SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gu	ide explains how to complete this form. 1 Filer ID (Ethics Commission Filors)	2 Total pages filed:		
3 COMMITTEE NAME		OFFICE USE ONLY		
Safe R	oads for Kyle	Date Received		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
Change of Address				
		Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI	Receipt # Amount \$		
NAME	NICKNAME LAST SUFFIX	Date Processed		
	Santord	Date Imaged		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE		
STREET ADDRESS (Residence or Business)				
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE		
MAILING ADDRESS				
Change of Address				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION			
PHONE				
9 REPORTTYPE	January 15 30th day before election	Exceeded Modified Reporting Limit		
	July 15 Sth day before election	Dissolution Report (Attached PAC-FR)		
	Runoff	10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year	Month Day Year		
	10 /6 /22 THROUGH	10/31/22		
11 ELECTION	ELECTION DATE Month Day Year Primary Bunoff O			
	11 / 0 / 72	ther Description		
GO TO PAGE 2				

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	Se	ate Roads	for kyle	13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) SUPPORT (Candidate or Measure) OPPOSE (Candidate or Measure) ASSIST (Officeholder)		CANDIDATE	CANDIDATE/OFFICEHOLDER NAME		
		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	holder)	
			BALLOT IDENTIFICATION /# ELECTION DATE Month Day Year		
		MEASURE	DESCRIPTION Kyle Koad Ban	ds	
15 CONTRIBUTION 1. TOTALS		PLEDGES, LOANS, O	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR NDE ELECTRONICALLY)	\$ 0	
	2.	TOTAL POLITICAL (OTHER THAN PLEDS	\$ 8, 150.00		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$ 0	
1017.23	4.	TOTAL POLITICAL	\$ 7,006.17		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING	ONTRIBUTIONS MAINTAINED AS OF THE LAST PERIOD	DAY \$ 1,143.83	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AN	MOUNT OF ALL OUTSTANDING LOANS AS OF EPORTING PERIOD	THE \$ Ø	
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. Rebecca Hatch MY COMMISSION EXPIRES 05/20/2025					
(1) Affidavit	ARY IL): 133111782 Please o	complete either option below:		
AFFIX NOTARY STAMP /	SEALA	BOVE			
Sworn to and subscrib	ed be	fore me, by the said _	John Sanford	, this the <u>3/</u>	
day of bototie	_, 20 A	2-	picty, witness my hand and seal of office.	2 lakava	
Gyellela /5/	ywi	To goth Printed	name of officer administering oath	Title of officer administering oath	
Signature of officer adm	mstern	ig datif Pfilited	OR	Title of officer administering datif	
(2) Unsworn Declarati	on				
The state of the s			, and my date of birth is		
My address is			, and my date of birth to		
wy address is	70.00	(street)	(city)	(state) (zip code)(country)	
Executed in		County, State of	, on theday of(month	n) (year) .	
			Signature of Cam	paign Treasurer (Declarant)	

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

COMMITTEE NAME 18 Filer ID	(Ethics Commission Filers)
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7150-
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1,000
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGAN	NIZATION \$ /,000
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OF ORGANIZATION	R LABOR \$
SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZA	ATION \$
SCHEDULE E: LOANS	\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$700617
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ONS \$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH \$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ıs \$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ED \$
	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGAN SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

100000000000000000000000000000000000000		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
2 FILER NAME	John D. Sonford	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	150.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
10/12/22	Joseph Phillips - Contributor address: City: State: Zip C P.O. Box 1810 McAllen TX 785	os 750.00
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions) .
10/18/22	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (S	Gee Instructions)
Date	Full name of contributor out-of-state_PAC (ID#:	Acceptance and the contract of
10/12/22	Contributor address; City; State; Zip Co	250.00
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	
	If contributor is out-of-state PAC, please see Instruction guide for a	additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, $\begin{cal}D\end{cal}O\end{cal}$ NOT include this page in the report.

	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1: Z	
FILER NAME	FILER NAME John D. Sonford			3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)	
Date 10/19/22	5 Full name of contributor out-of-state PAC (ID#:) Richard Sheldon 6 Contributor address; City; State; Zip Code 7 C7 10 1006 Green Oak Dr Waco TX				
Principal occu	pation / Job title (See Instructions)	<u> </u>	9 Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupa	ation / Job title (See Instructions)		Employer (See Instructi	ons)	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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 C1:
2 FILER NAM	ME John D. Sanford	3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
10/17/22	Dovcet and Associates, Inc 6 Corporation/Labor Organization address; City; State; Zip Code 7401B W Hwy 71 Ste 160	1,000
	Austin, TX 78735	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	

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.

EVENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense

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

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 O'r 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 John D. San-	Grad 3 Filer	ID (Ethics Commission Filers)	
4 Date 20 10/30/22	5 Payee name Texas Petition	strategies		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1,000	1766 FM 967 ste	C Buda, to	78610	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Piliting Experse	Printing of	1x4 signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/31/22	Texas Petition 5	trategies		
Amount (\$)	Payee address;	City;	State; Zip Code	
3,365.49	1766 FM 967 ste C	Brdn, TX 7.	8610	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expuse	Printing of P	(rect Mail	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/31/22	Texas Petition st	rategies		
Amount (\$)	Payee address;	City;	State; Zip Code	
2,640.68	1766 FM 967 ste C	B-da, TX 79	0610	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Aductising Expense	Postage for i	street mail	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, office	eholder 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				