CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 6 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY Neeta **OFFICEHOLDER** NAME Date Received NICKNAME LAST SUFFIX Sane ADDRESS / PO BOX: 4 CANDIDATE / APT / SUITE #; CITY: STATE ZIP CODE **OFFICEHOLDER** P.O. Box 20046 MAILING JUL 7 2023 RC#D **ADDRESS** Sugar Land, TX 77496 Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (832)279-8601 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Robert Date Processed NAME NICKNAME LAST Date Imaged Beham STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN **TREASURER** 2419 Falcon Point Dr. Katy, TX 77494 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN **TREASURER** PHONE 600-7583 (832)

30th day before election

8th day before election

2023

X Primary

Runoff

THROUGH

Runoff

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT

THIS BOX IS FOR NOTICE OF POLITICAL CONTINUED HOS TO A CONTINUE OF THE CANDIDATE / OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATE / OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Exceeded Modified

06

ELECTION TYPE

Description

Other

13 OFFICE SOUGHT (if known)

Reporting Limit

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

9 REPORT TYPE

10 PERIOD

COVERED

11 ELECTION

12 OFFICE

14 NOTICE FROM

POLITICAL COMMITTEE(S)

Additional Pages

January 15

Month

ELECTION DATE

OFFICE HELD (if any)

COMMITTEE TYPE

GENERAL

SPECIFIC

Day

Day

Year

COMMITTEE NAME

COMMITTEE ADDRESS

05 / 22 /

05 / 2024

July 15

Month

15th day after campaign

Final Report (Attach C/OH - FR)

treasurer appointment (Officeholder Only)

2023

30 /

Fort Bend County Tax Assessor-Collector

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Neeta Sane		16 File	er ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAI CONTRIBUTIONS MADE ELE		IAN	\$	0.00
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOAM	NS)	\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	\$	251.85		
	4. TOTAL POLITICAL EXPEN	DITURES		\$	785.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU	JTIONS MAINTAINED AS OF THE	LAST DAY	\$	214.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORT)	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	\$	0.00
	swear, or affirm, under penalty of perjury, equired to be reported by me under Title 15,		true and c	orrect and inc	dudes all information
		ND	gan		
		Signature of	Candidate	or Officehol	der
	Please com	plete either option belo	ow:		
(1) Affidavit					
NOTARY STAMP/SE	AL				
Swom to and subscribe	d before me by	this the	he	day of	,
	fy which, witness my hand and seal of office.				
Signature of officer adminis	tering oath Printed name of o	fficer administering oath		Title of offic	er administering oath
		OR			
(2) Unsworn Declara	tion				
My name is Neeta	Sane	, and my date of birth	n is 07/3	30/1963	
My address is 4227	Carol Ridge Dr	Sugar Land .	TX	77479	USA .
iny addition to	(street)	(city)		(zip code)	(country)
Executed in Fort Be	nd County, State ofTexas	on the 3rd day of			
ENDOUGH III	Joseph Granty, June 31	a mo (mo	onth)	(year)	
		NUSA	- F. J		al-vent
		Signature of Car	ndidate/Offi	iceholder (De	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 6
18 FILER NAI Sane, Ne				
20 SCHEDUL NAME OF		SUBTO	TAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	785.45
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

The Instru	ction Guide explains how to comp	1	Sch: 1/1 Rpt: 4/6		
FILER NAME		3	Filer ID		
Sane, Neet	A CONTRACTOR OF THE CONTRACTOR	_			
Date 05/30/2023		tate PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000
	Contributor address; City; State; Zip Code				
	4227 CAROL RIDGE DR	4227 CAROL RIDGE DR			
,					
	Sugar Land, TX 77479		1	Trade discount of the second o	
	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
Systems Co	onsultant	FIS			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 of District
OTHER (enter a category pot listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 1/2 Rpt: 5/6	2 FILER NAME Sane, Neeta 3 Filer ID
4	Date 06/18/2023	5 Payee name Attack Poverty
6	Amount (\$) \$103.00	7 Payee address; City; State; Zip Code 1908 Avenue E Rosenberg, TX 77471
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/08/2023	Payee name Kroger
	Amount (\$) \$75.60	Payee address; City; State; Zip Code 6200 Highway 6 Missouri City, TX 77559
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage Stamps
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/08/2023	Payee name Lunches of Love
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1416 Radio Ln
		Rosenberg, TX 77471
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	ommittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expensions Printing Expensions Salaries/Wage	nse es/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		_		The Instruction Guide explains	s how to comp			
1	Total pages Schedule F1:	2					3	Filer ID
	Sch: 2/2 Rpt: 6/6	L	Sane, Nee					
4	Date	5	Payee name	е				
L	05/30/2023		USPS					
6	Amount (\$)	7	Payee addr		e; Zip Code			
	\$105.00		6100 Gran	its Lake				
			Sugar Lan	nd, TX 77479				
8	PURPOSE OF	(a		(See Categories listed at the top of this so	chedule) (b)) Description		
	EXPENDITURE		Office Ove	erhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense
						PO Box Fee		, officerior willing experies
9	Complete ONLY if direct		Candidate/Of	fficeholder name	Office sought			Office held
	expenditure to benefit C/O	Н						