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: 21

OFFICE USE ONLY

Date Received

RECEIVED JUL 19 2002 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

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; APT / SUITE #; CITY; STATE; ZIP CODE

PO BOX 20463
HOUSTON TX 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); APT / SUITE #; CITY; STATE; ZIP CODE

1502 AUGUSTA SUITE 140
HOUSTON TX 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: 01/01/02 THROUGH Month Day Year: 06/30/02

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

GO TO PAGE 2

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)	$ 1,000.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 103,722.85

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said ORLANDO SANCHEZ, this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/7/02	KAY C. BRUCE [redacted] HOUSTON TX 77084	50.00	

9 Principal occupation (Optional): 10 Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/7/02	JAMES H. LUNZ [redacted] SAN ANTONIO TX 78209	200.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/7/02	FRANK E. BAXTER [redacted] PACIFIC PALISADES CA 90272	500.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/7/02	FLORENCE SHAPIRO [redacted] PLANO TX 75093	250.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional): Employer (Optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 16 of 17

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 ($)
1/9/02	JONESTREET MEDIA ARTS 7026 OLD KATY RD SUITE 253 HOUSTON TX 77024	40,752.84

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

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 ($)
1/9/02	BYTRUM & ASSOCIATES 952 ECHO LANE SUITE 350 HOUSTON TX 77024	3,821.83

Purpose of payment (See instructions regarding type of information required.): FUNDRAISING 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 ($)
1/9/02	SOUTHERN STAR KOSHER FOODS 711 CLARIDGE HOUSTON TX 77071	1,500.00

Purpose of payment (See instructions regarding type of information required.): FOOD FOR CAMPAIGN EVENT

•• 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 ($)
1/9/02	WAYNE VOSS 18203 ENNSBURY DRIVE HOUSTON TX 77084	1,091.50

Purpose of payment (See instructions regarding type of information required.): TRAVEL EXPENSE AIRFARE

•• 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 17

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 ($)
1/21/02	EUGENIA MICHIA 5618 SAN FELIPE HOUSTON TX 77056	2,720.00

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF ELECTION NIGHT 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 ($)
1/29/02	SOUTHWESTERN BELL PO BOX 4699 HOUSTON TX 77027	22.36

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

•• 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 ($)
1/29/02	HOUSTON ENGINEERING & SCIENTIFIC SOCIETY 5430 WESTHEIMER HOUSTON TX 77056	131.18

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 ($)
1/29/02	MITCH PATEL 12126 WEMBLY DR. HOUSTON, TX 77031	300.00

Purpose of payment (See instructions regarding type of information required.): DJ SERVICES FOR CAMPAIGN EVENT

•• 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 17

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 ($)
1/29/02	LET IT FLY EVENT 1143 ASHLAND ST HOUSTON TX 77008	1,537.15

8 Purpose of payment (See instructions regarding type of information required.): ELECTION NIGHT 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 ($)
1/29/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450.00

Purpose of payment (See instructions regarding type of information required.): AUTO REIMBURSEMENT 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 ($)
1/29/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	2,459.90

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR CAMPAIGN 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 ($)
1/29/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	1,944.67

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR CAMPAIGN 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 17

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 ($)
1/29/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	2,700 00

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR CAMPAIGN 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 ($)
1/29/02	LANCE LIVINGSTON PRODUCTION 910 DUNCAVY HOUSTON TX 77019	1,500 00

Purpose of payment (See instructions regarding type of information required.): ELECTION NIGHT PARTY 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 ($)
1/29/02	FEDEX PO BOX 1140 MEMPHIS TX 38101	29.07

Purpose of payment (See instructions regarding type of information required.): DELIVERY 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 ($)
1/29/02	VOICE STREAM PO BOX 790047 ST. LOUIS MO 63179	155.58

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

•• 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 17

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 ($)
1/29/02	CYPRESS COMMUNICATIONS DEPT CH17003 PALATINE IL 60055	1,012.30

8 Purpose of payment (See instructions regarding type of information required.): DSL INTERNET 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 ($)
1/29/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	375.00

Purpose of payment (See instructions regarding type of information required.): WEB 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 ($)
1/29/02	VERIZON WIRELESS PO BOX 36387 HOUSTON TX 77236	366.72

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

•• 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 ($)
1/29/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	134.44

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

•• 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 17

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 ($)
1/29/02	UNITED STATES TREASURY PO BOX 660095 DALLAS, TX 75266	112.00

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

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 ($)
1/31/02	STERLING BANK PO BOX 40333 HOUSTON TX 77240	25.00

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

•• 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 ($)
2/7/02	BUTRUM & ASSOCIATES 952 ECHO LANE SUITE 350 HOUSTON TX 77024	1,020.00

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 ($)
2/7/02	RSD PO BOX 200670 AUSTIN TX 78720	414.07

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

•• 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 17

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 ($)
2/7/02	DAVID HAGY 5234 IMOGENE HOUSTON TX 77096	134.39

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

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 ($)
2/19/02	KIGHT PRINTING 5750 BINTLIFF SUITE 202 HOUSTON TX 77036	1,042.50

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

•• 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 ($)
2/19/02	AT&T PO BOX 2971 OMAHA NE 68103	42.89

Purpose of payment (See instructions regarding type of information required.): LONG DISTANCE 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 ($)
2/27/02	A.M. STUDIO INC 1832 LEXINGTON STREET HOUSTON TX 77098	360.00

Purpose of payment (See instructions regarding type of information required.): MAKEUP FOR TV

•• 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 17

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 ($)
2/27/02	ROBERT C. PELTREY PO BOX 820674 HOUSTON TX 77282	131.40

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF 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 ($)
3/5/02	OFFICE DEPOT 3443 KIRBY DR HOUSTON TX 77098	427.07

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 ($)
3/5/02	FRIENDS OF GARY POLLARD 11 EAST GREENWAY HOUSTON TX 77046	500.00

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

•• 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 ($)
3/8/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	2,533.44

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

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 17

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 ($)
3/8/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	900.00

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF 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 ($)
3/8/02	R.N.H.A. 5102 AUSTIN HOUSTON TX 77004	25.00

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 ($)
3/22/02	KIGHT PRINTING 5750 BINTHIFF SUITE 202 HOUSTON TX 77036	450.25

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/22/02	CYPRESS COMMUNICATIONS INC DEPT CH17003 PALATINE IL 60055	390.26

Purpose of payment (See instructions regarding type of information required.): DSL 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: 10 of 17

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/22/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	67.69

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

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 ($)
3/22/02	H.M. LANGE CONSULTING 710 NORTH POST OAK Rd SUITE 107 HOUSTON TX 77024	155.00

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

•• 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 ($)
3/22/02	BUTRUM & ASSOCIATES 952 ECHO LANE SUITE 350 HOUSTON TX 77024	1,373.29

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 ($)
4/2/02	TEXSTAR TECHNOLOGISTS	1,200.00

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

•• 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 17

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 ($)
4/12/02	AL SHIFA TRUST 1200 SMITH SUITE 2355 HOUSTON TX 77002	1,000.00

8 Purpose of payment (See instructions regarding type of information required.): TABLE SPONSOR 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 ($)
4/12/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	450.00

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

•• 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 ($)
4/12/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	2,623.48

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 ($)
4/15/02	WC MANAGEMENT 402 WEST 16th ST HOUSTON TX 77008	250.00

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

•• 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12 of 17

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/15/02	BEGALA CONSULTING 11618 MANOR HOUSE LANE HOUSTON TX 77082	3,371.88

8 Purpose of payment (See instructions regarding type of information required.): PUBLIC RELATIONS EXPENSE

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 ($)
4/15/02	BEGALA CONSULTING 11618 MANOR HOUSE LANE HOUSTON TX 77082	1,135.00

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

•• 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 ($)
4/15/02	BEGALA CONSULTING 11618 MANOR HOUSE LANE HOUSTON TX 77082	1,906.00

Purpose of payment (See instructions regarding type of information required.): BUSINESS WIRE PRESS 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 ($)
4/30/02	STERLING BANK PO BOX 40333 HOUSTON TX 77240	25.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 13 of 17

2 FILER NAME: ORLANDO SANCHEZ FOR MAYOR

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/3/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	100.23

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
CELL PHONE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/3/02	PUBLIC STORAGE 5615 WESTHEIMER HOUSTON TX 77056	500.00

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
CAMPAIGN STORAGE EXPENSE RECORDS	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/3/02	MUSCULAR DYSTROPHY 710 N. POST OAK RD SUITE 107 HOUSTON TX 77024	100.00

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
DONATION	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/3/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	268.56

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: 14 of 17

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 ($)
5/3/02	NATIONAL MS SOCIETY BP 150 BIKE RIDE	100.00

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 ($)
5/3/02	VOICE STREAM WIRELESS PO B 790047 ST. LOUIS MO 63179	76.70

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 ($)
5/3/02	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 ($)
5/3/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	2,668.47

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 15 of 17

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 ($)
5/3/02	THE HYPE 9643 MEADOWVALE HOUSTON TX 77063	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 ($)
6/18/02	NELSON BALIDO FOR STATE REP. PO BOX 680156 SAN ANTONIO TX 78268	500.00

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

•• 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 ($)
6/18/02	ORLANDO SANCHEZ PO BOX 20463 HOUSTON TX 77225	3,647.45

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 ($)
6/20/02	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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 16 of 17

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 ($)
6/25/02	JOHN CORNYN FOR SENATE PO BOX 13026 AUSTIN TX 78711	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 ($)
6/19/02	AT&T WIRELESS PO BOX 650054 DALLAS TX 75265	165.73

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

•• 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 ($)
6/19/02	DONERAKI INC 2411 FOUNTAINVIEW SUITE 210 HOUSTON TX 77057	2130.20

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

•• 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 ($)
6/19/02	WEBVERTISING 3100 RICHMOND AVE SUITE 200 HOUSTON TX 77098	135.31

Purpose of payment (See instructions regarding type of information required.): WEB 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: 17 of 17

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 ($)
6/19/02	ASSOCIATED REPUBLICANS OF TEXAS 807 BRAZOS SUITE 601 AUSTIN, TX 78701	5,000.00

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 ($)
6/19/02	THE 100 CLUB 1233 WEST LOOP SOUTH SUITE 1250 HOUSTON TX 77027	100.00

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 ($)
6/19/02	AUSTEX DEVELOPMENT GROUP 1004 ECHO LANE AUSTIN TX 78745	1,059.55

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OF POSTAGE & 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 ($)

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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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 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 ($)
5/3/02	SOUTHWESTERN BELL PO BOX 4699 HOUSTON TX 77027 REFUND OF DEPOSIT	1,394.91
5/3/02	SOUTHWESTERN BELL PO BOX 4699 HOUSTON TX 77027 REFUND OF OVER PAYMENT	164.02

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED