

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

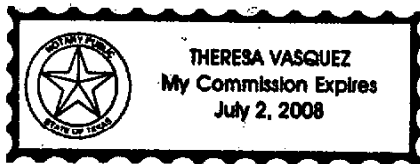
**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI ORLANDO	OFFICE USE ONLY Date Received: RECEIVED JUN 18 2007 CITY SECRETARY 10:51/6/07
	NICKNAME LAST SUFFIX SANCHEZ	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 130853 Houston, TX 77219-0853	Date Hand Delivered or Date Postmarked
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Receipt # Amount
5 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 06 THROUGH 12 / 31 / 06	Date Processed Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.	\$ 177.⁰⁴
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YFAR	\$ 0

7 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.

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orlando Sanchez, this the 16 day of Jan, 2007, to certify which, witness my hand and seal of office.

Theresa Vasquez Theresa Vasquez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS FORM C/OH-UC
EXPENDITURES PG 2

8 C/OH NAME ORLANDO SANCHEZ	9 ACCOUNT #(Ethics Commission files)
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10 Date	11 Payee name	13 Amount (\$)
	12 Payee address; City; State; Zip Code	

14 Purpose of expenditure (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED