

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: 8			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Veronica	MI Y	OFFICE USE ONLY Date Received RECEIVED OCT - 6 2025 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME	LAST Sanches	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE			
Change of Address	2707 Charriton Houston, TX 77039					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 588-3264	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Richard	MI	Receipt # Amount \$		
	NICKNAME	LAST Cantu	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			Date Imaged		
(Residence or Business)	11015 Catamore Houston, TX 77076					
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 741-1196	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	8	14	25	THROUGH	10	6 / 25
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	11	4	25	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				Aldine ISD Board, Position 4		
14 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	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	Veronica Sanches Campaign				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
		2707 Charriton Dr. Houston TX, 77039				
COMMITTEE CAMPAIGN TREASURER NAME						
	Richard Cantu					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
	11015 Catamore Houston, TX77076					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Veronica Sanches		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 716.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,110.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,348.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,477.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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

OR

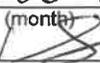
(2) Unsworn Declaration

My name is Veronica Sanches, and my date of birth is 08/13/1986

My address is 2707 Charriton, Houston, TX, 77039, US

(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 6th day of October, 2025



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Veronica Sanches		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,826.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,348.20
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Veronica Sanches		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Reyes Garcia 6 Contributor address; City; State; Zip Code 3015 Charriton Dr. Houston TX 77039	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Viola Garcia Contributor address; City; State; Zip Code 7666 Athlone Dr, Houston TX 77088	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Rose Avalos Contributor address; City; State; Zip Code 2907 Travick Ln Houston TX 77073	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Selina Valdez Contributor address; City; State; Zip Code 5115 Otterbury Dr. 77039	Amount of contribution (\$) 105.00
Principal occupation / Job title (See Instructions) Recycling Coordinator		Employer (See Instructions) SMC Landscape Services

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Veronica Sanches		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Rocio Witte 6 Contributor address; City; State; Zip Code 12507 Huntly Point Dr. Humble TX 77346	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Community Developer		9 Employer (See Instructions) BakerRipley
Date 08/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Juan Islas Contributor address; City; State; Zip Code 6315 Gesner Rd. Houston, TX 77041	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) EV1 Pro
Date 08/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Jose Diaz Contributor address; City; State; Zip Code 7900 Will Clayton Pkwy, Humble TX 77338	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) Sergeant		Employer (See Instructions) HCSO
Date 08/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Richard Cantu Contributor address; City; State; Zip Code 11015 Catamore Houston, TX 77076	Amount of contribution (\$) 260.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Hawes Hill & Associates
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Veronica Sanches		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Melissa Richard 6 Contributor address; City; State; Zip Code P.O. Box 967 Manvel TX 77578	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Empire Wireline
Date 09/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Michael Santos Contributor address; City; State; Zip Code 7900 Will Clayton Pkwy Humble, TX 77338	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Captain		Employer (See Instructions) HCSO
Date 09/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Tony Nezat Contributor address; City; State; Zip Code 9703 Richmond Ave. Houston, TX 77042	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Keen Realty Group
Date 09/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Monica Campos Contributor address; City; State; Zip Code 4913 Brady St. Houston, TX 77011	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) Hawes Hill & Associates
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Veronica Sanches

3 Filer ID (Ethics Commission Filers)

4 Date

09/15/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

David Hernandez

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State; Zip Code

7900 Will Clayton Pkwy Humble TX 77338

8 Principal occupation / Job title (See Instructions)

Sergeant

9 Employer (See Instructions)

HCSO

Date

09/18/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Johnny Reyes

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

7900 Will Clayton Pkwy Humble TX 77338

Principal occupation / Job title (See Instructions)

Lieutenant

Employer (See Instructions)

HCSO

Date

09/18/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Judy Rodriguez

Amount of contribution (\$)

95.00

Contributor address;

City;

State; Zip Code

4019 Wedgewood Houston, TX 77093

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

High Meadows Library Friends

Date

10/02/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Martin Chavez

Amount of contribution (\$)

500.00

Contributor address;

City;

State; Zip Code

12200 Carlsbad St., Houston, TX 77085

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

SMC Landscape

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Veronica Sanches	3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2025	5 Payee name Sprint2Print	
6 Amount (\$) 1,813.19	7 Payee address; City; State; Zip Code 8748 Clay Rd., Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	(b) Description Yard signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/11/2025	Payee name J&N Enterprises	
Amount (\$) 525.01	Payee address; City; State; Zip Code 2519 Fairway Park Dr., Suite 302 Houston, TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	Description Push cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Prosperity Bank	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1906 Aldine Bender Rd., Houston TX 77032	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees/Banking Expense	Description Service Charge
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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