

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Joseph	MI M
	NICKNAME Mike	LAST Sanders	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 1.2em; display: inline-block;"></div>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (<div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div>) <div style="background-color: black; width: 60px; height: 1.2em; display: inline-block;"></div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Joseph	MI M
	NICKNAME Mike	LAST Sanders	SUFFIX
	OFFICE USE ONLY Date Received		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 30px;"></div>		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (<div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div>) <div style="background-color: black; width: 60px; height: 1.2em; display: inline-block;"></div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 27 / 2024 07 / 15 / 2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 04 / 2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <div style="background-color: black; width: 100%; height: 20px;"></div> WCAD Board of Trustees, Place 2		
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

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 Joseph Michael Sanders, and my date of birth is 06/06/2000.

My address is [redacted] (street), [redacted] (city), [redacted] (state), [redacted] (zip code), USA (country).

Executed in Williamson County, State of TX, on the 15th day of July, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Mike Sanders****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☒ SCHEDULE E: LOANS\$ **400.00**5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED
TO FILER

\$

LOANS**SCHEDULE E**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 E: pg 1 of 1
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Mike Sanders</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <div style="text-align: center; font-size: 1.2em;">02/16/24</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Joseph Sanders</div>	9 Loan Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$400.00</div>
6 Is lender a financial Institution? <div style="text-align: center;">Y <input checked="" type="radio"/> N <input type="radio"/></div>	8 Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	10 Interest rate <div style="text-align: center; font-size: 1.2em;">0%</div>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">Elect Engr</div>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <div style="text-align: center;">Y <input checked="" type="radio"/> N <input type="radio"/></div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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