

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

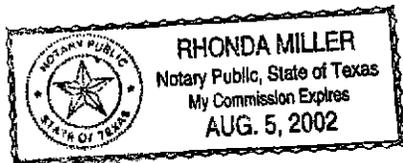
\$

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



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 16, Election Code.

[Handwritten Signature]

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 02, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

RHONDA MILLER

Printed name of officer administering oath

NOTARY

Title of officer administering oath

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA
PG 1**

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------------------|------------|------------------------------------|----------------|-----------|----------|----------|-----------------------|---------------------|--|--|--|--|----------|--------------------------|--------|--|--|--|--|----------------|--|--|--|--|
| 1 CANDIDATE NAME <i>ORLANDO SANCHEZ</i> | 2 ACCOUNT # | 3 Total pages filed: | | | | | | | | | | | | | | | | | | | | | | | | |
| See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information <i>only</i> . Do not provide information previously disclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE NAME | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">NEW</td> <td style="width:15%;">TITLE</td> <td style="width:25%;">FIRST</td> <td style="width:15%;">MI</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><i>ORLANDO</i></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><i>SANCHEZ</i></td> <td></td> <td colspan="2"></td> </tr> </table> | NEW | TITLE | FIRST | MI | | | | | <i>ORLANDO</i> | | | | | NICKNAME | LAST | SUFFIX | | | | | <i>SANCHEZ</i> | | | | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Date Processed Date Imaged |
| NEW | TITLE | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>ORLANDO</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| | NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | | |
| | | <i>SANCHEZ</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE MAILING ADDRESS | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">NEW</td> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;"><i>PO BOX 20463</i></td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;"><i>HOUSTON, TX 77225</i></td> </tr> </table> | | NEW | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | <i>PO BOX 20463</i> | | | | | | <i>HOUSTON, TX 77225</i> | | | | | | | | | | |
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| 6 CANDIDATE PHONE | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">NEW</td> <td style="width:20%;">AREA CODE</td> <td style="width:30%;">PHONE NUMBER</td> <td style="width:45%;">EXTENSION</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><i>(713) 869-0055</i></td> <td></td> </tr> </table> | | NEW | AREA CODE | PHONE NUMBER | EXTENSION | | | <i>(713) 869-0055</i> | | | | | | | | | | | | | | | | | |
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| 7 OFFICE HELD (if any) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">NEW</td> <td colspan="2"></td> </tr> </table> | | NEW | | | | | | | | | | | | | | | | | | | | | | | |
| NEW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 OFFICE SOUGHT (if known) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">NEW</td> <td colspan="2"></td> </tr> </table> | | NEW | | | | | | | | | | | | | | | | | | | | | | | |
| NEW | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 CAMPAIGN TREASURER ADDRESS (Residence or business) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">NEW</td> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td></td> <td colspan="5"></td> </tr> </table> | | NEW | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | |
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| | | <i>(281) 531-0741</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 CANDIDATE SIGNATURE | The information provided on this form is accurate and complete. <hr style="width: 50%; margin-left: auto; margin-right: auto;"/> Signature of Candidate | | | | | | | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2