

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS MR FIRST MI
Joe Jesse
NICKNAME LAST SUFFIX
Sanchez

OFFICE USE ONLY

RECEIVED

APR 02 2026

ALAMO COLLEGES DISTRICT
OFFICE OF LEGAL SERVICES

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
3711 River Falls San Antonio, TX 78259

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 602-6595

6 CAMPAIGN TREASURER NAME

MS MR FIRST MI
Minerva
NICKNAME LAST SUFFIX
Minnie Abrego - Sanchez

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
3711 River Falls San Antonio, TX 78259

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 862-1084

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officerholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
02 02 26 THROUGH 04 02 26

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 2 26 General Special
Uniform election day

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

ACCD District 9 Trustee

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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL
 SPECIFIC
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,425.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 64.68

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3,234.70

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

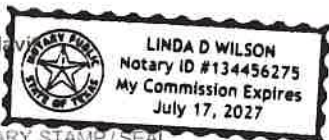
\$ 0.00

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.

Jose Jesus Sanchez
Jose Jesus Sanchez
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jose Jesus Sanchez this the 2nd day of April, 2026, to certify which, witness my hand and seal of office.

Linda D. Wilson
Signature of officer administering oath

Linda D. Wilson
Printed name of officer administering oath

Board Liaison / Elections Admin
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____

Jose Jesus Sanchez
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,425.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 64.68 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. | <input type="checkbox"/> 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: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elisa Bernal</i> | 7 Amount of contribution (\$) <i>\$250.00</i> |
| <i>2/16/26</i> | 6 Contributor address; City; State; Zip Code <i>3010 Whisper Fern St. San Antonio, Tx 78230</i> | |
| 8 Principal occupation / Job title (See Instructions) <i>Retired</i> | | 9 Employer (See Instructions) <i>Retired</i> |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vicente C. Agüero</i> | Amount of contribution (\$) <i>\$50.00</i> |
| <i>2/20/26</i> | Contributor address; City; State; Zip Code <i>6731 Heatherbrook San Antonio, Tx 78238</i> | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Antonio Alfaro</i> | Amount of contribution (\$) <i>\$200.00</i> |
| <i>2/16/26</i> | Contributor address; City; State; Zip Code <i>734 E. Ashby Pl. San Antonio, Tx 78212</i> | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norma Gutierrez Maldonado</i> | Amount of contribution (\$) <i>\$ 100.00</i> |
| <i>3/2/26</i> | Contributor address; City; State; Zip Code <i>124 Barilla Pl. San Antonio, Tx 78209</i> | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |

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: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Adela N. Gonzalez | 7 Amount of contribution (\$) \$100.00 |
| 3/6/26 | 6 Contributor address; City; State; Zip Code 10610 Tuscany Stone Apt. 1320 S. A. TX 78258 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia R. Van De Putte | Amount of contribution (\$) \$1,000.00 |
| 3/3/26 | Contributor address; City; State; Zip Code 602 Antler Dr. Castle Hills, TX 78213 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernesto Garcia Moreno | Amount of contribution (\$) \$100.00 |
| 3/28/26 | Contributor address; City; State; Zip Code 2822 Bear Springs Dr. S.A. TX 78245 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stella P. Carreon | Amount of contribution (\$) \$100.00 |
| 3/28/26 | Contributor address; City; State; Zip Code 13827 Flairwood St. San Antonio, TX 78233 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

3/31/26

Paul Grage
6 Contributor address: City: State: Zip Code

\$75.00

3838 River Falls San Antonio, TX 78259

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Retired

Date

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

Amount of contribution (\$)

3/28/26

Susan Blackwood
Contributor address: City: State: Zip Code

\$100.00

706 S Birdsong San Antonio, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

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

Amount of contribution (\$)

3/27/26

Margaret Mireles
Contributor address: City: State: Zip Code

\$1,000.00

329 Mary Louise Dr. S.A. TX 78201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

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

Amount of contribution (\$)

3/27/26

Diana Arevalo
Contributor address: City: State: Zip Code

\$250.00

242 Leming Dr. San Antonio, TX 78201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Managing Director of Advocacy

ALS Association

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

3/27/26

Lawrence Romo

\$100.00

6 Contributor address; City; State; Zip Code

4811 Isaac Ryan San Antonio, TX 78253

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Retired

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting Expense
- Consulting Expense
- Conferences/Conventions/Travel
- Direct Mail
- Event Expense
- Food
- Form
- Front/Backstage Expense
- Gift/Beverage/Amortized Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Public Relations
- Signage/Signs/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; 3 Filer ID (Ethics Commission Filers)

4 Date

3/31/20

5 Payee name

Aredot Inc

6 Amount (\$)

\$3,44

7 Payee address:

3723 Greenville Ave Suite 41002 Dallas, TX 75206

(b) Description

Online Processing Fees

(a) Category (see categories listed at the top of this schedule)

Banking

PURPOSE OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

(c) Check if paid outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense.

Date

3/28/20

Payee name

Aredot Inc

Amount (\$)

\$4,48

Payee address:

3723 Greenville Ave Suite 41002 Dallas, TX 75206

Description

Online Processing Fees

Category (see categories listed at the top of this schedule)

Banking

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Check if paid outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense.

Date

3/27/20

Payee name

Aredot Inc

Amount (\$)

\$41.98

Payee address:

3723 Greenville Ave Suite 41002 Dallas, TX 75206

Description

Online Processing Fees

Category (see categories listed at the top of this schedule)

Banking

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Check if paid outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|-------------------|----------------------------|
| 4 Date 3/27/26 | 5 Payee name Anedot Inc |
|-------------------|----------------------------|

| | |
|--------------------------|--|
| 6 Amount (\$) \$10.30 | 7 Payee address; City: State: Zip Code 3723 Greenville Ave suite 41002 Dallas, TX 75206 |
|--------------------------|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Banking | (b) Description Online Processing Fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------|--------------------------|
| Date 3/27/26 | Payee name Anedot Inc |
|-----------------|--------------------------|

| | |
|-----------------------|--|
| Amount (\$) \$4.48 | Payee address; City: State: Zip Code 3723 Greenville Ave suite 41002 Dallas, TX 75206 |
|-----------------------|--|

| | | |
|------------------------|---|---------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Banking | Description Online Processing Fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City: State: Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED