CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filers)	2 1	otal pages fi	led:
The C/OH Instruction	Buide explains how	v to complete this form.		-	and pages in	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Taral	MI V.		OFFICE	USEONLY
NAME	NICKNAME	LAST	SUFFIX	Date	Received	
		Patel				OCT 7 2024 ROV
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX PO Box 265	53	city: STATE; ZIP CODE for TX land			
Change of Address		,				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 308 8015	EXTENSION			l or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST 5.	MI	Recei	pt#	Amount \$
NAME	Mr.		Gaisor	Date I	rocessed	
	NICKNAME	LAST	SUFFIX	Date	Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #; CITY;	-	STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	19 Sain	A Christopher S	7. Superfand	7	K	77479
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(281)	467 8545				
9 REPORT TYPE	January 15	30th day before el	lection Runoff		15th day af treasurer a (Officeholde	
	July 15	8th day before electronic	ction Exceeded Modified Reporting Limit		Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Da	y Year	
COVERED	7,	/ 1 / 24	THROUGH 9	26	120	1
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	1		
	(1 / 5 /	24 -	····			
12 OFFICE	OFFICE HELD (If any))	13 OFFICE SOUGHT (If known Forf Bend County	n) Alorno	nissian	-Precinct 3
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF 1	DIDATE'S	DR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO	PAGE 2			
		00.10				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	5 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)	\$ 17,594
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,594
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 36,923.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 36,923.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	HE \$ O
	wear, or affirm, under penalty of perjury, that the accompanying report is true ar	nd correct and includes all information
req	uired to be reported by me under Title 15, Election Code.	
	1000	
	Signature of Candid	idate or Officeholder
	Please complete either option below:	
(1) Affidavit	Wy Commission Expires My Commission Expires My Commission Expires	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Taral V. Patel this the 7	th day of October,
	which, witness my hand and seal of office.	th day of October,
m	Ping Xu	rolling tunte
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaratio	on	
My name is	, and my date of birth is	
	(street) (city) (state	, ,, , , , , , , , , , , , , , , , , , ,
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidate	e/Officeholder (Declarant)
Forms provided by Texas Et	hics Commission www.ethics.state.tx.us	Revised 1/1/2024

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,594
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 20,000
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36923.15
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/O	н \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
-	www.ethics.state.tx.us	Revised 1/1/2024

Not cmpland Not cmpland Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 9 120124 Contributor address; City: State; Zip Code 9 120124 Contributor address; City: State; Zip Code 9 120124 Contributor address; City: State; Zip Code 100 Borton Br Just Tr JyJyu 10 Principal occupation / Job title (See Instructions) Employer (See Instructions) 10 Add c mgud Most empud Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 9120124 Contributor address; City: State; Zip Code Z 9120124 Contributor address; City: State; Zip Code Z Z 9120124 Contributor address; City: State; Zip Code Z Z 9120124 Contributor Out-of-state PAC (ID#		e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
1121 121 G Contributor address; City; State; Zip Code 30 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 30 Date Full name of contributor I out-of-state PAC (ID#	FILER NAME		3 Filer ID (Ethics Commission	Filers)
Not Compliant Not Compliant Date Full name of contributor □ out-of-state PAC (ID#		6 Contributor address; City; State; Zip Code 17430 Aber Seemshine Richmond TX 774		6)
D120124 Sharadh Kuran Contributor address: City: State: Zip Code 1400 Burtan Br Jurtin Trt 43444 10 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not empthal Date Full name of contributor out-of-state PAC (ID#		upation / Job title (See Instructions) of employed Not employed	tructions)	
Not cmphd Not emphd Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) Marcva Simmus	Date D (20)20	Contributor address; City; State; Zip Code		5)
Marcin Simmus Ø/2012M Contributor address; City; State; Zip Code 3 6 2 M Soch Hills Me Fitor Me TX 76108 Z Principal occupation / Job title (See Instructions) Employer (See Instructions) Z Date Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) Ø 1 13 (24 Contributor address; City; State; Zip Code I O Ø 1 13 (24 Contributor address; City; State; Zip Code I O Principal occupation / Job title (See Instructions) Employer (See Instructions) O Principal occupation / Job title (See Instructions) Employer (See Instructions) O		pation / Job title (See Instructions)	ructions)	
Pate Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) David Kogw Image: State; Zlp Code Image: State; Zlp Code 0 G323 (amaly Posenley TX TAPA1 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		5)
Plis (24) David Kogw 0323 (amaly La Principal occupation / Job title (See Instructions)	Principal occu			Ange - Same
			men'	\$)
		C1.	ructions)	

			3 Filer ID (Ethics Commission Filers)
8[10/20]	5 Full name of contributor Dout-of-state PAC (Sonia Klise 5 Contributor address; City; 4906 Scaric Hensen Fublic	(ID#:) State; Zip Code	7 Amount of contribution (\$)
	Lane	9 Employer (See Instructi	0/15)
	rditw	Conoco Phi	
Date	Full name of contributor Dout-of-state PAC (Marcia Simmons	(ID#:)	Amount of contribution (\$)
917120	Full name of contributor Marcia Simmons Contributor address; City; 5624 5. Hills Am Fart Worth ion / Job title (See Instructions)	State; Zip Code TX 76109	25
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
15/24	Contributor address; City; 2814 Oakland RV, Sugar fant	State: Zip Code TX 77479	80
	tion / Job title (See Instructions)	Employer (See Instruction	
/	Vot empure	Not cmplo	<u>Va</u>
Date 9/3124		(ID#:) State; Zip Code TX 79761	Amount of contribution (\$)
	ion / Job title (See Instructions) Lions Coordinator	Employer (See Instruction Crisis Centre of	

4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 7 Amount of contribution (\$) 4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 7 Amount of contribution (\$) 5 Full name of contributor address; City; State; Zip Code 1 O 6 Contributor address; City; State; Zip Code 1 O 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0 0 9 And Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) 0 Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) 1 (130124 Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) 1 (130124 Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) 1 (130124 Full name of contributor Employer (See Instructions) 2 5 1 (130124 Full name of contributor Employer (See Instructions) 3 1 (130124 Job title (See Instructions) Mot f employer 2 5 1 (130124 Full name of contributor □ out-of-	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Ana. Marria Albert Martin \$131bm 6 contributor address; City; State; Zip Code 2215 OLS Sorth Britishing 9 Employer (See Instructions) 9 Employer (See Instructions) 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (S) 3 Date Full name of contributor 0 out-of-state PAC (D#	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Ana Maria Albert Martin Interesting Properties Image: State in the image: State instructions Image: State instruc	4 Date		
Not emptyd Not emptyd Date Full name of contributor out-of-state PAC (ID#:			
KithObeyKithObeyContributor address;City;State;Zip CodeZ2Contributor address;City;State;Zip CodeZPrincipal occupation / Job title (See Instructions)Employer (See Instructions)ZZNot $m p lapd$ Not $emp lapd$ Amount of contribution (\$)DateFull name of contributorout-of-state PAC (D#:			
Not implays Not implays Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 8/28/24 Holly Ohlsson City: State; Zip Code 25 8/28/24 Contributor address; City: State; Zip Code 25 25514 Meyimac Kary TX 74.949 Principal occupation / Job title (See Instructions) Employer (See Instructions) 25 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 9/29124 Contributor address; City; State; Zip Code 25 9/29124 Principal occupation / Job title (See Instructions) City; State; Zip Code 25 9/29124 State; City; State; Zip Code 25 25 9/29124 Path Or. Graph Or. Graph Or. 25 9 Path Or. Graph Or. Graph Or. 25 9 Path Or. Graph Or. Graph Or. Graphoper (See Instructions) <t< td=""><td></td><td>Rith Obey Contributor address; City; State 2414 Grove View Fresne TX</td><td>Anount of contribution (\$)</td></t<>		Rith Obey Contributor address; City; State 2414 Grove View Fresne TX	Anount of contribution (\$)
8/20124 Holly Ohlsson 25 Contributor address; City; State; Zip Code 25514 Menimac Kody TX 774.94 Principal occupation / Job title (See Instructions) Employer (See Instructions) 25 Date Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) Y129124 Contributor address; City; State; Zip Code Y129124 Principal occupation / Job title (See Instructions) Missouri Tx 774.59 Principal occupation / Job title (See Instructions) City; State; Zip Code Y129124 Principal occupation / Job title (See Instructions) Employer (See Instructions) 25			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Date Full name of contributor Pate Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Y129124 Contributor address; City; State; Zip Code 38 Advirument Missouri Tx Principal occupation / Job title (See Instructions) Employer (See Instructions)			
8/29/24 Bethany lovy Contributor address; City; State; Zip Code 38 Advinume Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	eation / Job title (See Instructions) Em	ployer (See Instructions)
		Bethany Korry Contributor address; City; State	zip Code 25
	Principal occup		ployer (See Instructions)
		exas Ethics Commission www.ethics.state.tx.	Revised 1/1/2

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:) (afturine Bratvest 6 Contributor address; City; State; Zip Code 17430 Aberdrenshire Dr. Richard TX 77407	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruct	tions)
	empliged Not emplied Full name of contributor □ out-of-state PAC (ID#:) Morcia Simmons	Amount of contribution (\$)
8/20/20	Full name of contributor [] out-of-state PAC (ID#:) Marcia Simmons Contributor address; City; State; Zip Code 3624 South Hills Mc Fort Tx 76109 Worth Tx 76109	25
Principal occu	Pation / Job title (See Instructions) Employer (See Instruct Refined	lons)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
8120/24	Bhar ath Kumer Contributor address: City; State; Zip Code 1900 Burton Dr. Austin TX 78741	10
	pation / Job title (See Instructions) Employer (See Instruct Note employed Not em	ions) plog d
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
116/24	Donaven Woshington Contributor address; City; State; Zip Code 1550 Mira Lugo Dallus Tx 75234 Blv2,	61
	bation / Job title (See Instructions) Employer (See Instructions)	ons) iplay

3 Filer ID (Ethics Commission Filers
Zip Code 277194 over (See Instructions) Katy ISD
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FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC ((ID#:)	7 Amount o	of contribution (\$)
8/11/24	6 Contributor address; City; 25919 Gilum Timbers Kuty	State; Zip Code TX 77484	5	
r nincipar occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor [] out-of-state PAC (1)	ID#:)	Amount	of contribution (\$)
8/11/24	Contributor address; City; 6310 Goed lowe Porth SUSOr Jand	State; Zip Code TK 77479	1	00
I micipal occu	Dation / Job title (See Instructions)	Employer (See Instruct		
Date 8/10/179	Full name of contributor I out-of-state PAC (1 Phillip Andrews Contributor address; City; 1802 Maiden Hair Sugar Lane dend	State; Zip Code TK 77479	Amount o	of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ons)	
SU	IF	Self		and and the second s
Date 8/10/24	Full name of contributor Dout-of-state PAC (II Sonia Klise Contributor address; City; 4906 Scenic Honzon Fulshow June	D#:) State; Zip Code TX 7744	Amount	of contribution (\$)
Principal occur	Avditor / Job title (See Instructions)	Employer (See Instruction	ons) · ? li: / li	17
Principal occup	Pation / Job title (See Instructions)	Employer (See Instruction	• 9117/1	1,
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			rements.
		ate.tx.us		Revised 1/1/2

The	Instruction Guide explains how to complete this	form.	1 Total page	s Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	6 Contributor address; City; 2221M Nº Lake Kety Villy pr. Kety	(ID#:) State; Zip Code TX 77450 9 Employer (See Instruc		f contribution (\$) 50
C	onsultut	Deloitte		
Date 9 16 2 4	Full name of contributor Dout-of-state PAC Shanaz Hadi Chanavat Contributor address; City; 1310 Malmaison Ridge Spring	(ID#:) State; Zip Code TX 77379	Amount o	of contribution (\$)
Phncipal occup	bation / Job title (See Instructions)	Employer (See Instruction	lions	
No				to a state
Date 8/10124	Full name of contributor Dout-of-state PAC Sonia Klise Contributor address; City; M906 Signic Henzen Fulsh	(ID#:) State; Zip Code TX 7744	Amount	of contribution (\$)
Principal occur	Dation / Job title (See Instructions)	Employer (See Instruc		
	Auditor	(moro P	hillips	
Date 817129	Contributor address; City;	(ID#:) in Simmons State; Zip Code TX 76109	Amount o	of contribution (\$)
Principal occur	bation / Job title (See Instructions)	Employer (See Instruct	tions)	

The Instruction Guide explains how to complete this form.		es Schedule A1:
ILER NAME	3 Filer ID	
		(Ethics Commission Filers)
Date 5 Full name of contributor □ out-of-state PAC (ID#: Marilyn Johnson 13/24 6 Contributor address; City; State; Zip Code 619 Beverly Cir Stufford TX 7747		of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instr	uctions)	
Not unplined Not employ ate Full name of contributor □ out-of-state PAC (ID#:		of contribution (\$)
incipal occupation / Job title (See Instructions) Employer (See Instr Not < Mplyd Not en	1	
ate Full name of contributor Dout-of-state PAC (ID#: S/24 Contributor address; City; State; Zip Code 15910 Gatebri'm Pr. Mizsoni' TX 77489 City	Amount	of contribution (\$)
incipal occupation / Job title (See Instructions) Employer (See Instru		
IT facilities Howis Con ate Full name of contributor □ out-of-state PAC (ID#: Yousef Habib U/24 Contributor address; City; State; Zip Code 64 Waterfed Sugar TX 77474 Prime Circle and TX 77474) Amount	of contribution (\$)
incipal occupation / Job title (See Instructions) Employer (See Instru	nplogul	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona		irements.

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor) 7 Amount of contribution (\$)
9120/24	6 Contributor address; City; State; Zi 13218 Orgol & Pr. Hovita 747	p Code 2500 7641
	pation / Job title (See Instructions) 9 Employe	r (See Instructions) Miwi
Date 7131/24	Full name of contributor Dout-of-state PAC (ID#: Sonia KTI'se Contributor address; City; State; Zi 4106 Scenie Harizon Fulshur TX 7	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer	(See Instructions) Noco Phillip
Date 7130124	Full name of contributor [] out-of-state PAC (ID#: Contributor address; City; State; Zip 2414 Grow View Tri Frisho TX 7	
		(See Instructions)
Date 7/22/24	Full name of contributor [] out-of-state PAC (ID#: Jachson Voss Contributor address; City; State; Zip 603 (anderva Rd. Laying dir IA	Amount of contribution (\$) Code 70573
	ation / Job title (See Instructions) Employer	(See Instructions) Senate

1116	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
7/22/24	6 Contributor address; City; 7707 Adams St. Forest park	State; Zip Code IL 60130	50
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	
No	t employ 2	Not indu	M
Date	Full name of contributor Dout-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; 17420 Abcerdanshine Richm	State; Zip Code	30
+101/201	1 fuid Aburdunshine Richm	K TX 77407	
Principal occup	bation / Job title (See Instructions)	Employer (See Instruction	
	Not employe	Not emp	playd
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
TIODINA	Marcia Simonas		
F1201 W	Contributor address; City;	State; Zip Code	25
	Contributor address; City; 3624 South Hills Fort Worth	74 76109	
	bation / Job title (See Instructions)	Employer (See Instruction	ns)
	Pations	Refind	
Date	Full name of contributor 🛛 out-of-state PAC ()	ID#:)	Amount of contribution (\$)
7120/24	Contributor address: Citv:	State; Zip Code	10
	Bhurath Kunar Contributor address; City; 1900 Burten Dr. Listin	TY 78741	
	pation / Job title (See Instructions)	Employer (See Instruction Not em)	ns)
Principal occup			

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
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Date 7113/20	5 Full name of contributor □ out-of-state PAC (ID#: Pavid Kojur 6 Contributor address; City; State; Zip Con 6 323 (arnaly In Rozenby TX 7) 7 Amount of contribution (\$)
	Ipation / Job title (See Instructions) 9 Employer (See	e Instructions)
Date 7(13)2U	Full name of contributor Dout-of-state PAC (ID#: Anand Chaudhon' Contributor address; City; State; Zip Con 221M N. Lahe Katz TX 771 Villye Pr. Katz	Amount of contribution (\$)
Principal occup	bation / Job title (See Instructions) Employer (See	e Instructions)
	Full name of contributor out-of-state PAC (ID#:	
Date 7 7 24	Contributor address; City; State; Zip Cod 3624 South Hills Frith TX 761	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor) Amount of contribution (\$)
13/24	Contributor address; City; State; Zip Cod 408 W. 17th St. Odescu TK 79	
1	mation / Job title (See Instructions) Employer (See Mi (whing (oor dimb	is Centrof West Texas
Principal occup	Hannah Hornzh Contributor address; City; State; Zip Cod 408 W. 17th St. Odescn TX 79	7-()

The	Instruction Guide explains how to complete this form.	1	Total pag	es Schedule A1:
2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
4 Date 8 3 M	 5 Full name of contributor □ out-of-state PAC (ID#:		Amount	of contribution (\$)
	pation / Job title (See Instructions) 9 Er which (oor Jihahr Cr	isis Confr of	we	st Texus
Date & (26/24	Full name of contributor [] out-of-state PAC (ID#: Saufing 0 Castand Contributor address; City; State 2426 Mills creck pr. Kingwood 77		Amount (ට _ු රැ	of contribution (\$) す <i>つ</i>
Principal occup	eation / Job title (See Instructions) En	ployer (See Instructions)) weger Engine	-	luc.
Date 6 1 24	Full name of contributor [] out-of-state PAC (ID#:] 12011y Ohlsson Contributor address; City; State 25511 Merrimae Kay TX	; Zip Code	Amount	of contribution (\$)
Principal occur Not	emply d	Not employer	ત	
	Full name of contributor Down CHCZ Contributor address; City; State 1310 Pluci I Woods Symmed 7 Chr. June 7 Cathering June 1 Contributor address; City; State Symmed 7 Chr. June 7 Contributor address; City; State Symmed 7 Contributor address; City; State Symmed 7 Contributor address; City; State Symmed 7 Contributor address; City; State Symmed 7 Contributor address; City; State Contributor address; City; State City; State City; State City; State City; State City; City; State City; City; City	; Zip Code V 77488	Amount Z	of contribution (\$)
Principal occup	Autor / Job title (See Instructions) Em	ployer (See Instructions)		

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FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	5 Sullana da stributa		7 Amount o	f contribution (\$)
FILLM	 5 Full name of contributor □ out-of-state PAC 6 Contributor address; City; 13×10 Placid Woods Sugar Low Low 	State; Zip Code	2	S
	Ct Lout	12 77118		
Principal occ	Mind	9 Employer (See Instruction		
Date	Full name of contributor 🛛 out-of-state PAC	(ID#:)	Amount c	f contribution (\$)
8/16/24	Full name of contributor Dout-of-state PAC Neelan Verma Contributor address; City; [UUV7 ArJwell DT-Sygon Jand pation / Job title (See Instructions)	State; Zip Code TX 77498	5	00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount o	of contribution (\$)
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount o	f contribution (\$)
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
	L			

PLEDG	SCHEDULE B			
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sched	ue B:
2 FILER NAME			3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date 4123121	 6 Full name of pledgor out-of-state PAC (ID#: Shapnik Khan 7 Pledgor address; City; S 7215 Woodd Richmond 			9 In-kind contribution description
10 Principal acc	Jake Arr. upation / Job title (See Instructions)	11 Employer (See		ide of Texas. Complete Schedule T.
	Principal	Civitas	instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:_ Amiv Mireshandari	tate; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occu	P1 # 200 pation / Job title (See Instructions) Self Employed	Employer (See	Instructions)	e of Texas. Complete Schedule T.
Date 8/23/24	Full name of pledgor out-of-state PAC (ID#:_ Anthony Pusch Pledgor address; City; S 6330 Culf Fwy Houch	tate; Zip Code		In-kind contribution description de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See		
(Juner	Pusch + No	guyen Law Firm	n
Date 4 23/29	Full name of pledgor out-of-state PAC (ID#: Richard Nurn Pledgor address; City; State 4409 Bissonmet St. Bellnin		Amount of Pledge \$ 2 5 7 0	In-kind contribution description
	4100			de of Texas. Complete Schedule T.
	pation / Job title (See Instructions)	Employer (See Nava Lau		
	www		2	
lf	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Ins			
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement S Difice Overhead/Rental Expense T Polling Expense T Printing Expense T Salaries/Wages/Contract Labor C	ransportation ravel in Distri ravel Out Of I	
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Date 9/18/29	5 Payee name Act Blue Tcch	nicel Services		
Amount (\$)	7 Payee address; 366 Summer Str.	City: Somewill	State M H	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schu	fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	(c) Check if travel outside of Texas. Complete Sched Candidate / Officeholder name	dule T. Check if Austin, T	X, officeholder	Office held
Date 8 (25 /2 y	Payee name Act Blue Tech	iral Services		
Amount (\$) 2. 58	Payee address; 366 Summer St -	city; Somerville	State	zip Code 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description	s	
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Date AllM	Payee name Act Blue Technic	al Services		<u>n 11 nn 17 17 18 1</u>
Amount (\$) 3-37	Payee address; 366 Summer St.	City; Somerville	State MA	zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	fees		
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3.37	366 Summer 57.	somerville 1	nA Oziun
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeho	older living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 9 115 12M	Payee name Act Blue		
Amount (\$) 2.59	Payee address; 366 Summer St	City; s Sommerville M	tate; Zip Code 17 02144
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Amount (\$)	Payee address;	City; St	ate; Zip Code
61.83	Act Blue Payee address; 366 Summer St	Somenilk pr	A DZING
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description fees	
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2041.50	708 Main St.		Tx 77002
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	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, office	holder living expense
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Date	Payee name		-
9/13/24	Masala Radio		
Amount (\$)	Payee address;		State; Zip Code
1000	1691 Overland Pass	Sugar Jand	TX 7747
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising expresse	radio	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officer	nolder living expense
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Date	Payee name		
9119124	VM Solutions		
Amount (\$)	Payee address;		State; Zip Code
3535	12030 Grenrock In.	Houston	TX 77044
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Juber	field	
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4 Date 717124	5 Payee name Act Blue Tuch	ial serving Se	rulas
6 Amount (\$)	7 Payee address; 366 Summer St.	city; s Somerville	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	fees	
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Date 7(14/24	Payee name Art Blue Tec	hunial Services	
Amount (\$) 2.38	Payee address; 366 Summer St.		iate; Zip Code NA 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedul Candidate / Officeholder name	e T. Check if Austin, TX, officeho Office sought	lder living expense Office held
Date 7121124	Payee name Ad Blue Tech	nicul Services	
Amount (\$) 2,58	Payee address; 366 Summer St.		tate; Zip Code NA OZINY
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Amount (\$) 12.79	7 Payee address; 1 600 Ampitheat Partima	City; Mountorin (View (State; Zip Code A 2600 9
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Date 712121	Payee name NGP VAN INC		
Amount (\$) 437-06	Payee address; 655 15th St. NW Suite 650	City: Washington	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Jees	Description	syshim
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Date 7124/24	Payee name TGM PrivAV		
Amount (\$) 5000	Payee address; (34(0 Murphy Rd.	City; Stertford	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Pri Wi Y	Description Sign S	older living evnense
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4 Date 7 (28/24	5 Payee name ActBlue Technic	I Service	5	· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	7 Payee address;	City;	Sta	te; Zip Code
3.46	36 6 Sommer 52.	Somesville	M	A OZINY
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description fees		
	(C) Check if travel outside of Texas. Complete Schedule T.		TX, officehold	er living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 8 1412 4	Payee name Act Bhy Technica	l Simices		
Amount (\$) 7 < 5 2	Payee address; 366 Summer St.	Somerville	Stat	A DZIMY
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46-123	366 Summer St.	Somerville	in	A UZINY
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4 Date 7 (26(24	5 Payee name TGM Printi	X	
6 Amount (\$) $\int DO \delta$	7 Payee address; 13910 Murphy Rd.		tate; Zip Code x 744 77
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expanse	(b) Description Gips	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeho Office sought	lder living expense Office held
Date 512129	Payee name		
Amount (\$) 12.79	Payee address; 1600 Amphitmatre Park		ate; Zip Code CA (6009
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Gsuite	
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Date 8 6 24	Payee name Ascend Disith St	ratics	
Amount (\$) 564.98	Payee address; 4440 Pearl East Circle Ste 210E		ate; Zip Code (0 1 0301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	NGP Digital	
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Amount (\$) 314:50	7 Payee address	;		City; Woskinfm DC	S	ate; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top of th	is schedule)	(b) Description	Jase	sych
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Date 8 17129 Amount (\$) 437,06	Payee name NUP Payee address 655	smst. NW	650	City: Washey	stn Sc	ate; Zip Code 2 6 00 5
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Date	Payee name					
818/24	Fort	Bend Den	ocras	tic Part	$\frac{1}{4}$	
Amount (\$) 2500	Payee address	Bend Den thoust Fugt	204	City; Sugar Lant	T	ate; Zip Code 77478
PURPOSE OF EXPENDITURE	Category (See Ci Don at	ategories listed at the top of this	schedule)	Description Dem Par	5	
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4 Date 8 13 24	5 Payee name	e Centre Houston	n'
6 Amount (\$) 275	7 Payee address; 8888 W. Bullfort Ane		tate; Zip Code X 77031
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advectional Example	(b) Description Table fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	(c) Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Check If Austin, TX, officeho Office sought	der living expense Office held
Date \$ 28/24	Payee name TGM Privery		
Amount (\$)	Payee address; 13910 Murphy Md.	stafferd T	ate; Zip Code C 77477
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exim	Description Materials	
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Date 913124	Payee name		
Amount (\$) [2-79	Payee address; 1600 Ampithiatre phwy	city; s Mountain View	ate; Zip Code (A 1600A
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Google Svite	
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1 Total pages Schedule F1	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
4 Date 4 (24/24)	5 Payee name Reel Volume Promotions LLC	
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code
2500	801 Travis St. Houston 7	× 77002
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) alverticity cypunge dijo tal	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehol	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought H	Office held
Date	Payee name	
9/25/21	VM Solutions	
Amount (\$)	Payee address; City; Sta	ate; Zip Code
2627	12030 Greenroch In. Houston T	x 77044
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	contract labor field	
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Date	Payee name	
9/25/24	JG Media	
Amount (\$)	Payee address; City; Sta	
1237.50	16225 Impart Way Pflugerville TX	78660
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense Newspaper Ad	wertising
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Amount (\$)	7 Payee address; 655 1576 St. NW # 650	city; sta Washington D	
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Date 9 103/24	Payee name KOR VAN II	VC	
Amount (\$) 437,06	Payee address; 655 (5th St. NW #656	city; sta Washinton PL	
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Date	Payee name		
919124	Vista Print		
Amount (\$) 253.65	Vista Print Payee address; 95 Hayden Ave.	city; sta Lixington M	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
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Amount (\$) 2170	7 Payee address; 0 0 FUR Main St.	Ucity: (Horston	state; Zip Code TX 7700Z
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expanse (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9123129	Payee name Charley King		
Amount (\$) (80D	Payee address; 5718 Westminer Rd. Svike 100	City;	State; Zip Code TX 7705
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description field	-
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX	, officeholder living expense Office held
Date	Payee name		
9123/24	TEM Printing		
Amount (\$) 2249.13	Payee address; [3 410 Murphy Rd.	city: Stillford	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	ls
Complete ONLY if direct xpenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, Office sought	officeholder living expense Office held