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: 16

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) | FIRST: Mr. Antonio | MI: E

NICKNAME: Tony | LAST: Aranda | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☒ Change of Address

ADDRESS / PO BOX: PO BOX 134 | APT / SUITE #: | CITY: Sugar Land, | STATE: TX | ZIP CODE: 77487

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (281) | PHONE NUMBER: 671-4077 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Chadwick | MI: C

NICKNAME: | LAST: Rood | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 1823 Trinity Sta | APT / SUITE #: | CITY: Sugar Land, | STATE: TX | ZIP CODE: 77478

8 CAMPAIGN TREASURER PHONE

AREA CODE: (832) | PHONE NUMBER: 779 - 1164 | EXTENSION:

OFFICE USE ONLY

Date Received: JUL 15 2026 RCVD

Date Hand-delivered or Date Postmarked:

Receipt # | Amount $

Date Processed:

Date Imaged:

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☒ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 01/01/26 THROUGH Month Day Year: 06/30/26

11 ELECTION

ELECTION DATE: Month Day Year: 11/03/26

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Fort Bend County Commissioner Precinct 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.

☐ Additional Pages

COMMITTEE TYPE:
- ☐ GENERAL
- ☐ 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 ANTONIO ARANDA			**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)	$ 100.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7,226.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 756.02
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,496.96
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,029.77
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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.

ARANDA, ANTONIO E
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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
ANTONIO ARANDA	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 6,951.00
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 175.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☑	SCHEDULE E: LOANS	$ 80.00
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4,278.24
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	$ 462.70
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: 3

2 FILER NAME: Antonio Aranda

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
1/15/26	Chadwick Rood 1823 Trinity Sta Sugar Land, TX 77478	1.00	Consultant	Rood Solutions
2/1/26	Janet Roberts 2703 Field Line Dr. Sugar Land, TX 77479	50.00		
2/18/26	Todd Crosswhite 1211 Morning Mist Ct. Sugar Land, TX 77498	100.00		
2/18/26	Jim McGuinness 237 NE 2nd Ter Satellite Beach FL 32937	100.00		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 3

2 FILER NAME: Antonio Aranda

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
2/23/26	Candide Lopez 5635 Grandview Ave. Yorba Linda CA 92886	5,000.00	Project Manager	Almega soft Solutions
4/9/26	Mark Lapeyrouse 4227 Crystal Ridge st. Missouri City TX 77459	500.00		
4/29/26	Joe Regina 3643 Robinson Rd Missouri City TX 77459	1,000.00	Retired	
05/04/26	Jeff Thomas 1730 Corona del Mar Dr. Missouri City TX 77459	100.00		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 3

2 FILER NAME: Antonio Aranda

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
5/30/26	Rich Goodrich	100.00
	6 Contributor address; City; State; Zip Code: 15207 Ripplewind Lane Houston TX 77068	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1

2 FILER NAME: Antonio Aranda

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
4/17/26	Kenneth Omoruyi / 77 Sugar Creek Center Blvd, Ste 600 Sugar Land TX 77478	175.00	Event Ticket

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
Accounting	Self
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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: 1

2 FILER NAME: ANTONIO ARANDA

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $ 80.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount ($)

6 Is lender a financial Institution? Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount ($)

Is lender a financial Institution? Y 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

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card 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 not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Antonio Aranda	

Entry 1

4 Date	5 Payee name
1/21/26	Anedot

6 Amount ($)	7 Payee address; City; State; Zip Code
0.34	☐ Check if individual's residence address

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Accounting / Banking	Merchant Fees

(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Entry 2

Date	Payee name
2/4/26	Anedot

Amount ($)	Payee address; City; State; Zip Code
2.30	☐ Check if individual's residence address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Accounting / Banking	Merchant Fees

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Entry 3

Date	Payee name
2/23/26	Anedot

Amount ($)	Payee address; City; State; Zip Code
8.60	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Accounting / Banking	Merchant Fees

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card 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 not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Antonio Aranda	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/26	5 Payee name Anedot	
6 Amount ($) 200.30	7 Payee address; City; State; Zip Code ☐ Check if individual's residence address	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Accounting/Banking	(b) Description: Merchant Fees
	(c) ☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3/6/26	Payee name Rood Solutions LLC	
Amount ($) 2,688.80	Payee address: 1823 Trinity sta Sugar Land City: TX 77478 State; Zip Code ☐ Check if individual's residence address	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Consulting Expense	Description: Consulting
	☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3/16/26	Payee name David DAO Group	
Amount ($) 400.00	Payee address; City; State; Zip Code ☐ Check if individual's residence address	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing Expense	Description: Business Cards
	☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card 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 not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Antonio Aranda	

Expenditure 1

4 Date	5 Payee name
4/9/26	Anedot

6 Amount ($)	7 Payee address; City; State; Zip Code
20.30	☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Accounting/Banking	Merchant Fees

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Expenditure 2

Date	Payee name
4/15/26	Rood Solutions LLC

Amount ($)	Payee address; City; State; Zip Code
645.00	1823 Trinity sta Sugar Land, TX 77478
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Consulting Expense	Consulting

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Expenditure 3

Date	Payee name
5/4/26	Anedot

Amount ($)	Payee address; City; State; Zip Code
4.30	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Accounting/Banking	Merchant Fees

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

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.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card 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 not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Antonio Aranda	

Entry 1

4 Date	5 Payee name	
5/8/26	Rood Solutions LLC	
6 Amount ($)	**7 Payee address;**	**City; State; Zip Code**
229.00	1823 Trinity sta	Sugar Land, TX 77478

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	Consulting
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Entry 2

Date	Payee name	
6/2/26	Rood Solutions LLC	
Amount ($)	**Payee address;**	**City; State; Zip Code**
75.00	1823 Trinity sta	Sugar Land, TX 77478

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	Consulting
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Entry 3

Date	Payee name	
6/3/26	Anedot	
Amount ($)	**Payee address;**	**City; State; Zip Code**
4.30		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Accounting / Banking	Merchant Fees
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card 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 not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	ANTONIO ARANDA	

---

4 Date: 1/5/26

5 Payee name: PROTON AG.

6 Amount ($): 1.00

☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code

☐ Check if individual's residence address

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD

(b) Description: EMAIL SERVICE

(c) ☐ Check if travel outside of Texas. Complete Schedule T

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 1/13/26

Payee name: REPUBLICAN WOMENS CLUB OF KATY

Amount ($): 100.00

☑ Reimbursement from political contributions intended

Payee address; 9550 SPRING STE 408-122 City; KATY, TX State; 77494 Zip Code

☐ Check if individual's residence address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): SOLICITATION

Description: CANDIDATE FORUM

☐ Check if travel outside of Texas. Complete Schedule T

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 1/16/26

Payee name: KAITLYN PIERSON

Amount ($): 90.00

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: TX

☐ Check if individual's residence address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD

Description: WEB CONSULTING

☐ Check if travel outside of Texas. Complete Schedule T

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card 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 not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	ANTONIO ARANDA	

---

4 Date: 2/3/26

5 Payee name: FORT BEND COUNTY ELECTIONS

6 Amount ($): 28.00

☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code

State: TX

☐ Check if individual's residence address

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD

(b) Description: ELECTION MAPS

(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 2/26/26

Payee name: PROTON A.G.

Amount ($): 47.88

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code

☐ Check if individual's residence address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD

Description: EMAIL SERVICE

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 2/23/26

Payee name: ZAZZLE, INC

Amount ($): 27.82

☑ Reimbursement from political contributions intended

Payee address; 1200 CHESTNUT

City; MENLO PARK **State;** CA **Zip Code** 94025

☐ Check if individual's residence address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD

Description: PRINTING

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card 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 not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	ANTONIO ARANDA	

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4 Date	5 Payee name
6/10/26	AVENIDA NORTH

6 Amount ($)	7 Payee address; City; State; Zip Code
42.00 ☑ Reimbursement from political contributions intended	701 AVENIDA de las AMERICA HOUSTON TX 77010 ☐ Check if individual's residence address

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	EVENT EXPENSE	PARKING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

---

Date	Payee name
6/11/26	AVENIDA NORTH

Amount ($)	Payee address; City; State; Zip Code
42.00 ☑ Reimbursement from political contributions intended	701 AVENIDA de las AMERICA HOUSTON TX 77010 ☐ Check if individual's residence address

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE	PARKING
	☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

---

Date	Payee name
6/12/26	AVENIDA NORTH

Amount ($)	Payee address; City; State; Zip Code
42.00 ☑ Reimbursement from political contributions intended	701 AVENIDA de las AMERICA HOUSTON TX 77010 ☐ Check if individual's residence address

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE	PARKING
	☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
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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 not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4		

1 Total pages Schedule G: 4

2 FILER NAME: ANTONIO ARANDA

3 Filer ID (Ethics Commission Filers):

4 Date: 6/13/26

5 Payee name: AVENIDA NORTH

6 Amount ($): 42.00

☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 701 AVENIDA delas AMERICA HOUSTON TX 77010

☐ Check if individual's residence address

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule):

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

Date:

Payee name:

Amount ($):

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code:

☐ Check if individual's residence address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

Date:

Payee name:

Amount ($):

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code:

☐ Check if individual's residence address

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

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