CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00067791	,	2 Total pages	filed: 23
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	William S.				
					Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
	Scott	Sanford				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
OFFICEHOLDER	5100 Eldorado Pkwy.					
MAILING ADDRESS	Suite 102-805				Receipt #	Amount
Change of Address	McKinney, TX 75072					
	Workinney, TX 73072				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Hal L.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Harbor		0011.01		
6 CAMPAIGN	STREET ADDRESS (NO PC		ΔΡ	r / SUITE #; CITY;		TATE; ZIP CODE
TREASURER	2801 Cedar Ridge Dr.	DONT LEASE),		1730HL#, CHT,	5	
ADDRESS	2001 Cedal Ridge DI.					
(Residence or Business)						
	McKinney, TX 75072					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(972) 612-2869					
PHONE						
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff		ampaign treasurer
				E sus de de serie de la la la		fficeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD COVERED	Month Day Year	т		Month Day	Year	
OUVERED	01/01/2024	11	HROUGH	06/30/2024	4	
10 ELECTION						
10 ELECTION	ELECTION DATE Month Day Year		Primary	ELECTION TYPE	Other	
	Month Day Tea		- Tirriary			
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Dist	trict 70		State Representa	ative District 70	
	1			I		
		GO '	TO PAGE 2			
	waa Ethias Ormania			-		
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Vers	sion V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 23

13 C / OH NAME	The Honorable)	14 Filer ID (E 00067791	Ethics Commissi	on Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or officel	nolder's knowled	lge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1	.7,641.65
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 6	8,930.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Honor	able William S. Sanfo	rd	
		Signature of	Candidate or Officehold	er	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	da	y
		ertify which, witness my hand and seal of office.			
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oa	ath
Forms provided by Te	vas Ethics Commission	www.ethics.state.tx.us	V	ersion V4 1 0	d270aba0

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 23 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Sanford, William S. (The Honorable) 00067791 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 0.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0.00 З. 4. X SCHEDULE E: LOANS \$ 0.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11,106.47 \$ X 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0.00 \$ 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 6,535.18 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 0.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/23				
2	FILER NAME			3	Filer ID	(Ethics C	Commission Filers)	
	Sanford, Wi	lliam S. (The Honorable)		00067791				
4	TOTAL OF	UNITEMIZED PLEDGES		\$			0.00	
5	Date	6 Full name of pledgor Out-of-state PAC (ID#	:)	8	Amount of pledge (\$)	9 	In-kind description (If applicable)	
		7 Pledgor Address; City; State; Zip Cod	9		Check if trave	I I I el outside d	of Texas. Complete Sch	edule T.
10	Principal occ	upation / Job title (See Instructions)	11 Employer (See Instru	uctio	ns)			

LOANS					SCHEDUL	ЕE
The Instructio	n Guide explains how	to complete this f	orm.		ges Schedule E: 1 Rpt: 5/23	
2 FILER NAME Sanford, William	S. (The Honorable)			3 Filer ID 000677	(Ethics Commission F '91	ilers)
⁴ TOTAL OF UN	ITEMIZED LOANS				\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; C	ity; State;	Zip Code		10 Interest Rate	
					11 Maturity Date	
12 Principal occupatio	on / Job title (See Instructions)		13 Employer (See Instructions	5)		
14 Description of Coll	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		l		19 Amount Guarantee	d (\$)
not applicable	18 Guarantor address; C	ity; State;	Zip Code			
20 Principal occupation	n		21 Employer (See Instructions	5)	l	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 1/3 Rpt: 6/23		Sanford, William S. (The Honorable)				00067791				
4	Date	5	Payee name								
	01/26/2024		Chase								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$403.19		PO Box 5294								
			Carol Stream, IL 60197								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Description						
Ũ	OF		Credit Card Payment	iedule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense				
					Campaign ex	pe	nses				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	02/26/2024		Chase								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$246.14		PO Box 5294								
			Carol Stream, IL 60197								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Credit Card Payment	iedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense NSES				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	03/26/2024		Chase								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$1,738.06		PO Box 5294								
			Carol Stream, IL 60197								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Credit Card Payment	iedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense NSES				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	lains f	Office Over Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e 'Contract Labor		Solicitation/Fundraising Expensi Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not li	elated Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Co	mmission Filers)	
	Sch: 2/3 Rpt: 7/23		Sanford, William S. (The Honorab	le)					00067791		
4	Date 04/26/2024		Payee name Chase								
6	Amount (\$) \$1,213.27		Payee address; City; S PO Box 5294 Carol Stream, IL 60197	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Credit Card Payment	his sche	edule)			, тх,	le of Texas. Complete Schedule officeholder living expense ISES	э т .	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0)ffice sou	ght			Office held		
	Date		Payee name								
	05/26/2024		Chase								
	Amount (\$) \$751.14		Payee address; City; S PO Box 5294	State;	Zip Co	de					
			Carol Stream, IL 60197								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Credit Card Payment	his sche	edule)			, тх,	le of Texas. Complete Schedule officeholder living expense ISES	e T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0)ffice sou	ght			Office held		
	Date		Payee name								
	06/26/2024		Chase								
	Amount (\$) \$1,239.67		Payee address; City; S PO Box 5294	State;	Zip Coo	de					
			Carol Stream, IL 60197								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Credit Card Payment	his sche	edule)			, тх,	le of Texas. Complete Schedule officeholder living expense ISES	эт.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office sou	ght			Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	I	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 8/23	Sanford, William S. (The Honorable)		00067791	
4	Date	Payee name			
	05/23/2024	Chase			
6	Amount (\$) \$515.00	Payee address; City; State; Zip Code PO Box 5294 Carol Stream, IL 60197			
8	PURPOSE OF EXPENDITURE		tin, TX	side of Texas. Com (, officeholder living PISES	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	06/30/2024	Cottonwood Creek Church			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	1015 Sam Rayburn Hwy			
		Allen, TX 75013			
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	tin, TX	side of Texas. Com 4, officeholder living 1000000 Cre	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld

			EXP	ENDITURE CATEGORI	ES FOR BOX	10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fee Foo / - Gift	d/Beve	erage Expense I s/Memorials Expense I	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expens	se Tra Tra Tra	licitation/Fundraising ansportation Equipme avel in District avel Out of District THER (enter a categor	nt & Related		
		Th	e Inst	ruction Guide explains ho	w to complete	this form.					
1	Total pages Schedule F4:	2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
	Sch: 1/15 Rpt: 9/23	Sanford, Willia	m S.	(The Honorable)				00067791			
	CREDIT CARD ISSUER	Name o		ncial institution 1ase		DITURE		\$			
					CARD						
6	PAYMENT	(a) Amount Charge	d	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
		\$25.86		02/03/2024							
7	PAYEE	(a) Payee name			(b) Payee	address;		City,	State,	Zip Code	
		Apple, Inc.			1 Infinity	Loop					
					Cupertin	o, CA 95	5014				
-	PURPOSE OF	(a) Category			(b) Descri	ption					
	EXPENDITURE	(See Categories listed at Office Overhead		,	Newspa	per subs	criptions				
	X Political										
				of Texas. Complete Schedule T		Check	if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	lete <u>ONLY</u> if direct Candidate/Officeholder name Of						Office held			
	penditure to benefit C/OH										
	PAYMENT	(a) Amount Charge	d	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer	Paid			
		\$25.86		01/04/2024							
	PAYEE	(a) Payee name		•	(b) Payee	address;		City,	State,	Zip Code	
		Apple, Inc.			1 Infinity	Loop					
L		(a) Catagon (Cupertino, CA 95014					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at 1	he top	of this schedule)	(b) Description Newspaper subscriptions						
	X Political	Office Overhead/	Ren	tal Expense	Петора		criptions				
	Non-Political			of Texas. Complete Schedule T		Check	if Austin, TX,	officeholder living exp	ense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeh	older	name Off	ice sought			Office held			
		(a) Amount Charge	d	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer	Paid			
		.,	u	01/04/2024	(c) Duic(c			1 did			
		\$85.28		01/04/2024							
	PAYEE	(a) Payee name		1	(b) Payee	address;		City,	State,	Zip Code	
		Mailabinan			512 Mea	ins Stree	et				
		Mailchimp			Suite 40	4					
					Atlanta,		18				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at 1	he top	of this schedule)	(b) Descri						
	_	Advertising Expe			Email da	liabase					
⊢	Non-Political			of Texas. Complete Schedule T		Check	if Austin, TX,	officeholder living exp	ense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeh	older	r name Off	ice sought			Office held			

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	oment & Related E t					
		The Inst	ruction Guide explains h	is how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	Ethics Commiss	ion Filers)				
	Sch: 2/15 Rpt: 10/23	Sanford, William S.	(The Honorable)		00067791						
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE	ED						
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREI CARD	CHARGED TO A CREDIT						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid						
		\$135.00	01/25/2024								
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		A ma a a a n		1200 12th Avenue Sou	th						
		Amazon		Suite 1200							
				Seattle, WA 98144							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
		Gift/Awards/Memorial		Gifts							
	X Political										
	Non-Political		of Texas. Complete Schedule		TX, officeholder living	expense					
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held						
e	xpenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card Iac	war Daid						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid						
		\$85.28	02/04/2024								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		Mailchimp		512 Means Street							
		manorimp		Suite 404							
		(a) Catagony		Atlanta, GA 30318							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Email Database							
	X Political	Advertising Expense									
	Non-Political		(7. 0. 1. 0.1.1.								
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	TX, officeholder living Office held	expense					
e	xpenditure to benefit C/OH	Canadate, Oniceriolaer	liame 0	nice sought	Onice Held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid						
		\$44.00	02/27/2024	(-,							
		φ44.00	02/21/2024								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
				2400 Aviation Blvd							
		Dickey's Barbeque		Terminal C, Gate 6							
				DFW Airport, TX 75261	L						
	PURPOSE OF	(a) Category	(b) Description								
		(See Categories listed at the top Food/Beverage Expe		Meal while traveling to	the National Bu	uilder's Conv	vention				
	X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living	expense					
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held						
e	xpenditure to benefit C/OH										

			D	SCHEDULE F4
	EXPE	NDITURE CATEGOR	IES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Politica	0		Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
	i	ruction Guide explains h	low to complete this form.	1
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Sch: 3/15 Rpt: 11/23	Sanford, William S.	(The Honorable)		00067791
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMI EXPENDITURES	
ISSUER	see pr	evious	CHARGED TO A CR CARD	EDIT
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid
	\$22.60	02/28/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			3355 Las Vegas Blvd	
	Carlos Bakery			
			Las Vegas, NV 89109	9
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top		Food while at the Nat	ional Builders convention
X Political	Food/Beverage Exper	ISE		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid
	\$12.84	02/28/2024		
	() -			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Cosmopolitan Hote	l	3708 Las Vegas Blvd	. 5
PURPOSE OF	(a) Category		Las Vegas, NV 89109 (b) Description)
EXPENDITURE	(See Categories listed at the top	of this schedule)		ional Builders convention
X Political	Food/Beverage Exper	ise		
Non-Political			T Dobashi Kausa	
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	in, TX, officeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Oniceriolder	name o	nice sought	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid
	· · · · · ·	.,	(0) =(0) =	
	\$122.96	02/28/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	(3799 S. Las Vegas B	
	MGM Cooperfield			
			Las Vegas, NV 89109	9
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top		Meal while at the Nat	ional Builders convention
X Political	Food/Beverage Exper	150		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held
expenditure to benefit C/OH				

Γ	Advertising Expense		EXPE		S FOR BOX	-		licitation/Fundraising	Expense	
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food - Gift/	s d/Bever	rage Expense Po s/Memorials Expense Pr	flice Overhead/R olling Expense inting Expense alaries/Wages/Co	ental	Expense Tra Tra Tra	ansportation Equipme avel in District avel Out of District THER (enter a catego	ent & Related	
		-		ruction Guide explains how	-			(* ** ** ***)	,	,
1	Total pages Schedule F4:	2 FILER NAME						3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 4/15 Rpt: 12/23	Sanford, Williar	m S.	(The Honorable)				00067791		
4	CREDIT CARD	Name of	Name of financial institution				UNITEMIZED URES	\$		
	ISSUER	S	ee pr	evious	CHARGED TO A CREDIT CARD					
6	PAYMENT	(a) Amount Charged	d	(b) Date of Charge	(c) Date(s	s) Cre	edit Card Issuer	Paid		
		\$65.00		02/07/2024						
7	PAYEE	(a) Payee name			(b) Payee	add	ress;	City,	State,	Zip Code
		Uptown on Mai	ing		304 Maii	n Sti	reet			
					Frisco, C					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th	he top (of this schedule)	(b) Descri	•				
		Food/Beverage E			Food ex	pens	se			
	Non-Political	(C) Check if travel of	utsido	of Texas. Complete Schedule T.			Check if Austin TX	officeholder living ex	nense	
9		Candidate/Officeh			ce sought		Check if Addith, TA,	Office held	pense	
	expenditure to benefit C/OH				0					
	PAYMENT	(a) Amount Charged	d	(b) Date of Charge	(c) Date(s	s) Cre	edit Card Issuer	Paid		
		\$41.72		02/27/2024						
	PAYEE	(a) Payee name			(b) Payee	add	ress;	City,	State,	Zip Code
		Curb Taxi			11-11 34	4th A	Avenue			
					Long Isla	and	City, NY 1110	6		
	PURPOSE OF	(a) Category (See Categories listed at th	ha tan i	of this schoolule)	(b) Descri	•				
	EXPENDITURE	Transportation Ec			Transpo conventi		on to hotel wh	ile attending t	he Nation	al Builders
	Non-Political	I		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeh	older	name Offic	ce sought			Office held		
	PAYMENT	(a) Amount Chargeo	d	(b) Date of Charge	(c) Date(s	s) Cre	edit Card Issuer	Paid		
		\$258.92		02/28/2024						
	PAYEE	(a) Payee name			(b) Payee	add	ress;	City,	State,	Zip Code
		Buddy Vs Rest	aura	nt	3327 La	s Ve	egas Blvd. S			
					-		NV 89109			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th	he ton	of this schedule)	(b) Descri	•				
	X Political	Food/Beverage E			Meal wh	ile a	it the National	Builders Conv	vention	
	Non-Political	(C) Check if travel of	utside d	of Texas. Complete Schedule T.	1		Check if Austin, TX,	officeholder living ex	pense	
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeh			ce sought	<u> </u>		Office held		
e	xpenditure to benefit C/OH									

			D	SCHEDUL	.е F4
	EXPE	NDITURE CATEGOR	IES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a	
	0		low to complete this form.	······································	
1 Total pages Schedule F4:				3 Filer ID (Ethics Commis	sion Eilers)
		(The Honorable)		00067791	
Sch: 5/15 Rpt: 13/23	Sanford, William S.	· · · · · ·			
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMI EXPENDITURES	ZED S	
ISSUER	see pr	evious	CHARGED TO A CR		
			CARD		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid	
	\$43.37	02/28/2024			
	+				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
			75 E. Harmon Ave.		F
	Marriott Grand Cha	teau			
			Las Vegas, NV 8910)	
8 PURPOSE OF	(a) Category		(b) Description)	
EXPENDITURE	(See Categories listed at the top	of this schedule)	· ·	onal Builders convention	
V Dolitical	Food/Beverage Exper	ise			
X Political					
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid	
	\$900.00	02/20/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
			3799 S. Las Vegas B	lvd.	
	MGM Cooperfield				
			Las Vegas, NV 8910)	
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Event expense while	at the National Builder's Co	nvention
X Political	Event Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living expense	
	Candidate/Officeholder	•	ffice sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenolder	name o	nice sought	Office field	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuar Daid	
PATMENT		()	(c) Dale(s) Credit Card I		
	\$115.51	02/28/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Uber Technologies,	Inc	182 Howard Street		
			T#8		
			San Francisco, CA 9	105	
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description		
EXPENDITURE	Transportation Equipr		Transportation while	at the National Builder's cor	vention
X Political	Expense				
Non-Political		of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held	
expenditure to benefit C/OH			-		

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Iffice Overhead/Rental Expense Transportation Equipment & Re olling Expense Travel In District rinting Expense Travel Out of District		ent & Related I			
The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 6/15 Rpt: 14/23	Sanford, William S.	. (The Honorable)			00067791				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNIT EXPENDITURES		\$				
ISSUER	see p	see previous CHARGED TO A CREDIT CARD			φ				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid				
	\$25.86	05/03/2024							
7 PAYEE	(a) Payee name	-	(b) Payee address;		City,	State,	Zip Code		
	Apple, Inc.		1 Infinity Loop						
			Cupertino, CA 95	014					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (See Categories listed at the top of this schedule)			(b) Description Newspaper subso	rintion					
X Political	Office Overhead/Ren		Inpuon						
Non-Political				<i>2</i> 2 1 1 1 1 1 1					
9 Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	f Austin, TX,	officeholder living ex Office held	pense			
expenditure to benefit C/OH									
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Ca			ard Issuer	Paid					
	\$136.21	06/21/2024							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
			298 Reunion Blvc	d.					
	Hyatt Regency Dal	las							
			Dallas, TX 75207						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Food/Beverage Expe	,	Mear meeting	Meal meeting					
X Political									
Non-Political		of Texas. Complete Schedule		f Austin, TX,	officeholder living ex Office held	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		Office sought						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid				
	\$57.00	05/23/2024							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	Ebb & Flow		7300 Lone Star						
	(a) Catagony		Plano, TX 75024						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Meal meeting						
X Political Food/Beverage Expense									
Non-Political		of Texas. Complete Schedule		f Auctio TV	officeholder living ex	20050			
Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	•	Diffice sought	n Ausun, TX,	Office held	henze			
expenditure to benefit C/OH					2				

Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees Food/Beve	erage Expense	IES FOR BOX Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense	Reimbursement S ental Expense T T	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District				
Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Serv		Salaries/Wages/Co	Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
	The Instruction Guide explains how to complete this form.						·		
1 Total pages Schedule F4:					3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 7/15 Rpt: 15/23	Sanford, William S.	(The Honorable)			00067791				
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED					
ISSUER	see p	see previous			\$ 				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	Charge (c) Date(s) Credit Card Issue		er Paid				
	\$700.00	05/26/2024							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
			6595 W.	Virginia Pkwy					
Smiles Charity									
			McKinne	y, TX 75071					
8 PURPOSE OF	(a) Category		(b) Descri	ption					
EXPENDITURE (See Categories listed at the top of this schedule) Contributions/Donations Made By			Donation	to smiles charity	у				
X Political	Candidate/Officeholder/Political Committee								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin, TX	, officeholder living exp	ense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	ffice sought		Office held				
expenditure to benefit C/OH									
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issue	er Paid				
	\$187.50	05/30/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Baylor University		One Bea	One Bear Place #97050					
			Waco, T	Waco, TX 76798					
PURPOSE OF	(a) Category		(b) Descri	(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donation		Donation	Donation to scholarship fund					
X Political	Candidate/Officehold		e						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T.	Check if Austin, TX	, officeholder living exp	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name O	ffice sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$25.86	06/03/2024							
	\$20.00	00/00/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
			1 Infinity	Loop					
	Apple, Inc.			·					
			Cupertin	o, CA 95014					
PURPOSE OF	(a) Category		(b) Descri						
EXPENDITURE	(See Categories listed at the top	,	Newspa	per subscriptions	6				
X Political Office Overhead/Rental Expense									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	<u> </u>	Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held				
expenditure to benefit C/OH			-						

EXPENDITURE CATEGORIES FOR BOX 10(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense s/Memorials Expense	Office Overhead/R Polling Expense Printing Expense							
	The Inst	ruction Guide explains	how to complete	this form.						
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 8/15 Rpt: 16/23	Sanford, William S.	(The Honorable)			00067791					
4 CREDIT CARD	Name of fina	ncial institution		. OF UNITEMIZED	1.					
ISSUER	see p	see previous CHARGED TO A C CARD			т					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$355.00	06/20/2024								
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	Crown Block		300 Reu	nion Blvd. E						
	8 PURPOSE OF (a) Category			X 75207						
			(b) Descri Meal me	•						
Political	Food/Beverage Expense			cung						
Non-Political		of Toylog, Complete Cabadula			(office helder living our					
9 Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought		C, officeholder living exp Office held	bense				
expenditure to benefit C/OH										
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date) Credit Card Issue	er Paid					
	\$30.11	02/29/2024								
PAYEE	(a) Payee name		(b) Payee	addross	City,	State,	Zip Code			
	(a) Fayee hame		., ,	lustrial Road	City,	State,				
	Whittlese Blue Cab		2000 110							
			Las Vega	as, NV 89102						
PURPOSE OF	(a) Category		(b) Descri	(b) Description						
EXPENDITURE	(See Categories listed at the top Transportation Equipt	,	Transpo	Transportation while at the National Builders Convention						
X Political	Expense									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin, TX	<, officeholder living exp	oense				
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a) Credit Card Issue	or Doid					
			(C) Dale(S) Cleuit Caru Issue						
	\$46.63	02/29/2024								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
			., ,	s Vegas Blvd			•			
	Johnny Rockets M	GM								
			-	as, NV 89102						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descri	•						
	Food/Beverage Expe		Meal wh	ile at the Nationa	al Builders Conv	ention/				
X Political										
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	K, officeholder living exp	bense				
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
expenditure to benefit C/OH										

	EXPI	ENDITURE CATEGORI	ES FOR BOX	10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Tr Tr Tr	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)				
	The Inst	ruction Guide explains he	ow to complete	this form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)			
Sch: 9/15 Rpt: 17/23	Sanford, William S.	. (The Honorable)			00067791				
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED					
ISSUER	see p	see previous EXPENDITURES See previous CHARGED TO A CREDIT CARD			\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	\$25.86	03/03/2024							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Apple los		1 Infinity	Loop					
	Apple, Inc.								
				o, CA 95014					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)			(b) Descrip						
-	Office Overhead/Rental Expense			per subscription					
				_					
		of Texas. Complete Schedule 1		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid									
			Clean Card 1350e	rraid					
	\$85.28	03/04/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
			., .	ns Street			•		
	Mailchimp		Suite 404	Suite 404					
			Atlanta, 0	GA 30318					
PURPOSE OF	(a) Category		(b) Description						
	(See Categories listed at the top Advertising Expense	of this schedule)	Email Database						
X Political									
Non-Political		of Texas. Complete Schedule 1		Check if Austin, TX,	officeholder living exp	ense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	fice sought		Office held				
expenditure to benefit C/OH	(a) Amount Charged	(b) Data of Charge		Credit Card Jacua	* Daid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Palu				
	\$41.55	03/08/2024							
PAYEE	(a) Payee name		(b) Payee	address:	City,	State.	Zip Code		
	(u) r uyee name		., .	ard Street	Oity,	Olule,			
	Uber Technologies	, Inc.	T#8						
				ncisco, CA 94105	5				
PURPOSE OF	(a) Category		(b) Descrip						
EXPENDITURE	(See Categories listed at the top	,	Travel to	meeting					
X Political Transportation Equipment And Related Expense									
Non-Political		of Texas. Complete Schedule	г.	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought		Office held				
expenditure to benefit C/OH									

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit	By - Gift/Award	erage Expense Is/Memorials Expense	Office Overhead/R Polling Expense Printing Expense							
	The Instruction Guide explains how to complete this fo					-				
1 Total pages Schedule F4	: 2 FILER NAME				3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)				
Sch: 10/15 Rpt: 18/23	Sanford, William S.	. (The Honorable)			00067791	00067791				
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED						
ISSUER	see p	see previous EXPENDITURES CHARGED TO A CREDIT CARD			\$ 					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$78.25	03/07/2024								
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
	House of Pluce		7301 Loi	nestar Dr.						
House of Blues										
8 PURPOSE OF (a) Category			Plano, T							
			(b) Descri Event ex	•						
X Political	Event Expense			pense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	<u>.</u>	Check if Austin, TX	, officeholder living ex	pense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholde	•	Office sought		Office held					
expenditure to benefit C/OH										
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer) Credit Card Issue	er Paid					
	\$216.29	03/16/2024								
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code			
	Costos		3650 W.	University						
	Costco									
				ey, TX 75071						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	. ,	(b) Description Supplies						
X Political	Office Overhead/Ren	tal Expense	Supplies							
Non-Political		of Texas. Complete Schedule			, officeholder living ex	00000				
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	•	Diffice sought		Office held	pense				
expenditure to benefit C/OF	1		0							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$76.71	03/15/2024								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	Hyatt Regency Dal	las	298 Reu	nion Blvd.						
				V 75007						
PURPOSE OF	(a) Category		Dallas, T (b) Descri							
EXPENDITURE	(See Categories listed at the top		Meeting							
X Political	L Eood/Beverage Expense									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	 е Т.	Check if Austin. TX	, officeholder living exp	pense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held					
expenditure to benefit C/OF	1									

		EXF	ENDITURE CATEGOR	IES FOR BOX	10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Awar	verage Expense ds/Memorials Expense	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense T T T	olicitation/Fundraising ransportation Equipme ravel in District ravel Out of District DTHER (enter a catego	nt & Related I				
		The Ins	truction Guide explains h	low to complete	this form.						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 11/15 Rpt: 19/23	Sanford, William S	6. (The Honorable)			00067791					
4	CREDIT CARD	Name of fina	ancial institution		. OF UNITEMIZED						
	ISSUER	see r	see previous CH, CAI			\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
		\$334.00	03/15/2024								
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Crown Block		300 Reu	nion Blvd. E						
-	8 PURPOSE OF (a) Category			(b) Descri	TX 75207						
ľ	EXPENDITURE (See Categories listed at the top of this schedule)			Meeting	•						
	X Political	Food/Beverage Expense									
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule	т.	Check if Austin, TX	, officeholder living exp	ense				
9	9 Complete ONLY if direct Candidate/Officeholder name Of					Office held					
е	expenditure to benefit C/OH										
PAYMENT(a) Amount Charged(b) Date of Charge			(c) Date(s) Credit Card Issue	er Paid						
		\$85.28	05/04/2024								
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
		Mailchimp			512 Means Street						
		Malerinip		Suite 40							
_	PURPOSE OF	(a) Category			Atlanta, GA 30318 (b) Description						
	EXPENDITURE	(See Categories listed at the to		Email Database							
	X Political	Advertising Expense									
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule	т.	Check if Austin, TX	, officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholde	er name O	ffice sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
		\$96.00	06/18/2024								
-	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
				124 N. M	lain Street						
		Creede Repertory	Theater								
L	Creede, CO 81130										
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	n of this schedule)	(b) Descri	•						
		Event Expense		Constitu	ent event						
X Political											
	Non-Political		e of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	ense				
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	ername O	ffice sought		Office held					
<u> </u>		I									

	EXP	ENDITURE CATEGORIES	S FOR BOX 10)(a)					
Advertising Expense Accounting/Banking	Event Exp Fees	Off	an Repayment/Rein ice Overhead/Renta	al Expense Tr	Expense Transportation Equipment & Related Expense				
Consulting Expense Contributions/ Donations Made By	/- Gift/Award	s/Memorials Expense Pri	lling Expense nting Expense	Tr	avel in District avel Out of District				
Candidate/Officeholder/Politica	0		laries/Wages/Contra		THER (enter a categor	y not listed at	oove)		
4 Tatal as and Oak askeld E4.	· · · · · · · · · · · · · · · · · · ·	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:		(The Henereble)				3 Filer ID (Ethics Commission Filers)			
Sch: 12/15 Rpt: 20/23	Sanford, William S.		<u> </u>		00067791				
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL O EXPEND	F UNITEMIZED	\$				
ICCOLIN	see p	revious CHARGED TO A CREDIT CARD							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	(c) Date(s) Credit Card Issuer					
	\$145.04	02/29/2024							
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
			3799 S. La	s Vegas Blvd.			·		
	MGM Cooperfield			Ū					
			Las Vegas	, NV 89109					
8 PURPOSE OF	(a) Category (b) Description			on					
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Meal while	at the Nationa	l Builders Conv	ention			
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	credit Card Issue	r Paid				
	\$133.55	03/22/2024							
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
			508 Young	St.	-				
	Dallas Morning Nev	WS							
			Dallas, TX	75202					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Newspaper subscription						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	credit Card Issue	r Paid				
	\$25.86	04/03/2024							
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
	Apple, Inc.		1 Infinity Lo	оор					
	, ibbie, ino.			0 • • • • • •					
			Cupertino,						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on r subscription					
	Office Overhead/Ren		Themshape						
X Political									
				_					
Non-Political Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp Office held	ense			

Γ	Advertising Expense		KPENDITURE CATE		IES FOR BOX 10(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense					
	Accounting/Banking Consulting Expense	Fees	Beverage Expense	Offi	ice Overhead/Re ling Expense	ental Expense T	ransportation Equipme		Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		vards/Memorials Expense Services		nting Expense aries/Wages/Co		ravel Out of District OTHER (enter a categor	ry not listed a	bove)	
		The I	nstruction Guide expla	ains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 13/15 Rpt: 21/23	Sanford, William	S. (The Honorable	e)			00067791			
4	CREDIT CARD	Name of f	inancial institution			OF UNITEMIZED				
	ISSUER	see	see previous EXPENDITURI CHARGED TO CARD			GED TO A CREDIT	Г Г			
6	PAYMENT	(a) Amount Charged	(b) Date of Char	ge	(c) Date(s)) Credit Card Issue	er Paid			
		\$85.28	04/04/202	24						
7	PAYEE	(a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
		Mailchimp				ns Street				
		Malerinip			Suite 404					
8	8 PURPOSE OF (a) Category				(b) Descri	GA 30318				
°	EXPENDITURE	(a) Category (b) Description (b) Description (b) Description (b) Description								
	X Political	Advertising Expens	se							
	Non-Political	(C) Check if travel outs	side of Texas. Complete Sch	hedule T.		Check if Austin, TX	, officeholder living exp	ense		
9	Complete <u>ONLY</u> if direct	Candidate/Officehol	der name	Office	e sought		Office held			
e	expenditure to benefit C/OH									
PAYMENT (a		(a) Amount Charged	(b) Date of Char	ge	(c) Date(s)) Credit Card Issue	er Paid			
		\$500.00	04/19/202	24						
	PAYEE	(a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
		Coldon Corridor	Dopublican		6505 W.	Park Blvd.				
		Golden Corridor	Republican							
					Plano, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule)		(b) Description Donation to Golden Corridor					
	X Political	Contributions/Dona Candidate/Officeho		mittoo	Donation		uoi			
	Non-Political		side of Texas. Complete Sch				, officeholder living exp	ense		
-	Complete ONLY if direct	Candidate/Officehol			e sought		Office held			
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Char	ge	(c) Date(s)) Credit Card Issue	er Paid			
		\$140.00	04/21/202	24						
	PAYEE	(a) Payee name			(b) Payee		City,	State,	Zip Code	
		Swish				ke Baldwin Lan				
					Unit 205 Orlando, FL 32814					
⊢	PURPOSE OF	(a) Category			(b) Descrip					
	EXPENDITURE	(See Categories listed at the	top of this schedule)			crusaders fund	raiser			
X Political Event Expense										
	☐ Non-Political	(C) Check if travel outs	side of Texas. Complete Sch	hedule T.	1	Check if Austin, TX	, officeholder living exp	ense		
⊢	Complete ONLY if direct	Candidate/Officehol			e sought		Office held			
е	xpenditure to benefit C/OH									

Advertising Expense				()	alioitation/Eundraising	Evponco			
Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees Food/Bey	erage Expense	Loan Repayment/R Office Overhead/Re Polling Expense	ental Expense T	olicitation/Fundraising ransportation Equipme ravel in District		Expense		
Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award	ds/Memorials Expense	Printing Expense Salaries/Wages/Co	Т	ravel Out of District THER (enter a catego	ry not listed a	bove)		
	The Inst	truction Guide explains I	how to complete	this form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)			
Sch: 14/15 Rpt: 22/23	Sanford, William S	. (The Honorable)			00067791				
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	¢				
ISSUER	see p	see previous EXPENDITURES CHARGED TO A CREDIT CARD			\$ 「				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid				
	\$184.03	05/26/2024							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Smiles Charity		6595 W.	6595 W. Virginia Pkwy					
			McKinne	y, TX 75071					
8 PURPOSE OF	(a) Category	a of this ashadula)	(b) Descri						
EXPENDITURE (See Categories listed at the top of this schedule) Event Expense			Event ex	pense					
X Political									
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	oense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid				
\$85.28 06/04/2024									
	φ03.20	00/04/2024							
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code		
	Mailahima		512 Mea	ns Street					
	Mailchimp		Suite 404						
	(a) Catagony		,	Atlanta, GA 30318					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	. ,	(b) Description Email Database					
X Political	Advertising Expense								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living exp	oense			
Complete ONLY if direct	Candidate/Officeholde	r name C	Office sought		Office held				
expenditure to benefit C/OH	(a) Amount Charged	(b) Data of Charge		Credit Card Jacob	ut Daid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Pald				
	\$133.55	06/21/2024							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	Dallas Morning Ne	WS	508 Your	ng St.					
				V 75000					
PURPOSE OF	(a) Category		Dallas, T (b) Descrip						
EXPENDITURE	(See Categories listed at the top	,	. ,	ber subscription					
X Political Office Overhead/Rental Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	<u>н</u> е т.	Check if Austin, TX	, officeholder living exp	oense			
Complete ONLY if direct	Candidate/Officeholde		Office sought		Office held				
expenditure to benefit C/OH									

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee				Loan Repayment/ReimbursementSolicitation/Fundraising ExpenseOffice Overhead/Rental ExpenseTransportation Equipment & Related ExpensePolling ExpenseTravel in DistrictPrinting ExpenseTravel Out of DistrictSalaries/Wages/Contract LaborOTHER (enter a category not listed above)						
			ruction Guide explains	how to complete this form.						
1	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
	Sch: 15/15 Rpt: 23/23	Sanford, William S.	(The Honorable)		00	0067791				
4	CREDIT CARD ISSUER		Name of financial institution 5 TOTAL OF UNITEMIZED Citi bank EXPENDITURES CHARGED TO A CREDIT CARD							
6	PAYMENT	YMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			suer Pa	aid				
		\$515.00	05/23/2024							
7	7 PAYEE (a) Payee name			(b) Payee address;		City, State, Zip Code				
				P.O.Box 6062						
		Citi Cards								
				Sioux Falls, SD 57117						
8	PURPOSE OF	(a) Category		(b) Description						
Ē	EXPENDITURE (See Categories listed at the top of this schedule)			Annual fee						
X Political										
_	Non-Political		of Texas. Complete Schedul			ceholder living expense				
	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
e	expenditure to benefit C/OH									
1										
1										