

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: 7						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Summer NICKNAME LAST Sanford	MI S SUFFIX	<div style="border: 2px solid black; padding: 5px;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p> <div style="border: 1px solid blue; padding: 5px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="color: red; font-weight: bold; margin: 5px 0;">AUG 07 2025</p> <p style="margin: 0;">By _____</p> </div> <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2614 Cypress Court Seabrook TX 77586								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 929-1011								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Doris NICKNAME LAST Zalesnik	MI D SUFFIX							
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3201 Scenic Shore Drive Seabrook TX 77586								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 295-0669								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3 25 25 4 23 25								
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 3 25 <input type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council position #6							
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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.								
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME 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

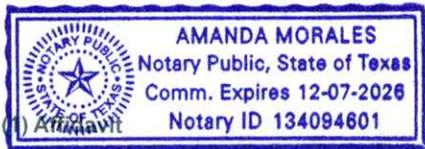
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 625.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

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.



Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Summer Sanford this the 7th day of August

2025 to certify which, witness my hand and seal of office.

[Signature] Amanda Morales Deputy City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Summer S Sanford, and my date of birth is 2/14/77

My address is 2614 Cypress Court, Seabrook, TX, 77586, USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TX, on the _____ day of _____, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Summer S Sanford		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 850.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 100.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 12.20
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		\$

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 Summer S Sanford		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/20	5 Full name of contributor out-of-state PAC (ID# _____) Gary Renola 6 Contributor address; City; State; Zip Code 4530 Tharp Drive Seabrook TX 77586	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/05/20	Full name of contributor out-of-state PAC (ID# _____) Jeff McLaughlin Contributor address; City; State; Zip Code 2235 Water Way Seabrook, TX 77586	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/20	Full name of contributor out-of-state PAC (ID# _____) Chris Kuhlman Contributor address; City; State; Zip Code 1002 Todville Rd Seabrook, TX 77586	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/20	Full name of contributor out-of-state PAC (ID# _____) Randall Miller Contributor address; City; State; Zip Code 5710 Neal Drive Seabrook TX 77586	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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
2 FILER NAME Summer S Sanford		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 100.00
5 Date of loan 03/28/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Summer S Sanford	9 Loan Amount (\$) 100.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address: City: State: Zip Code 2614 Cypress Court Seabrook TX 77586	10 Interest rate 0.00
		11 Maturity date 05/03/2025
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address: City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Summer S Sanford	3 Filer ID (Ethics Commission Filers)
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4 Date 04/05/2025	5 Payee name GoDaddy.com LLC
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6 Amount (\$) 6.10	7 Payee address: 100 S Mill Ave, Sute 1600	City: Tempe	State: AZ	Zip Code 85281
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description merchant services 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
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Date 04/09/2025	Payee name GoDaddy.com LLC
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Amount (\$) 6.10	Payee address: 100 S Mill Ave, Suite 1600	City: Tempe	State: AZ	Zip Code 85281
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description merchant services 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
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED