

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS.	FIRST CHRISTINA	OFFICE USE ONLY
	NICKNAME	LAST SANCHEZ	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #:	CITY, STATE, ZIP CODE	Date Received
	1420 CAMINO ALTO EL PASO, TEXAS 79902		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(915)		204-0195	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST OMAR	MI
	NICKNAME	LAST VILLA	SUFFIX
	Receipt #	Amount \$	
		Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
1420 CAMINO ALTO EL PASO, TEXAS 79902			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(915)		533-8538	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 26 / 2019 THROUGH 04 / 24 / 2019		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
05 / 04 / 2019		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
EL PASO COMMUNITY COLLEGE TRUSTEE DISTRICT 4		EL PASO COMMUNITY COLLEGE TRUSTEE DISTRICT 4	
GO TO PAGE 2		APR 26 2019	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **CHRISTINA SANCHEZ** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

**EL PASO
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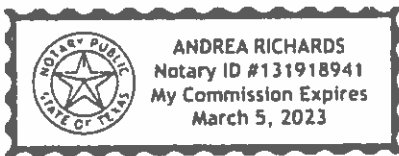
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Additional Pages

17 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)	\$ 6,018.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,399.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,016.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.

Christina Sanchez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christina Sanchez, this the 26th day of Apr. 1, 2019, to certify which, witness my hand and seal of office.

Andrea Richards Signature of officer administering oath
Andrea Richards Printed name of officer administering oath
notary Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Christina Sanchez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,330.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,688.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,399.81
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 392.21
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A.K. Miller	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 357 Buena Vista El Paso, Texas 79905		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eliot Shapleigh	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 701 N. St. Vrain El Paso, Texas 79902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yvonne Najera	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 432 Emerald Pass El Paso, Texas 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Sullivan	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6700 Pino Real El Paso, Texas 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2019	5 Full name of contributor Jonna Perillo <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$30.00
6 Contributor address; 2726 Richmond City: State; Zip Code El Paso, Texas 79930		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/2019	Full name of contributor Kitty Schild <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$50.00
Contributor address; 6136 Pino Real City: State; Zip Code El Paso, Texas 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/2019	Full name of contributor Gloria Lucero <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address; 8504 Morley City: State; Zip Code El Paso, Texas 79925		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/2/2019	Full name of contributor Erich Morales <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$50.00
Contributor address; PO Box 26732 City: State; Zip Code El Paso, Texas 79926		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

5

2 FILER NAME **Christina Sanchez**

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/2019

5 Full name of contributor out-of-state PAC (ID# _____)
Gabriel Lopez

7 Amount of contribution (\$) **\$200.00**

6 Contributor address, City, State, Zip Code
**1916 Littlefield
Austin, Texas 78723**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/7/2019

Full name of contributor out-of-state PAC (ID# _____)
Evelina Ortega

Amount of contribution (\$) **\$100.00**

Contributor address, City, State, Zip Code
**1201 Cincinnati
El Paso, Texas 79902**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/9/2019

Full name of contributor out-of-state PAC (ID# _____)
Deborah Kastrin

Amount of contribution (\$) **\$500.00**

Contributor address, City, State, Zip Code
**3940 Flamingo
El Paso, Texas 79902**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/11/2019

Full name of contributor out-of-state PAC (ID# _____)
Tracy Yellen

Amount of contribution (\$) **\$100.00**

Contributor address, City, State, Zip Code
**925 McKelligon
El Paso, Texas 79902**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME **Christina Sanchez**

3 Filer ID (Ethics Commission Filers)

4 Date
4/12/2019

5 Full name of contributor out-of-state PAC (ID# _____)
Paul Foster

7 Amount of contribution (\$) **\$500.00**

6 Contributor address; City; State; Zip Code
**123 W. Mills
El Paso, Texas 79901**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/15/2019

Full name of contributor out-of-state PAC (ID# _____)
L. Frederick Francis

Amount of contribution (\$) **\$500.00**

Contributor address; City; State; Zip Code
**500 North Mesa
El Paso, Texas 79901**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/16/2019

Full name of contributor out-of-state PAC (ID# _____)
Edward Escudero

Amount of contribution (\$) **\$500.00**

Contributor address; City; State; Zip Code
**34 Goodwin
El Paso, Texas 79902**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/17/2019

Full name of contributor out-of-state PAC (ID# _____)
David Stout

Amount of contribution (\$) **\$150.00**

Contributor address; City; State; Zip Code
**2808 Grant
El Paso, Texas 79930**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy O'Rourke 6 Contributor address: 1100 Los Angeles City: State, Zip Code El Paso, Texas 79902	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carmen Calderon Dominguez Contributor address: 355 Pratt City: State, Zip Code El Paso, Texas 79915	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1
2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2,688.00
5 Date 4/12/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everardo Ramirez	8 Amount of Contribution \$ \$336.00
	7 Contributor address: City: State: Zip Code 8701 Castner El Paso, Texas 79907	9 In-kind contribution description Printing Expense
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date 4/12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everardo Ramirez	Amount of Contribution \$ \$2,352.00	In-kind contribution description Printing Expense
	Contributor address: City: State: Zip Code 8701 Castner El Paso, Texas 79907	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/2019		5 Payee name Home Depot			
6 Amount (\$) \$17.23		7 Payee address: City; State; Zip Code 7545 N. Mesa El Paso, Texas 79912			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign posts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/30/2019		Payee name Office Depot			
Amount (\$) \$179.01		Payee address: City; State; Zip Code 801 Sunland Park Dr Space B El Paso, Texas 79912			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Overhead Expense		Description Office supplies; ink	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/30/2019		Payee name Michaels			
Amount (\$) \$23.82		Payee address: City; State; Zip Code 811 Sunland Park Dr El Paso, Texas 79912			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/4/2019		5 Payee name Regency Printing			
6 Amount (\$) \$146.14		7 Payee address: City; State; Zip Code 2313 N Piedras El Paso, Texas 79930			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing- Push cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/6/2019		Payee name Network Solutions			
Amount (\$) \$1.99		Payee address: City; State; Zip Code 12808 Gran Bay Parkway Jacksonville, Florida 32258			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Overhead Expense		Description Internet hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/8/2019		Payee name Taco Cabana			
Amount (\$) \$15.14		Payee address: City; State; Zip Code 6345 Gateway Blvd W El Paso, Texas 79925			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Food for canvassers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/8/2019		5 Payee name Constant Contact			
6 Amount (\$) \$47.97		7 Payee address: City, State, Zip Code 1601 Trapelo Rd. Waltham, Massachusetts 02451			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Email campaign	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/13/2019		Payee name Verizon			
Amount (\$) \$223.80		Payee address: City, State, Zip Code 820 Sunland Park Ste. B El Paso, Texas 79912			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Overhead Expense		Description Wireless internet access	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/15/2019		Payee name Alexander Galarza			
Amount (\$) \$150.00		Payee address: City, State, Zip Code 8459 Waterfall El Paso, Texas 79907			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description Canvasser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/15/2019		5 Payee name Nicole Drury			
6 Amount (\$) \$354.00		7 Payee address; City, State; Zip Code 816 N. Estrella El Paso, Texas 79903			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Canvasser	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/16/2019		Payee name NGP VAN			
Amount (\$) \$67.20		Payee address; City, State; Zip Code 1445 New York Ave. NW, Suite 200 Washington, DC 20005			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description Voter List	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/17/2019		Payee name Luis Chavira			
Amount (\$) \$342.00		Payee address; City, State; Zip Code 6080 Belladonna El Paso, Texas 79924			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description Canvasser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/2019		5 Payee name Sun Circle Strategic Group			
6 Amount (\$) \$1,777.98		7 Payee address: City, State, Zip Code 1401 Montana El Paso, Texas 79902			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Postage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/23/2019		Payee name NGP VAN			
Amount (\$) \$53.53		Payee address; City, State, Zip Code 1445 New York Ave. NW, Suite 200 Washington, DC 20005			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description Voter List	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G.		2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/12/2019		5 Payee name Wix.com			
6 Amount (\$) \$22.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address, City, State, Zip Code 500 Terry A Francois Blvd San Francisco, California 94158			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Overhead Expense		(b) Description Internet hosting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/5/2019		Payee name Regency Printing			
Amount (\$) \$181.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address, City, State, Zip Code 2313 N Piedras El Paso, Texas 79930			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing- Push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/29/2019		Payee name Regency Printing			
Amount (\$) \$146.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address, City, State, Zip Code 2313 N Piedras El Paso, Texas 79930			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing- Push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G		2 FILER NAME Christina Sanchez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/15/2019		5 Payee name Papa Johns			
6 Amount (\$) \$42.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address, City, State, Zip Code 2600 N. Mesa El Paso, Texas 79902			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for volunteers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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