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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR HIRST MONICO	MI	OFFICE USE ONLY Date Received
	NICKNAME LAST Sauchet	SUFFIX	10-6-2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	18105 lockington u		Date Hand-delivered or Postmarked
change of address	AUSTA	TX 78748	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 291-3791	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS MR FIRST	e ^{MI}	Date Imaged
	NICKNAME LAST Sauchez	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 8105 TOUR (NO TO	city; state; Way 78748	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 291 3791	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff [15th day after campaign treasurer appointment (officeholderonly)
	July 15 8th day before election	Exceeded \$500 [imit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 2014
11 ELECTION	Month Day Year Primary	Runoff G	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Districtle	-AISD
D:D0Md 90 130 pT.			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFIC	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN NATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	
	COMMITTEE TYPE	COMMITTEE NAME	THE TRECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 500,00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 974.30
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.	erjury, that the accompanying report formation required to be reported by
		Signature of Candida	ate or Officeholder
AFFIX NOTARY STAMP	/ SEAL ABOVE		
Sworn to and subsc	ribed before me	e, by the said	, this the
day	of	, 20, to certify which, witness my	hand and seal of office.
Signature of officer adminis	etering oath	Printed name of officer administering oath	Title of officer administering oath
			istoring odul

SCHEDULE A

	So-	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:	
Monica Sanchez	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5 Full name of contributor ☐ out-of-state PAC(ID#.)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)	
275ep14 Hilda Vilbolobos-Alarez 6 Contributor address; City; State; Zip Code	195,00	
1035-Blott Ave. Austin, TR 78721		
AUSTINI, IN 10 TO	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution	
27 Sep 14 De TVEVINO Contributor address; City; State; Zip Code	contribution (\$) description (if applicable)	
Contributor address; City; State; Zip Code 5401 S. FM 1626 Ste, 170-295	100,00	
Kyle, TX 78640	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution	
11 5 0 6 2 2 10 0 0	contribution (\$) description (if applicable)	
Contributor address; City; State; Zip Code	85.00	
P106 St. Alkans Blvd.		
Austin, 77 18745	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full name of contributor out-of-state PAC (ID#) ALDEVA	Amount of In-kind contribution contribution (\$) description (if applicable)	
Contributor address: City: State; Zip Code	100,00	
1906 St. Albans Blvd. Austin, TX 18745		
	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)	
19 Sep (4 Mario Sahchuz Contributor address; City; State; Zip Code	100.60	
8105 Tockinaton Way		
AUSTIN, TX 9/8/98	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Monica Sanchez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code 1035-15 Loff Ave,	50.00
Austin TX 78721	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (Se	e Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
12 Sept Ruth Mantilla Contributor address; City; State; Zip Code 149 Ruellia Cove	50,00
Kyle, 77 78640	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
12 sept Ratael Thaira Contributor address; City; State; Zip Code 123 Whirla way Dr.	50.00
Del Walle, TR 18617	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	ee Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	_) Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	50.00
Del Valle, TX 18617	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) description (if applicable)
pare Nancy Villagas contributor address; City; State; Zip Code 1/6 MCDOWell Rd. Del Valle, TX 78617	
_ 1	(If travel outside of Texas, complete Schedule T) ee Instructions)
Principal occupation / Job title (See Instructions) Employer (S	

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SCHEDULE A

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Monica Sanchez		3 ACCOUNT # (Et	hics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12 Sep 14 Arturo Villegas 6 Contributor address; City; State; Zip Code 116 McDowell Rd		60,00	
Del Valle, TX 78017		(If travel outside of	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
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125ep14 Ruben Villagas Contributor address; City; State; Zip Code 123 Whir lawby Dr.		50,00	
Del Valle, TX 78617		/If traval outside o	f Texas, complete Schedule T)
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1250014 Claudia Ilavra Contributor address; City; State; Zip Code P106 3t. Alkans Blvd. Austin, TR 78745		25.00	
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expose Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains he	Fundraising Expense strict Of District head/Rental Expense Transportation Equipm Contributions/Donatior Candidate/Officeho OTHER (enter a cate)	ent & Related Expenses ns Made By older/Political Committee
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Cantract labor Candidate / Officeholder name	Office sought	Office held
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68,10	Payee address; City, State, 1976 600 8. Zen White Austin, TX 1870	bedule) Description (If travel outside of T	exas, complete Schedule T)
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