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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: ORLANDO | MI

NICKNAME | LAST: SANCHEZ | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO BOX 20463
APT / SUITE #:
CITY: HOUSTON
STATE: TX
ZIP CODE: 77225

5 CAMPAIGN TREASURER NAME

TITLE: MR | FIRST: ROBERT | MI: C

NICKNAME: BOB | LAST: PELTREY | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 5100 WESTHEIMER Rd
APT / SUITE #: SUITE 115
CITY: HOUSTON
STATE: TX
ZIP CODE: 77056

7 CAMPAIGN TREASURER PHONE

AREA CODE: (281) | PHONE NUMBER: 531-0741 | EXTENSION

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 7/1/02 THROUGH Month Day Year: 12/31/02

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known):

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

OFFICE USE ONLY

Date Received: RECEIVED JAN 21 CITY SECRETARY

Date Hand-delivered or Date postmarked

Receipt # | Amount

Date Processed

Date Imaged

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: ORLANDO SANCHEZ

15 ACCOUNT # (Ethics Commission filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☒ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15,000.00

19 AFFIDAVIT

ROBERT C. PELFREY
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 03-05-2004

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ORLANDO SANCHEZ, this the 15th day of JANUARY, 20 03, to certify which, witness my hand and seal of office.

Robert C. Pelfrey — Signature of officer administering oath
ROBERT C. PELFREY — Printed name of officer administering oath
NOTARY — Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 22

OFFICE USE ONLY

Date Received: JAN 21 2003 CITY SECRETARY

Date Hand-delivered / Date Postmarked / Amount

Receipt #

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: ORLANDO | MI

NICKNAME | LAST: SANCHEZ | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO Box 20463

APT / SUITE #: | CITY: HOUSTON | STATE: TX | ZIP CODE: 77225

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: PENNY | MI

NICKNAME | LAST: BUTLER | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1502 AUGUSTA | APT / SUITE #: SUITE 140

CITY: HOUSTON | STATE: TX | ZIP CODE: 77057

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 869-0055 | EXTENSION

8 REPORT TYPE

☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 7/1/02 THROUGH Month Day Year: 12/31/02

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (If any):

12 OFFICE SOUGHT (If known): CITY OF HOUSTON MAYOR

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: ORLANDO SANCHEZ FOR MAYOR

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 50,355.58

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

ROBERT C. PELFREY
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 03-05-2004

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ORLANDO SANCHEZ, this the 15th day of JANUARY, 20 03, to certify which, witness my hand and seal of office.

Robert C Pelfrey — Signature of officer administering oath
ROBERT C. PELFREY — Printed name of officer administering oath
NOTARY — Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/11/02	ARTE PUBLICO PRESS 452 CULLEN PERFORMANCE HALL HOUSTON TX 77204	1500 00

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

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 ($)
7/11/02	JONESTREET MEDIA ARTS 7026 OLD KATY RD SUITE 253 HOUSTON TX 77024	58.97

Purpose of payment (See instructions regarding type of information required.): SPOT DUB - VHS

** 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 ($)
7/11/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	125.00

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

** 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 ($)
7/11/02	BUTRUM & ASSOCIATES 952 ECHO LANE SUITE 350 HOUSTON TX 77024	225.65

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

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/11/02	U.S. POSTMASTER HOUSTON, TX	312.28

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 ($)
7/11/02	VOICESTREAM WIRELESS PO BOX 790047 ST. LOUIS, MO 63179	58.76

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

** 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 ($)
7/11/02	ROBERT C. PELTREY PO BOX 820674 HOUSTON TX 77282	3,000.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR OFFICE RENT

** 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 ($)
7/11/02	U.S. POSTMASTER HOUSTON TX	37.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/11/02	HOLOCAUST MUSEUM HOUSTON 5401 CAROLINE HOUSTON TX 77004	1,000.00

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

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 ($)
7/15/02	SAN JACINTO CLUB 3311 RICHMOND SUITE 218 HOUSTON TX 77098	1,000.00

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

•• 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 ($)
7/15/02	LATINA PAC 3730 KIRBY DR SUITE 418 HOUSTON TX 77098	2,000.00

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

•• 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 ($)
7/15/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR AUTO EXPENSES

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/15/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	1,611.01

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR EXPENSES

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 ($)
7/24/02	VOICESTREAM PO BOX 790047 ST. LOUIS MO 63179	58.76

Purpose of payment (See instructions regarding type of information required.): CELL PHONE EXPENSE

•• 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 ($)
7/24/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	112.11

Purpose of payment (See instructions regarding type of information required.): CELL PHONE EXPENSE

•• 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 ($)
7/24/02	UNIVERSITY CLUB 5051 WESTHEIMER HOUSTON TX 77056	755.27

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/31/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450 00

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR AUTO EXPENSES

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 ($)
7/31/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	4,328.95

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT 07 EXPENSES

•• 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 ($)
8/22/02	BUTRUM & ASSOCIATES 952 ECHO LANE SUITE 350 HOUSTON TX 77024	465.01

Purpose of payment (See instructions regarding type of information required.): PRINTING & 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 ($)
8/22/02	VOICESTREAM WIRELESS PO BOX 790047 ST. LOUIS MO 63179	112.62

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/22/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	131.69

8 Purpose of payment (See instructions regarding type of information required.): CELL PHONE 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 ($)
8/22/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	125.00

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

•• 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 ($)
8/23/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	1713.85

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF EXPENSES

•• 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 ($)
8/23/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450 00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF AUTO EXPENSES

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/3/02	ENO TRANSPORTATION FOUNDATION 1634 1ST NW SUITE 500 WASHINGTON DC 20006	30.00

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

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 ($)
9/9/02	TRIBUTE BREAKFAST 3201 NOTTINGHAM PEARLAND TX 77581	200.00

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

** 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 ($)
9/9/02	ROBERT C. PELTREY PO BOX 820674 HOUSTON TX 77282	1,500.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF OFFICE RENT

** 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 ($)
9/25/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	135.31

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/25/02	GLENDA DAWSON CAMPAIGN 2404 S. GRAND BLVD SUITE 115 PEARLAND TX 77581	1,000 00

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

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 ($)
9/25/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	85.38

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

** 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 ($)
9/25/02	HOUSTON CHRONICLE 801 TEXAS AVE HOUSTON TX 77002	68 00

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

** 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 ($)
9/25/02	T-MOBILE PO BOX 790047 ST. LOUIS MO 63179	58.41

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/25/02	PUBLIC STORAGE 5615 WESTHEIMER HOUSTON TX 77056	254.82

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

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 ($)
9/25/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	1,250.92

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF EXPENSES

** 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 ($)
9/25/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF AUTO EXPENSES

** 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 ($)
10/10/02	CAROLE KEETON RYLANDER AUSTIN, TEXAS	1,000.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/02	CHILDRENS ASSESSMENT CENTER 2500 BOLSOVER HOUSTON TX 77005	200.00

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

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 ($)
10/17/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	134.85

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

•• 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 ($)
10/17/02	CHERRY TREE REPUBLICAN PAC 11210 STEEPLECREST SUITE 120 HOUSTON TX 77065	500.00

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

•• 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 ($)
10/17/02	ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS 6001 GULF FREEWAY HOUSTON TX 77023	1,500 00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 11 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	125.31

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

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 ($)
10/17/02	U.S. POSTMASTER HOUSTON TX	37.00

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 ($)
10/17/02	U.S. POSTMASTER HOUSTON TX	50.00

Purpose of payment (See instructions regarding type of information required.): POST OFFICE BOX RENTAL

** 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 ($)
10/17/02	FORWARD TIMES PUBLISHING CO. PO BOX 8346 HOUSTON TX 77004	580.46

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

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name / Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/02	ROBERT C. PELFREY PO BOX 820674 HOUSTON TX 77282	500.00

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR OFFICE RENT

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 ($)
11/6/02	U.S. CUBA RELATIONS 1730 M ST N.W. SUITE 400 WASHINGTON DC 20036	75.00

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

** 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 ($)
11/6/02	MEXICAN AMERICAN SHERIFFS ORGANIZATION 2537 PRIEST HOUSTON TX 77093	250 00

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

** 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 ($)
11/6/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	135.31

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

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name / Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 13 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/6/02	T-MOBILE PO BOX 790047 ST LOUIS MO 63179	58.76

8 Purpose of payment (See instructions regarding type of information required.): CELL PHONE 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 ($)
11/11/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	2,659.37

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR EXPENSES

•• 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 ($)
11/11/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR AUTO EXPENSES

•• 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 ($)
11/11/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR AUTO EXPENSES

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 14 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/11/02	TEXANS FOR RICK PERRY PO BOX 2013 AUSTIN TX 78768	1,000.00

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

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 ($)
11/11/02	GREG ABBOTT AUSTIN TEXAS	1,000 00

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

•• 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 ($)
11/11/02	BRITISH AMERICAN PROJECT WASHINGTON DC	650 00

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

•• 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 ($)
11/27/02	HOUSTON CHRONICLE 801 TEXAS AVE HOUSTON TX 77002	57.58

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 15 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/27/02	T-MOBILE PO BOX 790047 ST LOUIS MO 63179	58.31

8 Purpose of payment (See instructions regarding type of information required.): CELL PHONE 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 ($)
11/27/02	AT&T WIRLESS PO BOX 650054 DALLAS TX 75265	417.18

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

•• 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 ($)
11/27/02	ROBERT C. PELFREY PO BOX 820674 HOUSTON TX 77282	500.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF OFFICE RENT

•• 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 ($)
12/4/02	AUGUSTA BUILDING LTD 7887 SAN FELIPE SUITE 237 HOUSTON TX 77063	200 (X2)

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 16 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/5/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	2,401.34

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR EXPENSES

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 ($)
12/5/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR AUTO EXPENSES

** 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 ($)
12/5/02	CAROLE KEETON RYLANDER AUSTIN TEXAS	250.00

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

** 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 ($)
12/10/02	TOM CRADDICK CAMPAIGN AUSTIN TEXAS	500.00

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

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 17 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/11/02	SK STRATEGIES 55 WAUGH DR. SUITE 610 HOUSTON TX 77007	5,000.00

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

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 ($)
12/18/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	135.31

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

•• 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 ($)
12/18/02	ROBERT C. PECFREY PO BOX 820674 HOUSTON TX 77282	500 00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR OFFICE RENT

•• 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 ($)
12/19/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	295.43

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 18 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
12/19/02	PUBLIC STORAGE 5615 WESTHEIMER HOUSTON TX 77056	400.00	STORAGE RENTAL	
12/19/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450.00	REIMBURSEMENT FOR AUTO EXPENSES	
12/19/02	ASSOCIATION FOR HISPANIC FINE ARTS PO BOX 230366 HOUSTON TX 77023	50.00	DONATIONS	
12/20/02	DAVID BRAY PHOTOGRAPHY 4212 SAN FELIPE #398 HOUSTON TX 77027	162.38	PHOTOGRAPHY	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 19 of 19

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/20/02	KIGHT PRINTING 5700 BINTLIFF SUITE 202 HOUSTON TX 77036	2,047.22

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

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

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

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

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1 of 1

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
9/9/02	PATHFINDER COMMUNICATIONS 401 HEIGHTS HOUSTON TX 77007 REFUND FROM MEDIA BUYS	7,977.25
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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