	[*] Paid				
Г	PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code		
l		China Star Restaur	ont	1801 S 77	Sunshine Strip					
		China Star Restaur	anı							
L				Harlingen,						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		o uto uo				
	X Political	Food/Beverage Expe		lunch with (campaign supp	orters				
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if A			Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
—		ditale to belief to ordin								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 12/20 Rpt: 18/27	Sanchez, David A.	(The Honorable)			00062546			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid			
	\$96.60	05/18/2024						
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	Tom & Jerry's		3212 Padre	e Blvd				
			South Padı	re Island , TX 7	8597			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description					
<u> </u>	Food/Beverage Exper		lunch at cle conference with fellow judges and attys					
X Political								
Non-Political	<u> </u>	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	pense		
9 Complete ONLY if direct					Office held			
expenditure to benefit C/OH	•							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	credit Card Issuer	r Paid			
	\$77.82	05/16/2024						
PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code	
	VIVA		202 W. Wh	iting St.				
			South Padre Island , TX 78597					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	dinner at C	LE				
X Political	1 Ood/Beverage Exper	1130						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
	\$50.10	05/14/2024						
PAYEE	(a) Payee name	ı	(b) Payee ac	ldress;	City,	State,	Zip Code	
	Diam'r.		1302 W. H	arrison Unit B				
	Blanquitas							
				, TX 78550				
PURPOSE OF	(a) Category	of this schodulo)	(b) Description					
l <u>—</u>	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense		lunch with	campaign supp	orters			
I <u>=</u>	X Political							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			<u> </u>				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 13/20 Rpt: 19/27	Sanchez, David A.	(The Honorable)			00062546				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$254.73	04/11/2024							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Rudy's Country Sto	ore		tage Rd. 77/83					
				e , TX 78526					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		rtoro				
X Political	Food/Beverage Expe	· ·	iunch for c	ampaign suppo	inters				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$123.92	03/28/2024							
PAYEE	PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code			
			621 Houst	ton St.					
	Pete's Dueling Piar	10							
			Fort Worth	n, TX 76102					
PURPOSE OF	(a) Category	of this sahadula)	(b) Descript						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		veterans team social						
X Political	· · · · · · · · · · · · · · · · · · ·								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$420.00	03/27/2024							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Dalais Charles and Ol		1300 Hou	ston St.					
	Bob's Steak and Ch	iop House it							
			fort worth,	TX 76102					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript						
EXPENDITURE	Food/Beverage Exper	,	dinner with	h Veterans cour	t team				
X Political			<u> </u>						
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if				officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held						
expenditure to benefit C/OH									
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Trav
Salaries/Wages/Contract Labor OTH

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			;	3 Filer ID (Ethic	cs Commiss	sion Filers)		
Sch: 14/20 Rpt: 20/27	Sanchez, David A.	(The Honorable)			00062546				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES :	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid				
	\$360.00	03/26/2024							
7 PAYEE	(a) Payee name	•	(b) Payee addres	s;	City,	State,	Zip Code		
	Whiskey and Rye		1300 Houston S						
			Forth Worth , T	X 76102					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	social with vete	rans court t	eams				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	fficeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid				
	\$70.59	03/06/2024							
PAYEE	PAYEE (a) Payee name (b) Payee address;			s;	City,	State,	Zip Code		
	Lotus Cafe		2485 Boca Chie	ca					
			Brownsville, TX	78520					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		staff birthday luncheon						
X Political	- coa, zororago zapor								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	fficeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid				
	\$49.00	02/22/2024							
PAYEE	(a) Payee name	<u> </u>	(b) Payee addres	s;	City,	State,	Zip Code		
			6319 N. Intersta	ate Hwy 35					
	Pappadeaux Austin	1							
			Austin, TX 787	52					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	dinner at judicia	al conferenc	e				
X Political			<u> </u>						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 15/20 Rpt: 21/27	Sanchez, David A.	(The Honorable)			00062546			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI [*]	UNITEMIZED TURES TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	[·] Paid			
		\$245.00	02/21/2024						
7	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
		Pappadeaux Austir	1	6319 N. Into	erstate Hwy 35	;			
L				Austin, TX					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
		Food/Beverage Expe		dinner with	campaign sup	porters			
	X Political								
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	name Office	e sought		Office held				
е	expenditure to benefit C/OH		T	1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	Paid			
		\$71.59	02/20/2024						
	PAYEE	(a) Payee name (b)			dress;	City,	State,	Zip Code	
		Pizza Express	1		yo Blvd.				
				Rio Hondo,	TX 78583				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description dinner with campaign supporters					
	X Political	Food/Beverage Expe	rise						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$170.00	02/13/2024						
Г	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
		IZ Duran di B		3340 Pablo	Kisel Blvd. Ste	e. 101			
		Kumori Brownsville							
L				<u> </u>	, TX 78526				
	PURPOSE OF	(a) Category	of this schedule)	(b) Description					
	EXPENDITURE (See Categories listed at the top of this schedule) X Political Food/Beverage Expense		· ·	luncheon w	ith campaign s	upporters			
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica	· ·			THER (enter a catego	ry not listed at	oove)		
		ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 16/20 Rpt: 22/27	Sanchez, David A.	(The Honorable)		00062546				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED					
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$60.03	02/12/2024						
	Ψ00.03	02/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(-))		4129 W.Expressway 83	-1-5,	,	_,,		
	Zen Asian Bistro		4129 W.Lxpressway 05					
			McAllen, TX 78501					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	lunch with campaign supp	oorter				
X Political	Food/Beverage Expe	nse	landi man dampangi dapp					
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		I a > = = = = = = = = = = = = = = = = = =	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$400.00	01/27/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Langharn Ctaalchau	uoo Harlingon	106 Bass Pro Dr.					
	Longhorn Steakhou	ise nannigen						
			Harlingen, TX 78552					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description					
EXPENDITURE	Food/Beverage Expe		dinner with campaign sup	porters				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	pense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$200.00	01/25/2024						
	,							
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
	, , ,		7272 Greenville Ave.	•				
	American Heart Ass	sociation						
			Dallas , TX 75231					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	,	donation					
X Political	Contributions/Donation Candidate/Officeholde							
Non-Political		office bolds = 15 de -						
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held						
Complete ONLY if direct expenditure to benefit C/OH	Sandidate/Onicendider	manic Office	Jought	JIIICO HEIU				
experience to beliefit 6/011								
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.		,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)		
Sch: 17/20 Rpt: 23/27	Sanchez, David A.	(The Honorable)		00062546			
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$211.43	03/27/2024					
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; 440 Terry Ave. N.	City, State,	Zip Code		
			Seattle, WA 98109-5210				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
<u></u>	Event Expense	of this schedule)	audio equipment for famil	y law karaoke social			
X Political	·						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$100.00	03/26/2024					
PAYEE	PAYEE (a) Payee name			City, State,	Zip Code		
	Macaluso's		2443 Forest Park Blvd.				
			Fort Worth , TX 76109				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		dinner with veterans court team				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TY	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$93.54	03/26/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code		
			6333 Camp Bowie Blvd #	280			
	First Watch Ft. Wor	th	·				
			Fort Worth , TX 76116				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	lunch for veterans court to	eam			
X Political	. Jour Develage Exper						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)					
Sch: 18/20 Rpt: 24/27	Sanchez, David A.	(The Honorable)		00062546						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$220.00	03/07/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code					
	Las Huellas		134 E. Price Rd.							
			Brownsville, TX 78521							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description							
l <u> </u>	Contributions/Donatio		donation to annual fundra	iser						
X Political	Candidate/Officeholde	er/Political Committee								
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH	() (T (1) = 1 (2)	1()= () = ()							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$57.05	03/07/2024								
PAYEE (a) Payee name			(b) Payee address;	City, State	, Zip Code					
	Rudy's Country Sto	re	2780 Frontage Rd. 77/83							
			Brownsville, TX 78526							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description lunch with campaign supporters							
X Political	Food/Beverage Expe	nse								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$72.91	03/05/2024								
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State	, Zip Code					
	D:		102 N. Arroyo Blvd.							
	Pizza Express									
			Rio Hondo, TX 78583							
PURPOSE OF	(a) Category	of this schedule)	(b) Description							
l <u> </u>	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Dinner with campaign supporters						
I <u>=</u>										
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH	expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 19/20 Rpt: 25/27	Sanchez, David A.	(The Honorable)		00062546			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
		\$24.00	02/13/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Nothing Bundt Cak	20	2451 Pablo Kisel Blvd.				
		Nothing Banat Cak		Ste. A				
L		() 2		Brownsville , TX 78526				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Food/Beverage Exper		cake for campaign supp	orters			
	X Political							
	Non-Political		of Texas. Complete Schedule T.		X, officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
		\$45.00	02/06/2024					
	PAYEE	YEE (a) Payee name			City,	State,	Zip Code	
		Lotus Cafe						
				Brownsville, TX 78520				
Г	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top		lunch with campaign supporter				
	X Political	Food/Beverage Expe	iise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living ex	pense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
		\$330.00	02/01/2024					
\vdash	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
l		(1)		4848 Kirby Dr.	- 9,	,		
l		Hillstone						
				Houston, TX 77098				
Г	PURPOSE OF	(a) Category		(b) Description				
l	EXPENDITURE	(See Categories listed at the top	·	dinner with campaign su	ipporters			
	X Political	Political Food/Beverage Expense						
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin				pense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
E	expenditure to benefit C/OH							
_								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica			nting Expense laries/Wages/Con		avel Out of District THER (enter a category	not listed at	oove)
	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 20/20 Rpt: 26/27	Sanchez, David A.	(The Honorable)			00062546		
4 CREDIT CARD	Name of finar	me of financial institution		OF UNITEMIZED	1.		
ISSUER	see pr	revious		DITURES ED TO A CREDIT	\$		
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$82.36	01/18/2024					
			<u></u>				
7 PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Jacks Lounge		1101 Woo	odlawn St.			
	Jacks Louings			-: · 70000			
2 DUDDOOF OF	(a) Cotocon/			wn, TX 78628			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description judges social				
X Political	Food/Beverage Exper	nse	Juuges se	Clai			
Non-Political	/						
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, 1A,	Office held	nse	
expenditure to benefit C/OH	Odrididato, Ottobros.	name C	C JOUGHT		011100 110.0		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$10.61	02/12/2024					
	\$10.01	02,12,202					
PAYEE	(a) Payee name	<u>I</u>	(b) Payee a	address;	City,	State,	Zip Code
	A 100.0 TO 10.0 TO 10.		440 Terry	Ave. N.			
	Amazon.com						
				VA 98109-5210			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) usb extension cables		(b) Description extension usb cables for zoom cameras				
l <u> </u>							
X Political Non-Political	L. —		<u> </u>				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	Office held	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onici	e sought		Office field		
experience to benefit 6/011	<u> </u>						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 27/27		
ELER NAME Sanchez, David A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062546		
Description of Asset Storage Trailer for campaign equiment Audio system for Campaign functions computers			