Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST ORLANDO MI NICKNAME LAST SANCHEZ SUFFIX
4 ORIGINAL REPORT TYPE	☑ January 15 ☐ Runoff ☐ Other (specify) ☐ July 15 ☐ Exceeded $500 limit ☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election ☐ Final report
5 ORIGINAL PERIOD COVERED	Month Day Year 11 / 27 / 03 THROUGH Month Day Year 12 / 31 / 03

OFFICE USE ONLY

Date Received

Date Hand-delivered / Date Postmarked

Receipt # Amount

Legal Total

Date Processed

Date Imaged

RECEIVED MAY 22 2006 CITY SECRETARY

6 EXPLANATION OF CORRECTION

The January 15, 2004 report, which covered the period between 11/27/03 through 12/31/03 listed only the amounts and individuals and their addresses who were reimbursed for personal expenses. The corrections further clarify the payees and their addresses. This was a clerical mistake.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Orlando Sanchez this the 19th day of May, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Olivia Fuentez

Printed name of officer administering oath: Olivia Fuentez

Title of officer administering oath: OLIVIA FUENTEZ MY COMMISSION EXPIRES: November 6, 2008

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Revised 09/23/2005

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: ORLANDO SANCHEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/28/03	U.S. POSTMASTER 400 FRANKLIN HOUSTON, TX 77201-9998	1,700.00

8 Purpose of payment (See instructions regarding type of information required.): POSTAGE

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/29/03	U.S. POSTMASTER 8000 LONG POINT RD. HOUSTON, TX 77055-9998	4,070.00

Purpose of payment (See instructions regarding type of information required.): POSTAGE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/2/03	U.S. POSTMASTER 3836 S. GESSNER RD. HOUSTON, TX 77063-5134	1,110.00

Purpose of payment (See instructions regarding type of information required.): POSTAGE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/4/03	CINGULAR WIRELESS P.O. BOX 660215 DALLAS, TX 75266-0215	944.20

Purpose of payment (See instructions regarding type of information required.): WIRELESS SERVICE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/5/03	University Club 5051 Westheimer #355 Houston, Tx 77056	1,185.34

8 Purpose of payment (See instructions regarding type of information required.): EVENT CATERING

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	US Postmaster 3836 S. Gessner Rd. Houston, Tx 77063-5134	185 ••

Purpose of payment (See instructions regarding type of information required.): Postage

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	Office Max 9429 Katy Freeway Houston, Tx 77024	604.65

Purpose of payment (See instructions regarding type of information required.): Office Supplies

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	Arnie's Warehouse 2880 Hicks Houston, Tx 77007	88 ••

Purpose of payment (See instructions regarding type of information required.): Banners For Office

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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7

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 5

2 FILER NAME: ORLANDO SANCHEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/5/03	OFFICE MAX 9429 KATY FREEWAY HOUSTON, TX 77024	351.50

8 Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	S.W. AIRLINES P.O. BOX 36647 DALLAS, TX 75235-1647	854.35

Purpose of payment (See instructions regarding type of information required.): AIRLINE TICKET FOR CONSULTANT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	U.S. POST MASTER 3836 S. CORNER RD. HOUSTON, TX 77063-5134	666.00

Purpose of payment (See instructions regarding type of information required.): POSTAGE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	CINGULAR WIRELESS P.O. BOX 660215 DALLAS, TX 75266-0215	709.26

Purpose of payment (See instructions regarding type of information required.): WIRELESS SERVICE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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1 Total pages Schedule F: 5

2 FILER NAME: ORLANDO SANCHEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/5/03	OFFICE MAX 9429 KATY FREEWAY HOUSTON TX 77024	363.--

8 Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/03	OFFICE DEPOT 3443 Kirby Dr. HOUSTON, TX 77098	1194.15

Purpose of payment (See instructions regarding type of information required.): TONER FOR COPIERS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/11/03	ENTERPRISE LEASING 5555 SAN FELIPE, #102 HOUSTON, TX 77057	3,075.07

Purpose of payment (See instructions regarding type of information required.): VEHICLE LEASE TO MOVE SIGNS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/12/03	P.V. RENTALS 2121 SAGE Rd. #110 HOUSTON, TX 77056	2,100.63

Purpose of payment (See instructions regarding type of information required.): TRUCK RENTAL

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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SCHEDULE F

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1 Total pages Schedule F: 5

2 FILER NAME: ORLANDO SANCHEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/12/03	NEXTEL 2001 EDMUND HALLEY DR. RESTON, VA 20191	406.53

8 Purpose of payment (See instructions regarding type of information required.): WIRELESS SERVICE

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/23/03	DELTA AIRLINES 2841 GREENBRIAR PKWY ATLANTA GA 30331	315.98

Purpose of payment (See instructions regarding type of information required.): AIRLINE TICKET

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/31/03	UNIVERSITY CLUB 5051 WESTHEIMER # 355 HOUSTON TX 77056	1192.99

Purpose of payment (See instructions regarding type of information required.): EVENT CATERING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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