#### 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 43 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 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** 01/01/2025 06/30/2025 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 District Judge District 444 Cameron

GO TO PAGE 2
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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 43

13 C / OH NAME	Sanchez, David A. (T	he Honorable)	<b>14</b> Filer ID 00062546	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been made d officeholders are required to report this in	e without the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	TTEE TYPE COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER	NAME				
		COMMITTEE CAMPAIGN TREASURER	ADDRESS				
<b>16</b> CONTRIBUTION TOTALS		I ZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	DE LOANS)	\$ 30,750.00			
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES	. 20,	\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 20,940.92			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C	OF THE LAST DAY OF THE	\$ 59,293.36			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
			er penalty of perjury, that the ac ncludes all information required t n Code.				
		Th	e Honorable David A. Sanch	nez			
		Sig	nature of Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
		aid		day			
of	, 20, to co	ertify which, witness my hand and seal of c	office.				
Signature of office	er administering oath	Printed name of officer administering	oath Title of office	r administering oath			
e.g. atare of office	and the second second	ss or omost daminotoring	,				

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

			C	JVLK	3 of 43
l	ER NAN nchez,	(Ethics Co	ommission Filers)		
I	HEDULI ME OF	SUB	TOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	30,750.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	2,151.00
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		\$	18,789.92
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	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/10 Rpt: 4/43	=
2	FILER NAME Sanchez, Da	avid A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00062546	_
4	Date 03/05/2025	<ul><li>5 Full name of contributor</li><li>Dale &amp; Klein, LLP</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:_ tte; Zip Code		7 Amount of Contribution (\$) \$500.00	)
8	Contributor's I	McAllen , TX 78501 Principal Occupation		9 Contributor's Job Title		_
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	spouse (if any)	_
12	! If contributor is	s a child, law firm of parent(s) (if ar	y)			
	Date 02/26/2025	EKR Attorneys, LLP  Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code		Amount of Contribution (\$)	=
	Contributor's I	McAllen, TX 78504 Principal Occupation		Contributor's Job Title		_
	Contributor's 6	employer/law firm		Law firm of contributor's sp	spouse (if any)	_
	If contributor is	s a child, law firm of parent(s) (if ar	y)	<u> </u>		_
	Date 03/05/2025	Full name of contributor Hernandez Law Firm PC Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code		Amount of Contribution (\$)	)
	Contributor's I	Principal Occupation		Contributor's Job Title		_
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (if any)	_
	If contributor is	s a child, law firm of parent(s) (if ar	ıy)			_

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/10 Rpt: 5/43
2	FILER NAME Sanchez, Da	avid A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062546
4	Date 02/26/2025			7 Amount of Contribution (\$) \$1,000.00
8	Contributor's I	Harlingen, TX 78550 Principal Occupation	9 Contributor's Job Title	
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if any)	L	
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#: Jason R. Mann Attorney at Law  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
	Contributor's I	Harlingen, TX 78552 Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#: Jones, Galligan, Key & Lozano, LLP Contributor address; City; State; Zip Code  Weslaco , TX 78596		Amount of Contribution (\$) \$1,000.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	•	

	MONET	ARY POLITICAL CO	ONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how t	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/10 Rpt: 6/43
2	FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sanchez, Da	avid A. (The Honorable)			00062546
4	Date 02/26/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$) \$1,000.00
		McAllen, TX 78501			
8	Contributor's	I Principal Occupation		9 Contributor's Job Title	1
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any	у)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	02/26/2025	Koeneke & Gutierrez PLLC	_		\$500.00
		Contributor address; City; Stat	te; Zip Code		
	Contributorio	McAllen, TX 78501		Canduila da la Tida	
	Contributors	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any	у)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	02/26/2025	LAW OFFICES OF MICHAI			\$1,000.00
		Contributor address; City; Stat	te; Zip Code		
		McAllen, TX 78501			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any	у)	<u> </u>	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 4/10 Rpt: 7/43
2	FILER NAME Sanchez, Da	avid A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062546
4	Date 03/05/2025			7 Amount of Contribution (\$) \$1,500.00
8	Contributor's I	Brownsville, TX 78520 Principal Occupation	9 Contributor's Job Title	
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)	I	
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID# Law Offices of Javier Villearral, PLLC Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$1,500.00
	Contributor's I	Brownsville, TX 78526 Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID# Lisa Taylor, Attorney at Law  Contributor address; City; State; Zip Code  Harlingen, TX 78550-5684	)	Amount of Contribution (\$) \$500.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 5/10 Rpt: 8/43
2	FILER NAME Sanchez, Da	FILER NAME Sanchez, David A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062546
4	Date 02/26/2025	5 Full name of contributor MCCULLOUGH AND M 6 Contributor address; City;			7	Amount of Contribution (\$) \$500.00
		Harlingen, TX 78550				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	02/26/2025	Martinez, Luara Leticia Contributor address; City;	<u> </u>			\$500.00
		Brownsville, TX 78521				
		Principal Occupation		Contributor's Job Title		
	legal secreta			legal secretary		
		employer/law firm rez, Attorney at Law		Law firm of contributor's sp	oou	se (IT any)
	-	s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a cilliu, iaw iiiiii oi pareiii(s) (i	i airy)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	02/26/2025	Moore, Page (Mrs.)				\$2,500.00
		Contributor address; City;  McAllen , TX 78504	State; Zip Code			
_	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	business ow			owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Barn White			Moore Law firm		
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A	\(J)1
	The Instru	ction Guide explains how	to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 6/10 Rpt: 9/43	
2	FILER NAME				3 Filer ID (Ethics Commissio	n Filers)
	Sanchez, Da	avid A. (The Honorable)			00062546	
4	Date 02/26/2025	<ul><li>5 Full name of contributor</li><li>Omar Ochoa Law Firm PC</li><li>6 Contributor address; City; Sta</li></ul>			7 Amount of Contribution (\$)	\$1,000.00
		McAllen, TX 78501				
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	02/26/2025	Palacios Garza & Thomps	_	J	Amount of Contribution (4)	\$500.00
		Contributor address; City; Sta				
		Edinburg, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	02/26/2025	Perdue, Brandon, Fielder,	<del></del>			\$500.00
		Contributor address; City; Sta	ate; Zip Code			
		Houston, TX 77008		_		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	ny)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 7/10 Rpt: 10/43
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sanchez, Da	avid A. (The Honorable)			00062546
4	Date 02/26/2025 Full name of contributor out-of-state PAC (ID#:) Ramon, Worthignton, Nicolas & Cantu, PLLC  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00		
		Edinburg, TX 78539			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	02/26/2025	Ray Thomas	U out-of-state FAC (ID#	J	\$2,500.00
		Contributor address; City; S	State; Zip Code		
		McAllen, TX 78504			
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	02/26/2025	Rene De Coss, Attorney	—	,	\$1,000.00
		Contributor address; City; S			
		Brownsville, TX 78520-7	143		
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 8/10 Rpt: 11/43	
2	FILER NAME Sanchez, Da	avid A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062546
4			7	Amount of Contribution (\$) \$1,000.00		
		Brownsville, TX 78521				
8	Contributor's F	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	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)
	02/26/2025	Ricky Rod Law Group  Contributor address; City; S	<u> </u>			\$750.00
		Edinburg, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	03/05/2025	Roerig, Oliveira & Fisher, Contributor address; City; S				\$1,000.00
		Brownsville, TX 78520				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	I		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to complete this	form.	1	pages Schedule A(J)1 9/10 Rpt: 12/43	Ŀ
2	FILER NAME Sanchez, Da	avid A. (The Honorable)		3 Filer ID 00062	CEthics Commissi	on Filers)
4	Date 02/26/2025  5 Full name of contributor out-of-state PAC (ID#:) The Law Office of Eddie Lucio  6 Contributor address; City; State; Zip Code		<b>7</b> Amour	nt of Contribution (\$)	\$750.00	
		Brownsville, TX 78520-7136				
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if an	у)	
12	! If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor Out-of-state PAC (ID:	<b>#</b> : )	Amour	nt of Contribution (\$)	
	02/26/2025	The Law Offices of Ezekiel Reyna, Jr. PC  Contributor address; City; State; Zip Code  Weslaco , TX 78599				\$2,500.00
	0		Occasillations and Table Title			
	Contributors	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if an	y)	
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID:	#:)	Amour	nt of Contribution (\$)	
	02/26/2025	The Ramirez Law Firm PLLC				\$250.00
		Contributor address; City; State; Zip Code  M, TX 78501-5739				
	Contributor's I	Principal Occupation	Contributor's Job Title	<u> </u>		
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if an	y)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBU	JTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	this f	orm.	1	Total pages Schedule A(J)1: Sch: 10/10 Rpt: 13/43
2	FILER NAME Sanchez, Da	avid A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062546
4	Date 02/26/2025			7	Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	McAllen, TX 78501 Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date 03/04/2025	Full name of contributor	C (ID#:_	)		Amount of Contribution (\$) \$1,000.00
	Contributor's I	McAllen, TX 78504 Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date 02/26/2025	Full name of contributor out-of-state PAZambrano Law Firm  Contributor address; City; State; Zip Code  Alamo, TX 78516	C (ID#:_	)		Amount of Contribution (\$) \$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	The Instruction			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	trict category not listed above)	
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/3 Rpt: 14/43	San	chez, David A. (The	e Honorable)					00062546		
4	Date	5 Paye	ee name				•				
	05/03/2025	l	MERON COUNTY E	BAR ASSOCIAT	ION						
6	Amount (\$)	7 Paye	ee address; City;	State;	Zip Co	ode					_
	\$500.00	103	E. Price Rd. Ste. B								
		Brov	wnsville, TX 78521								
8	PURPOSE	(a) Cate	gory (See Categories liste	ed at the ton of this sch	edule)	(b)	Description				
	OF EXPENDITURE		tributions/Donation:		oudioj		_ `	outsio	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE	Can	didate/Officeholder	Political Comm	ittee		_		officeholder living	expense	
							gala sponsors	ship	)		
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder nan	ne C	Office sou	ught			Office he	ld	
	Date	Pave	ee name								_
	05/01/2025	1 1	scopal Day School								
$\vdash$	Amount (\$)		ee address; City;	State:	Zip Co	ode					_
	\$101.00	1	N. Coria St.	,							
	4202.00										
		Dro	unovillo TV 70E20								
			wnsville, TX 78520			Ι					
	PURPOSE OF		gory (See Categories liste		edule)	(b)	Description	o. stole	de of Toyon Comm	data Cabadula T	
	EXPENDITURE		tributions/Donations didate/Officeholder		ittoo		<b>-</b>		de of Texas. Comp officeholder living		
		Cai	didate/Officeriolder	r ontical Commi	illee		donation	,,	y		
	Complete ONLY if direct	<u> </u>	date/Officeholder nam	ne C	Office sou	ught			Office he	ld	
	expenditure to benefit C/O	Н				-					
H	Date	Pave	ee name								_
	02/06/2025	1 1	S Scouts								
	Amount (\$)		ee address; City;	Stato.	Zip Co	nde					
	\$300.00	1	E. Madison Ave.	Sidle,	Zip Cl	ouc					
	φουυ.υυ	202	L. Madison Ave.								
		Har	ingen, TX 78550								
	PURPOSE	(a) Cate	gory (See Categories liste	ed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Con	tributions/Donation	s Made By			ш		de of Texas. Comp		
		Can	didate/Officeholder	Political Comm	ittee		_	, TX,	officeholder living	expense	
							donation.				
	Complete ONII V if direct	Ca::=:	doto/Officobalder =		Office as:	ıabt			Office I	Id	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date/Officeholder nam	ie C	Office sou	ugnt			Office he	ıu	

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			wards/Memorials E I Services		Salaries/M		e /Contract Labor		OTHER (enter	istrict a category not liste	d above)
	Credit Card Payment		The	Instruction Gu	ide explains ho	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILE	ER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 2/3 Rpt: 15/43	Sar	nchez, David	A. (The Hor	norable)					00062546		
4	Date	<b>5</b> Pay	/ee name									
	04/18/2025	Kni	ghts of Colu	mbus								
6	Amount (\$)	<b>7</b> Pav	ee address;	City;	State:	Zip Co	de					
Ŭ	\$250.00	•	01 E. Harris	•	Otato,	_ip 00	uo					
	+200.00		,									
		Ho	rlingon TV 7	,0EE0								
_			rlingen, TX 7									
8	PURPOSE OF			tegories listed at th		dule)	(b)	Description		df.T O		
	EXPENDITURE			onations Ma eholder/Polit	-	too		브		officeholder livir	nplete Schedule T. Ia expense	
		Cai	nuluale/Onic	enoluel/F olit	icai Commi			donation	,,		gp	
9	Complete ONLY if direct	Cand	lidate/Officeho	older name	Of	fice sou	ght			Office h	ield	
	expenditure to benefit C/OI	ł					•					
	Date	Pav	vee name									
	04/18/2025	•	Gorditos G	roup								
	Amount (\$)		vee address;	City;	State:	Zip Co	de					
	\$300.00	•	332 Meredith	•	Otato,	_ip 00	uo					
	4000.00		JOE MOTOGICA	· Ou								
		La	Feria, TX 78	550								
	DUDDOOF						(I-)					
	PURPOSE OF			tegories listed at th		dule)	(a)	Description  Check if travel	nutei	de of Teyas Cor	nplete Schedule T.	
	EXPENDITURE			onations Ma eholder/Polit	,	tee		<b>=</b>		officeholder livir		
								donation				
	Complete ONLY if direct		lidate/Officeho	older name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	ł										
	Date	Pay	/ee name									
	04/23/2025	Loz	zano , Julio (	Mr.)								
	Amount (\$)	Pay	vee address;	City;	State;	Zip Co	de					
	\$200.00	279	91 W. Alton (	Gloor Blvd.								
		Bro	wnsville, TX	78520								
	PURPOSE	(a) Cate	egory (See Ca	tegories listed at th	e ton of this sched	dula)	(b)	Description				
	OF			onations Ma		auic)	` '		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE			eholder/Polit		tee		<b>—</b>		officeholder livir	g expense	
								donation for s	soft	ball team		
	Complete ONLY if direct expenditure to benefit C/OI		lidate/Officeho	older name	Of	fice sou	ght			Office h	ield	
	experialitate to beliefft C/OI	•										

# 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/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	·	•	3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 16/43	Sanchez, David A. (The Honorable)		00062546
4 Date	5 Payee name		
03/10/2025	Pan American Golf Association		
6 Amount (\$) \$150.00	<ul><li>7 Payee address; City; St. 801 Horne Rd.</li><li>Corpus Christi, TX 78416</li></ul>	ate; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ship
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
02/13/2025	San Benito Boys and Girls club		
Amount (\$)	Payee address; City; St	ate; Zip Code	
\$250.00	410 Stokey Rd. San Benito , TX 78586		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Contributions/Donations Made By Candidate/Officeholder/Political Cor	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held
Date 04/02/2025	Payee name St. Alban's School		
Amount (\$) \$100.00	Payee address; City; St 1417 E. Austin Harlingen, TX 78550	ate; Zip Code	
DUDDOS-		(h)	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Contributions/Donations Made By Candidate/Officeholder/Political Cor	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	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

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 (Ethic	s Commis	sion Filers)	
	Sch: 1/26 Rpt: 17/43	Sanchez, David A.	(The Honorable)			00062546			
4	CREDIT CARD ISSUER		ncial institution e Visa	EXPEN	OF UNITEMIZE DITURES GED TO A CREI	<b> \$</b>			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Iss	suer Paid			
		\$195.88	01/27/2025						
7	PAYEE	(a) Payee name  Bloomers Flowers		(b) Payee 2001 S 2		City,	State,	Zip Code	
					n, TX 78550				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial	•	(b) Descrip	otion or funeral				
	X Political								
_	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin,	TX, officeholder living exp	ense		
<b>9</b> е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Oniceriolder	name Onice	Sought		Office field			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Iss	suer Paid			
		\$103.87	03/05/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Bloomers Flowers		2001 S 2	3rd St.				
				Harlinger	n, TX 78550				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula	(b) Descri					
	EXPENDITURE  X Political	Gift/Awards/Memorial		flowers fo	or funeral				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin,	TX, officeholder living exp	ense		
е	Complete ONLY if direct xpenditure 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 Iss	suer Paid			
		\$104.99	04/10/2025						
	PAYEE	(a) Payee name		(b) Payee	•	City,	State,	Zip Code	
		Bodega Tavern		2901 N. :	10th Street				
				1	TX 78501				
	PURPOSE OF (a) Category  (See Categories listed at the top of this schedule)			(b) Descrip					
	EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense			dinner with judges and lawyers reception				
	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					<u> </u>	Office held			
е	xpenditure 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	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)						
Sch: 2/26 Rpt: 18/43	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	Paid								
	\$179.00	05/14/2025										
7 PAYEE	(a) Payee name  Cafe on the Beach		(b) Payee address; 3616 Gulf Blvd.	City,	State,	Zip Code						
			South Padre Island, TX 78	3597								
8 PURPOSE OF	(a) Category (See Categories listed at the top	-# 4bib dul-)	(b) Description									
EXPENDITURE	Food/Beverage Exper		dinner with judges at confe	erence								
X Political	3 1											
Non-Political	( · / <b>ப</b>	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise							
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 Issuer	Paid								
	\$117.07	06/06/2025										
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
	Cano's Flowers		405 Old Port Isabel Rd.									
			Brownsville, TX 78521									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description flowers for funeral									
X Political	Gift/Awards/Memorial	s Expense										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise							
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	Paid								
	\$94.77	05/23/2025										
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
			405 Old Port Isabel Rd.									
	Cano's Flowers											
			Brownsville, TX 78521									
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description									
EXPENDITURE	Gift/Awards/Memorial	•	flowers for funeral									
X Political												
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living exper	ise							
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 -

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 i	not listed ab	oove)	
	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: 3/26 Rpt: 19/43	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			
	\$117.07	02/20/2025					
	Ψ117.07	02/20/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(-))		405 Old Port Isabel Rd.		,		
	Cano's Flowers		100 010 1 011 1000 1001				
			Brownsville, TX 78521				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	*	flowers for funeral				
X Political	Gift/Awards/Memorial	s Expense					
Non-Political		of Texas. Complete Schedule T.		officeholder living expen	ise		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH		I # > = = = = = = = = = = = = = = = = = =	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$83.15	02/21/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Chanativ		1701 Brahma Blvd. F				
	Chopstix						
			Kingsville, TX 78363				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
EXPENDITURE	Food/Beverage Expe		lunch with campaign supporters				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise		
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	r Paid			
	\$237.17	03/11/2025					
	7_0	00,11,1010					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
			3457 Old Hwy 77 Ste. 100			·	
	Cinco De Mayo Gri	II	,				
			Brownsville, TX 78520				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		lunch with campaign supp	orters			
X Political	Food/Beverage Expe	nse					
Non-Political	(a) Charle if transmit and it	Charles A	officeholder living				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expen	ise		
Complete ONLY if direct expenditure to benefit C/OH	Sandidate/Onicendider	name Office	o oougiit	Office field			
experience to belieff 6/011							
Ī							

## 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 (Ethio	cs Commiss	sion Filers)
Sch: 4/26 Rpt: 20/43	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 Issuer	r Paid		
	\$27.14	06/21/2025					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Cowboys Dance Ha	all		nterstate 410 lo	oop		
				nio, TX 78218			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		mfa	wi.a. a.	
X Political	Food/Beverage Expe		beverages	s at state par coi	onference gathering		
Non-Political	(c) Check if travel outside		Check if Austin, TX,	officeholder living expense			
			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		
	\$82.22	06/18/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Bloomers Flowers		2001 S 23	erd St.			
			Harlingen,	, TX 78550			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		flowers for funeral				
X Political	City (wards/wemonal	3 Expense					
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		
expenditure to benefit C/OH		-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$103.87	06/24/2025					
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code
			2001 S 23	Brd St.			
	Bloomers Flowers						
			Harlingen,	, TX 78550			
PURPOSE OF	(a) Category (See Categories listed at the top	<b>7</b> 11. 1 1 1 1	(b) Descript				
EXPENDITURE	Gift/Awards/Memorial	,	flowers for	r funeral			
I <b>=</b>	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 -

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	y not listed al	oove)		
		ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 5/26 Rpt: 21/43	Sanchez, David A.	(The Honorable)		00062546				
4 CREDIT CARD	Name of finar	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				
	\$100.00	01/22/2025						
	Ψ100.00	01/22/2020						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			103 E. Price Rd. Ste. B	- 5,	,			
	CAMERON COUN	TY BAR	100 L. FIICE Nu. Sic. D					
			Brownsville, TX 78521					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	donation					
X Political	Contributions/Donatio							
	Candidate/Officeholde							
Non-Political	· · · ·	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	( )	L (1) = 1 ( 1)	10000					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$138.91	03/24/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Caller and Critic		900 N. Shoreline Blvd.					
	Callel and Child							
			Corpus Christi, TX 78401					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description					
EXPENDITURE	Food/Beverage Exper		happy hour with vet court team					
X Political								
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 Issue	r Paid				
	\$348.81	03/24/2025						
	, , , , , ,							
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			4307 Avalon St.	-		·		
	O'l Steakhouse Res	staurant						
			Corpus Christi, TX 78412					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		dinner for veterans court t	eam				
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Chock if traval autaids	Chook if Austin TV	officeholder living con-	oneo				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	EIISE			
expenditure to benefit C/OH	Sandidate/Officeriolder	Office	o ooagiit	Since field				
S. Politatio to boliciti 0/011								
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	truction Guide explains how	•	THER (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 6/26 Rpt: 22/43	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	Paid		
	\$100.00	06/26/2025				
7 PAYEE	(a) Payee name Pedro's Edinburg		(b) Payee address; 1623 W. Trenton	City, State, Zip Code		
0 DUDDOCE OF	(a) Category		Edinburg, TX 78539 (b) Description			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	lunch with vet court staff			
X Political	Food/Beverage Exper	nse	idilon with vet court stain			
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 Issuer	Paid		
	\$88.00	05/27/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Pepe's Mexican Restaurant		117 S. 77 Sunshine Strip			
			Harlingen, TX 78550			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Food/Beverage Exper		meal with campaign supporters			
X Political	_					
Non-Political	<u> </u>	of Texas. Complete Schedule T.		officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$66.00	04/16/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Pho 1 Harlingen		509 S. Expressway 83, C2	2		
			Harlingen, TX 78550			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description meal with campaign suppo	orters		
X Political	Food/Beverage Exper	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						
	-					

#### 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 (Ethi	cs Commis	sion Filers)
	Sch: 7/26 Rpt: 23/43	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 Issue	r Paid		
		\$103.87	06/26/2025					
7	PAYEE	(a) Payee name  Bloomers Flowers		(b) Payee 2001 S 2		City,	State,	Zip Code
					n, TX 78550			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Gift/Awards/Memorial		flowers fo	or tuneral			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9	'			e sought		Office held		
е	expenditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$237.66	04/24/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Feldmans Harlinger	n	621 S. 77	7 Sunshine Strip			
l				Harlinger	n, TX 78550			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		beverages for judges retreat				
	X Political	, , , , , , , , , , , , , , , , , , ,						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	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 Issue	r Paid		
		\$232.79	01/28/2025					
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
		La Clandestina Bra	ca	2370 Fro	ntage Rd.			
		La Ciandestina bia	sa	D	:II- TV 70504			
L	DUDDOCE OF	(a) Category		(b) Descrip	ille, TX 78521			
	PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Lunch wi				
	X Political	Food/Beverage Expe	nse		5.0			
	Non-Political	(c) Chock if traval autoida	of Toyas, Complete Schodule T		Chack if Austin TV	officeholder living over	nonco	
$\vdash$	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate/Officeholder name Office				Crieck if Austin, TX,	officeholder living exp	JETISE	
e	expenditure to benefit C/OH	San anado, Sinocholder		- coagiit		555 Hold		
H		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 Inst	ruction Guide explains how	to complete this form.	•			
1 Total pages Schedule F4:	2 FILER NAME			3 File	r ID (Ethics Commis	sion Filers)	
Sch: 8/26 Rpt: 24/43	Sanchez, David A.	(The Honorable)		00062	2546		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s <b> \$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer Paid			
	\$42.50	02/03/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	La Vaquita		705 W. Elizabeth	1			
			Brownsville , TX	78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	Food/Beverage Expe		lunch with campa	aign supporters			
X Political							
Non-Political	• •	of Texas. Complete Schedule T.	Check	if Austin, TX, officehold	, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office	e held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer Paid			
	\$353.50	06/25/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Lola's Bistro		1335 Palm Blvd.				
			Brownsville , TX	78520			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE    X   Political	(See Categories listed at the top Food/Beverage Expe		staff birthday lun	ch			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid			
	\$170.00	01/14/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			106 Bass Pro Dr.				
	Longhorn Steakhou	ıse Harlingen					
			Harlingen, TX 78	552			
PURPOSE OF	(a) Category	-f. Abrica - ale - ale da )	(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		meal with campa	ign supporters			
X Political	X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officehold	er living expense		
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeriolder/Folitica		uction Guide explains how	•	THEN (enter a category not list	eu above)			
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>		3 Filer ID (Ethics Com	mission Filers)			
Sch: 9/26 Rpt: 25/43	Sanchez, David A. (	(The Honorable)		00062546				
4 CREDIT CARD ISSUER	Name of finan	ocial institution evious	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	er Paid				
	\$348.00	03/04/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code			
	Egos		510 S. Congress					
			Austin, TX 78704					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of Food/Beverage Exper		judicial karaoke party					
X Political	1 Tood/Develage Exper	130						
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
			fice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$195.10	01/23/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code			
	Ramses Tacos		2230 S. 77 Sunshine Stri	p #200				
			Harlingen, TX 78550					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of		meal with campaign supporters					
X Political	Food/Beverage Exper	ise	The state of the s					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	·	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				
	\$290.00	03/25/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code			
			900 N. Shoreline Blvd.	<i>,</i>	, ,			
	Republic of Texas							
			Corpus Christi, TX 78401					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	<b>EXPENDITURE</b> (See Categories listed at the top of this schedule)		meal with campaign supp	orters				
X Political Food/Beverage Expense								
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								

#### 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.	(g,			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers	<u> </u>		
Sch: 10/26 Rpt: 26/43	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			
	\$100.53	01/30/2025					
7 PAYEE	(a) Payee name Surfing Crab		(b) Payee address; 2500 Frontage Rd.	City, State, Zip Co	de		
			Brownsville, TX 78526				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
EXPENDITURE	Food/Beverage Exper		meal with campaign supp	orters			
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			
	\$207.80	03/09/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de		
	Teach for America		25 Broadway, 12 Floor				
			New York , NY 10004				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		donation				
X Political	Contributions/Donation Candidate/Officeholde						
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	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$75.00	01/13/2025					
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Co	de		
			1210 San Antonio Suite 8				
	Texas Center for Th	ne Judiciary					
			Austin, TX 78701				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	judicial conference fee				
X Political	Fees						
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	<u> </u>	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 this form.	<u>-</u> . ( ag)	,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)		
Sch: 11/26 Rpt: 27/43	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			
	\$66.00	06/06/2025					
7 PAYEE	(a) Payee name Tillos Vino		(b) Payee address; 316 E. Main St.	City, State,	Zip Code		
			Alice , TX 78332				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
<u></u>	Food/Beverage Exper		meal with campaign supp	orters			
X Political	3 1						
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			
	\$239.06	05/15/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	VIVA		202 W. Whiting St.				
			South Padre Island , TX 7	78597			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		meal with campaign supp	orters			
X Political	Food/Beverage Expe	iise					
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	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$534.75	06/30/2025					
PAYEE	(a) Payee name	I	(b) Payee address;	City, State,	Zip Code		
			1810 W Tyler Ave				
	Walgreens Harlinge	en					
			Harlingen, TX 78550				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		gift cards for birthday eve	nts attended			
X Political	Silvi Walas/Welliollal	э широпос					
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 (Eth	ics Commiss	sion Filers)			
Sch: 12/26 Rpt: 28/43	Sanchez, David A.	(The Honorable)			00062546					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid					
	\$100.00	04/08/2025								
7 PAYEE	(a) Payee name  Westin Irving Las C	colinas		s Colinas Blvd.	City,	State,	Zip Code			
	( ) 2 .		Irving , TX							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description meal with j	on udges and sup	porters at conf	erence				
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) C	Credit Card Issue	r Paid					
	\$103.87	01/02/2025								
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code			
	Bloomers Flowers		2001 S 23r	d St.						
			Harlingen,	TX 78550						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description flowers for funeral							
X Political	Gill/Awards/Memorial	s Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	- Γ	Check if Austin, TX,	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 \$150.51	(b) Date of Charge 04/21/2025	(c) Date(s) C	Credit Card Issue	r Paid					
PAYEE	(a) Payee name	I	(b) Payee ac	ldress;	City,	State,	Zip Code			
	0		405 Old Po	ort Isabel Rd.						
	Cano's Flowers									
			Brownsville	e, TX 78521						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
<u></u>	Gift/Awards/Memorial		flowers for	funeral						
X Political		•								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense				
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	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 13/26 Rpt: 29/43	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					
	\$373.41	04/07/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Glorias las colinas		320 W. Las Colinas Blvd.						
			Irving , TX 75039						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Food/Beverage Expe	· ·	dinner reception at confer	erice					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
			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					
	\$97.88	04/25/2025							
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code					
	Lligh Ctooks Logal	Doof	2075 W. Kingsbury St.						
	High Steaks Legal	Deei							
			Seguin, TX 78155						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
l <u>—</u>	Food/Beverage Exper		food for judges retreat						
X Political									
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH	(a) Amount Charged	(b) Data of Charge	(a) Data(a) Cradit Card Issue	* Doid					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	i Palu					
	\$71.00	06/20/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
=	(a) i ayee name		111 W. Crockett Street, S	•					
	Howl at the Moon		TII W. Grookett Girect, C	NG. 201					
			San Antonio , TX 78205						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	,	drinks with attorney and ju	udges state bar conference					
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 Offic	e 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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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 (Et	hics Commiss	sion Filers)	
Sch: 14/26 Rpt: 30/43	Sanchez, David A.	(The Honorable)			00062546			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	\$120.00	02/10/2025						
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
	J Alexanders			255 E. Basse Rd. ste. 1300				
	( ) 2 .		San Antonio, TX	78209				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	, iudaaa				
X Political	Food/Beverage Expe		dinner with fellow	/ juages				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX,	officeholder living e	expense		
9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	\$445.00	03/13/2025						
PAYEE (a) Payee name			(b) Payee address;		City,	State,	Zip Code	
	Las Huellas		134 E. Price Rd.					
			Brownsville, TX 7	78521				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donation		contribution to attend event and donations					
X Political	Candidate/Officehold							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX,	officeholder living e	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 C	ard Issuer	· Paid			
	\$301.72	05/20/2025						
PAYEE	(a) Payee name	l	(b) Payee address;		City,	State,	Zip Code	
			1335 Palm Blvd.					
	Lola's Bistro							
			Brownsville , TX	78520				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	*	staff birthday lund	ch				
X Political	1 Journeverage Expe	1136						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX,	officeholder living e	expense		
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 Gitt/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 (Ethic	cs Commis	sion Filers)
	Sch: 15/26 Rpt: 31/43	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	r Paid		
		\$100.00	04/13/2025					
7	PAYEE	(a) Payee name Longhorn Steakhou	use Harlingen	(b) Payee 106 Bass	s Pro Dr.	City,	State,	Zip Code
Ļ	PURPOSE OF	(a) Category		(b) Descrip	n, TX 78552			
8	EXPENDITURE	(See Categories listed at the top	of this schedule)		or event attended	1		
	X Political	Gift/Awards/Memorial	s Expense	giiteara		•		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	I	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
		\$128.99	04/28/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Main Street Deli		1157 E. \	Washington St.				
				Brownsv	ille, TX 78520			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		lunch with staff				
	X Political	T dod/Bovorago Expo						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
		\$75.00	04/08/2025					
Н	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
		Mi Ossina Ballas		13350 Da	allas Pkwy #100			
		Mi Cocina Dallas						
L	DUDDOOF OF	(a) Catagon		Dallas, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	conference			
	X Political	Food/Beverage Expe			oo.nerenee			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TV	officeholder living exp	ense	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	CHECK II AUSUII, TX,	Office held	LIISE	
e	expenditure to benefit C/OH		31100	9				
Н		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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica		ruction Guide explains how	-	THER (enter a category not listed to	above)		
1	Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Commis	sion Filers)		
	Sch: 16/26 Rpt: 32/43	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 Issue	r Paid			
		\$270.00	06/20/2025					
7	PAYEE	(a) Payee name  Morton's Steakhous	se SA	(b) Payee address; City, State, 300 E. Crockett St.				
Ļ	DUDDOOF 05	(a) Cataman		San Antonio, TX 78205				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description dinner with judges at state	e bar annual conference	Э		
	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 sought				e sought	Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$70.00	(b) Date of Charge 02/12/2025	(c) Date(s) Credit Card Issue	r Paid			
L	PAYEE	(a) Dayoo nama		(b) Payee address;	City State	Zin Codo		
	TAILL	(a) Payee name Pepe's Mexican Re	estaurant	117 S. 77 Sunshine Strip	City, State,	Zip Code		
l				Harlingen, TX 78550				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description meal with campaign supporters				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$39.11	(b) Date of Charge 02/18/2025	(c) Date(s) Credit Card Issue	r Paid			
	PAYEE	(a) Payee name  RGV Media Group LLC		(b) Payee address; 700 E. Levee St. Brownsville, TX 78520	City, State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description fundraiser flyer				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	e sought	Office held			
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 Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)	
Sch: 17/26 Rpt: 33/43	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	er Paid		
	\$92.54	02/18/2025				
7 PAYEE	(a) Payee name  Ramses Tacos		(b) Payee address; 2230 S. 77 Sunshine Stri	•	tate, Zip Cod	
			Harlingen, TX 78550			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description meal with campaign supp	oorters		
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	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		
	\$20.40	06/19/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip Cod	
	Smolik's Smokehouse		10541 TX-359			
			Mathis, TX 78368			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description meal attending state bar annual meeting			
X Political	1 ood/beverage Expe	1130				
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 \$100.60	(b) Date of Charge 06/21/2025	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip Cod	
	Smolik's Smokehou	ıse	10541 TX-359			
			Mathis, TX 78368			
PURPOSE OF	(a) Category	-f.4b-i	(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	· ·	meal traveling from confe	erence with fellow ju	dges	
X Political	1 1.5 1					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH  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 Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 18/26 Rpt: 34/43	Sanchez, David A.	(The Honorable)			00062546		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	<sup>·</sup> Paid		
		\$345.31	06/15/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Amazon.com		440 Terry	Ave. N.			
L					A 98109-5210			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
		storage bag for sound		storage ba	ng for sound sys	tem		
	X Political							
	Non-Political	(°) <b>ப</b>	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	xpenditure to benefit C/OH	(-) A	(h) Data of Ohama	(-) D -+- (-) (	2 dia 0d l	. D.:II		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
		\$106.03	05/16/2025					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Bloomers Flowers		2001 S 23	rd St.				
				Harlingen, TX 78550				
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descript				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		flowers for	funeral			
	X Political							
L	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	xpenditure to benefit C/OH			•				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
		\$89.95	04/25/2025					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
l		Fire Oit Citi		7010 W. L	oop 1604 N. Ste	e. 111		
l		Fish City Grill						
L					io , TX 78254			
	PURPOSE OF	(a) Category (See Categories listed at the top.	of this schedule)	(b) Descript				
	EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense		·	dinner with fellow judges				
	X Political							
	Non-Political	\(\frac{1}{2}\)	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	xpenditure 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 this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 19/26 Rpt: 35/43	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		
	\$360.00	05/13/2025				
7 PAYEE	(a) Payee name  LIAMS STEAKHOU	JSE Bvlle	(b) Payee address; 4495 Frontage Rd. 77/83	City, State, Zip Code Suite B		
0. DUDDOOF OF	(a) Catagony		Brownsville , TX 78520 (b) Description			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	dinner with campaign supporters			
X Political	Food/Beverage Expe	nse	diffici with campaight sup	porters		
I <u>=</u>			<u> </u>			
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$180.00	01/29/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Pepe's Mexican Restaurant		117 S. 77 Sunshine Strip			
			Harlingen, TX 78550			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description meal with campaign supporters			
X Political						
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		
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issuel	r Paid		
PAYEE	(a) Payee name  St. Mary's University		(b) Payee address; One Camino Santa Maria San Antonio , TX 78228	City, State, Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description sponsorship at event			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	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

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: 20/26 Rpt: 36/43	Sanchez, David A.	(The Honorable)			00062546				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid				
	\$383.00	05/14/2025							
7 PAYEE	(a) Payee name		(b) Payee add		City,	State,	Zip Code		
	State Bar of Texas		1414 Colorado Street						
	( ) 5 :		Austin, TX 7						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	n d section dues					
X Political	state bar dues	,	State Dai and	a section dues	•				
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 Office	e sought		Office held				
expenditure to benefit C/OH		1	T						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid				
	\$210.00	03/05/2025							
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code		
	Tu Asador		1662 Encino	Rio					
			San Antonio	, TX 78259					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description						
EXPENDITURE	Food/Beverage Expe		meal with campaign supporters						
X Political									
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid				
	\$113.77	01/04/2025							
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code		
	Corzo Tortillo Cooto	on.	1010 S. F. S	treet					
	Garza Tortilla Facto	л y							
	( ) 5 :		Harlingen, T						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description food for swe						
X Political	Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	TOOU TOT SWE	ung III					
Non-Political	(2) 🗖 (1)	( <del>-</del>		01 1 7 4 7 5	·				
<u> </u>	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Cneck if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	c sought		Office Held				
Inpondició de bonone el con-	I								

## 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 t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
	Sch: 21/26 Rpt: 37/43	Sanchez, David A.	(The Honorable)			00062546		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$42.00	06/20/2025					
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
		Gorditas Mi Torreo	n	5201 S. Flores St				
Ļ		(a) Oatawari			nio, TX 78214			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip lunch atte	ending state bar	conference		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living ex	pense	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought			_	Office held			
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$170.00	01/08/2025					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Julias LF 220 W. Ocean Blvd		cean Blvd				
					nos, TX 78566			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description lunch for campaign supporters				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	i	Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held	<u>'</u>	
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$270.00	02/27/2025					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Sidobor Ediphura		215 E. Ur	niversity Dr.			
		Sidebar Edinburg						
					TX 78539			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		ortoro		
	X Political	Food/Beverage Expe	•	ineai willi	campaign supp	UILEIS		
	Non-Political	(a) D at 1 1 1 1 1 1	<b>.</b>	<u> </u>		·		
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living ex	pense	
۾ ا	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolider	name Office	Jougin		Office Held		
Ĕ	The state of the s	l						

# 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

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

Candidate/Officeholder/Politica			alaries/Wages/Co		THER (enter a categ	ory not listed at	bove)
	The Insti	ruction Guide explains how	v to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Etl	nics Commiss	sion Filers)
Sch: 22/26 Rpt: 38/43	Sanchez, David A.	(The Honorable)			00062546		
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED	_		
ISSUER	see pi	revious		DITURES SED TO A CREDIT	.  \$		
			CARD	LD TO A OILLDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$20.00	03/02/2025					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			10541 TX	<b>(-359</b>			
	Smolik's Smokehoเ	ise					
			Mathis, T	X 78368			
8 PURPOSE OF	(a) Category	of this cohodule)	(b) Descrip				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		meal with	ı fellow judges			
X Political	,						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$169.38	03/24/2025					
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Specs Corpus		6401 We	ber Rd.			
	opecs corpus						
	(-) O-t			Christi , TX 78413	3		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	contribution to h	noenitality cuit	e at confo	ranca
	Food/Beverage Expe	nse	beverage	Continuation to 1	iospitality suit	e at come	ICIICC
Non-Political	` ' -	of Texas. Complete Schedule T.		Check if Austin, TX,		xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Oili	ce sought		Office held		
PAYMENT	(a) Amount Charged	(h) Data of Charge	(a) Data(c)	Credit Card Issue	r Doid		
PATMENT		(b) Date of Charge	(c) Date(s)	Credit Card Issuer	i Paiu		
	\$110.00	02/06/2025					
PAYEE	(a) Dayon nama		(b) Payee	addraga	City	Ctoto	7in Codo
FAILL	(a) Payee name			olo Kisel Blvd.	City,	State,	Zip Code
	Toscafino		3001 Pal	JIO KISEI BIVU.			
			Brownevi	lle, TX 78526			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top			ı campaign supp	orters		
X Political	Food/Beverage Expe	nse		. 3 17			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living o	ynense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce sought	L CHECK II AUSUII, 1A,	Office held	фенос	
expenditure to benefit C/OH					223		
	<u> </u>						
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## 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	is form.			
1 Total pages Schedule F4:	F4: <b>2</b> FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 23/26 Rpt: 39/43	Sanchez, David A. (The Honorable)				00062546		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$107.00	02/10/2025					
7 PAYEE	(a) Payee name	•	(b) Payee address; City, State,			Zip Code	
	Yardhouse Austin		11800 Domain Blvd. Ste.700				
			Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Food/Beverage Exper		dinner and	judicial confere	ence		
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	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$3,869.94	05/09/2025					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
Yeti		220 S. Cor	ngress Ave.				
			Austin, TX 78704				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descripti				
EXPENDITURE	Gift/Awards/Memorial		gifts for fur	ndraiser hosts			
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) C	Credit Card Issue	r Paid		
	\$124.89	02/27/2025					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
			1662 Sam	Houston Dr.			
	Station One						
			Harlingen,	TX 78550			
PURPOSE OF (a) Category		(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense			meal with	campaign supp	orters		
X Political							
Non-Political	\(\frac{1}{2} \)	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	<u> </u>						

#### 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 thi	is form.	(	.,	,	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 24/26 Rpt: 40/43	Sanchez, David A. (The Honorable)				00062546			
4 CREDIT CARD ISSUER	Name of financial institution  see previous  5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD		ITURES	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$791.14	05/09/2025						
7 PAYEE	(a) Payee name		(b) Payee address; City,		State,	Zip Code		
	Stefano's		4201 US-83					
			Harlingen,					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
X Political	Food/Beverage Expe		meal with d	campaign supp	orters			
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	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 Issue	r Paid			
	\$350.00	05/12/2025						
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
Texas Center for The Judiciary		1210 San /	Antonio Suite 8	00				
			Austin, TX	78701				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description					
EXPENDITURE    X   Political	Fees	or this scriedule)	conference	e registration fe	е			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living exp	nense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Griceix ii 7 tastiri, 17x,	Office held	50130		
expenditure to benefit C/OH			· ·					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$45.18	03/25/2025						
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
			701 N. Wa	ter Street				
	Vietnam Restauran	t						
			<u> </u>	risti, TX 78401				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Food/Beverage Expense food at conference							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TV	officeholder living ex	nense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>		J SHOOK II AUSUIII, TA,	Office held	JU1100		
expenditure to benefit C/OH								
	ı							

## 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 IIIS	ruction dulue explains now	to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 25/26 Rpt: 41/43	Sanchez, David A.	(The Honorable)		00062546
4 CREDIT CARD ISSUER		see previous  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	Paid
	\$175.32	04/06/2025		
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	Whiskey Cake Irvin	g	3225 Regent Blvd.	
			Irving , TX 75063	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		meal with campaign suppo	orters
X Political	1 000/Deverage Expe	1130		
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 Issuer	Paid
	\$406.92	02/19/2025		
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code
	Whiskey Cake Rou	nd Rock	2600 N. Interstate Hwy 35	
			Round Rock, TX 78681	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top		meal with campaign suppo	orters
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 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
	\$256.93	01/15/2025		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Whiskey Cake Rou	nd Rock	2600 N. Interstate Hwy 35	i
			Round Rock, TX 78681	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top		meal with campaign suppo	orters
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	Y if direct Candidate/Officeholder name Office 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

l	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
l	Sch: 26/26 Rpt: 42/43	Sanchez, David A. (The Honorable)				00062546		
4	CREDIT CARD ISSUER	1	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		
		\$424.00	04/28/2025					
7	PAYEE	(a) Payee name	lla.	(b) Payee ad 301 E. Mor		City,	State,	Zip Code
l		TARGET Brownsvil	ile					
L					'ILLE, TX 7852	20		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Gift/Awards/Memorial		gift cards to	or birthday func	tions attended		
	X Political		•					
L	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		
L	expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	1// 5 / // 6	17. 0 11	D ::1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	Pald		
		\$16.24	06/19/2025					
PAYEE		(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
J.W. Marriott SA		23808 Res	ort Pkwy,					
				San Antoni	o , TX 78261			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description parking for				
	X Political	Event Expense						
	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		
e	expenditure to benefit C/OH			1				
l	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	r Paid		
		\$508.41	06/21/2025					
	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
		Diana Can Antania	l latal	555 S. Alamo St.				
Plaza San Antonio Hotel								
L				San Antonio, TX 78205				
PURPOSE OF (a) Category		(b) Description						
	X Political	(See Categories listed at the top of this schedule)  Event Expense		hotel exper	ise for state ba	ır annual meeti	ng	
	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 s			e sought		Office held			
€	expenditure to benefit C/OH							

	Assets Purchased with Political Contributions and On Hand As of The Last Day of The Reporting Period				
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 43/43			
2	FILER NAME Sanchez, David A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062546			
4	Description of Asset storage trailer				
4	Description of Asset computers				
4	Description of Asset audio visual equipment				