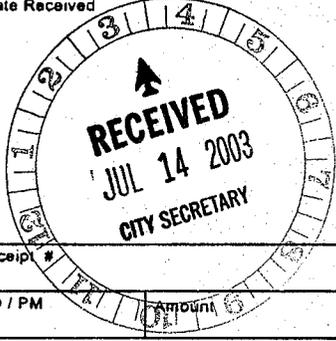
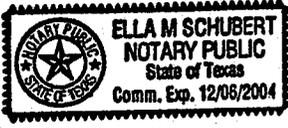


CORRECTED FORM C/OH AND GOOD-FAITH AFFIDAVIT

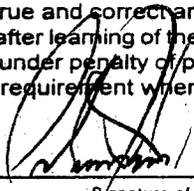
See backside for instructions

1 ACCOUNT #		2 Total pages filed: <u>12</u>	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI	OFFICE USE ONLY Date Received
	NICKNAME	LAST SUFFIX	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Receipt #
	11 / 22 / 01	THROUGH 12 / 31 / 01	HD / PM
6 EXPLANATION OF CORRECTION	See attached page.		
	Date Processed		
			Date Imaged

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Orlando Sanchez this the 9th day of July, 2003.

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

<u>Ella M. Schubert</u>	<u>Ella M. Schubert</u>	<u>Notary public</u>
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

Remember To Attach Any Part Of Form C/OH Needed To Report And Explain Corrections

On Schedule A of the 30 day report covering 11-22-01 through 12-31-01 there were three entries that inadvertently omitted an Out-of-state-PAC ID# - SAFE PAC on 11-26-2001, JP Morgan Chase PAC on 11-27-2001 and GOPAC State A on 12-6-2001. The Out-of-state-PAC ID# is now listed for those contributors.

The previous report also omitted an address for five entries: Spirit of Freedom PAC on 11-27-2001, Northwest Forest RWC on 11-27-2001, Philip Patrick Sun on 11-27-2001, Gary L. Meyer on 11-28-2001, and Douglas Bailey on 11-30-2001. This corrected report lists those addresses.

On Schedule F of the original filed report, the purpose for the expenditure to White Rock Acquisition Co. on 11-30-2001 was inadvertently omitted. The purpose for that expenditure is now listed as Campaign office rent.

On Schedule F of the original filed report were five entries that this corrected report gives more explanation on the purpose of those expenses. They include four reimbursements to Jack Rains for campaign reception expenses on 12-1-2001, 12-3-2001, 12-3-2001 and 12-10-2001 and a reimbursement to Robert C. Pelfrey for campaign office supplies on 12-13-2001.

On Schedule F of the original filed report was a reimbursement to me on 12-10-2001 with the purpose as Auto Expense. In this corrected report, I have further defined that purpose as Mileage reimbursement for political/campaign activities.

On the original filed report were two entries reimbursing me for political expenses. Schedule G was inadvertently omitted which itemized those campaign expenses that I paid for personally and got reimbursed for. Attached is Schedule G itemizing those expenditures. On four of the itemized expenditures, the purpose reflects that they were travel expenses that were inadvertently paid by the campaign in error. I reimbursed my campaign on 5-13-2003 to cover the amount of these expenses.

Attached is a revised Cover Sheet pg 2 with an updated amount for Total Expenditures. This amount reflects the total expenditures in Schedule F of the original filed report and includes the entries on Schedule G that are listed in this revised report.

All of these mistakes were clerical errors.

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)

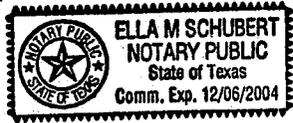
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ 22,647.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 15, 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 9th day of July, 20 03, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 2
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 11-26-2001	Full name of contributor <input checked="" type="checkbox"/> out of state PAC C00194084 SAFE PAC	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 11-27-2001	Full name of contributor <input type="checkbox"/> out of state PAC Spirit of Freedom PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 11-27-2001	Full name of contributor <input type="checkbox"/> out of state PAC Northwest Forest RWC	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 11-27-2001	Full name of contributor <input type="checkbox"/> out of state PAC C00104299 JP Morgan Chase PAC	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 11-27-2001	Full name of contributor <input type="checkbox"/> out of state PAC Philip Patrick Sun	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 2
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 11-28-2001	Full name of contributor <input type="checkbox"/> out of state PAC _____ Gary L. Mayer	Amount of contribution (\$) \$20.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 11-30-2001	Full name of contributor <input type="checkbox"/> out of state PAC _____ Douglas Bailey	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

Date 12-6-2001	Full name of contributor <input type="checkbox"/> out of state PAC C0043385 GOPAC State A	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Contributor address; City; State; Zip Code 			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 2
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filer)

Date	Payee name	Payee address	Amount (\$)
11-30-2001	White Rock Acquisition Co.	3003 West Alabama Houston, TX 77098	\$1,767.50

Purpose of expenditure (See instructions regarding type of information required.) Campaign office rent	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12-1-2001	Jack Rains	502 Crestwood Houston, TX 77007	\$168.03

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for campaign reception expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12-3-2001	Jack Rains	502 Crestwood Houston, TX 77007	\$565.24

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for campaign reception expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12-3-2001	Jack Rains	502 Crestwood Houston, TX 77007	\$382.11

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for campaign reception expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12-6-2001	Orlando Sanchez	3100 Timmons Ln., Ste. 100 Houston, TX 77027	\$6,013.27

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for political campaign meeting expenses - see Sch G	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 2
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
12-10-2001	Orlando Sanchez	3100 Timmons Ln., Ste. 100 Houston, TX 77027	\$900.00

Purpose of expenditure (See instructions regarding type of information required.) Mileage reimbursement for political/campaign activities	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12-10-2001	Orlando Sanchez	3100 Timmons Ln., Ste. 100 Houston, TX 77027	\$8,154.28

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for political campaign meeting expenses - see Sch G	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12-10-2001	Jack Rains	502 Crestwood Houston, TX 77007	\$283.14

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for campaign reception expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12-13-2001	Robert C. Pelfrey	PO Box 820674 Houston, TX 77282	\$985.73

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for campaign office supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 5
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
11/23/2001	Houston's Restaurant	4848 Kirby Dr Houston, TX 77098-5006	\$22.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
11-23-2001	Houston's Restaurant	4848 Kirby Dr Houston, TX 77098-5006	\$115.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
11/26/2001	Harris County Toll Road Authority	330 Meadowfern Dr. Houston, TX 77067	\$30.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Tolls for driving to political meetings			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
11/26/2001	A Moveable Feast	9341 Katy Fwy Houston Tx 77024-1516	\$31.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
11/26/2001	Harris County Toll Road Authority	330 Meadowfern Dr. Houston, TX 77067	\$30.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Tolls for driving to political meetings			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 5
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 11-26-2001	Payee name Continental Airlines 1600 Smith Houston, TX 77002	Payee address	Amount (\$) \$932.25 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Political travel expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 11-28-2001	Payee name Continental Airlines 1600 Smith Houston Tx 77002	Payee address	Amount (\$) \$1,024.50 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Political travel expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 11/30/2001	Payee name Sullivan's Steakhouse 4608 Westheimer Rd. Houston Tx 77027-4716	Payee address	Amount (\$) \$207.24 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 12/2/2001	Payee name Hotel Derek 1515 West Loop S Houston Tx 77027	Payee address	Amount (\$) \$4,925.23 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Election night event expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

Date 12/3/2001	Payee name Gristmill Restaurant Gruene 1287 Grene Road Houston, TX 781230-3003	Payee address	Amount (\$) \$51.79 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 5
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/3/2001	Payee name Advantage 2002 Post Oak Blvd Houston Tx 77056	Payee address	Amount (\$) \$17.25 (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political travel expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 12/3/2001	Payee name Oma's Haus Restaurant 541 S. State Highway 46 Houston, Tx 77005	Payee address	Amount (\$) \$16.89 (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 12-3-2001	Payee name A Moveable Feast 9341 Katy Fwy Houston Tx 77024-1516	Payee address	Amount (\$) \$20.46 (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 12/4/2001	Payee name El Meson 2425 University Blvd. Houston, TX 77005	Payee address	Amount (\$) \$35.20 (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 12/18/2001	Payee name Spago 176 N Cannon Dr. Beverly Hills, CA 90210-5304	Payee address	Amount (\$) \$100.75 (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 5
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
12/18/2001	Spago	176 N. Cannon Dr. Beverly Hills, CA 90210-5304	\$579.76 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12/20/2001	AOL Service	PO Box 17200 Jacksonville, FL 32245-7200	\$23.90 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Internet service for political activities	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12/20/2001	Marriott	333 S. Figueroa Street Los Angeles, CA 90071	\$19.00 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Political travel expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12/23/2001	Mezza Luna	310 Colorado Austin Tx 78701-3925	\$100.77 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Meeting with political supporters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Payee name	Payee address	Amount (\$)
12-28-2001	Broadmoor Hotel	1 Lake Avenue Colorado Springs, CO 80906	\$24.20 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.) Travel expense - this item was inadvertently paid by the campaign in error and was reimbursed on 5-13-2003.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: 5
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
12-28-2001	Texaco	766 N. Commerical St. Trinidad, CO 81082	\$12.50 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Travel expense - this item was inadvertently paid by the campaign in error		and was reimbursed on 5-13-2003.	

Date	Payee name	Payee address	Amount (\$)
12-29-2001	Broadmoor Hotel	1 Lake Avenue Colorado Springs, CO 80906	\$85.45 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Travel expense - this item was inadvertently paid by the campaign in error		and was reimbursed on 5-13-2003.	

Date	Payee name	Payee address	Amount (\$)
12-31-2001	Sapphire Restaurant	223 Gore Creek Dr. Vail, CO 81657	\$71.75 (x) Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Travel expense - this item was inadvertently paid by the campaign in error		and was reimbursed on 5-13-2003.	