

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1. I am the Candidate or Officeholder.

2. I am the Treasurer.

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR MR	FIRST RAHIM	SUFFIX A	OFFICE USE ONLY Only Receipts RECVD VIA EMAIL 07/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Imaged	
		NICKNAME	LAST RUPANI	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 10035 TORIAN WAY RICHMOND TX 77407				
☐ Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (832)	PHONE NUMBER 640-5194	EXTENSION		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR MR	FIRST NOORALI	SUFFIX A		
		NICKNAME NICK	LAST KABANI	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 10235 GRAPE CREEK GROVE LN CYPRESS TX 77407				
8 CAMPAIGN TREASURER PHONE		AREA CODE (281)	PHONE NUMBER 777-7915	EXTENSION		
9 REPORT TYPE		☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☒ 8th day before election ☐ Extended Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)				
10 PERIOD COVERED		FROM / TO / / THROUGH / /				
11 ELECTION		ELECTION DATE Month Day Year 03 / / 2026		ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special		
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) FORT BEND COUNTY TREASURER		
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		COMMITTEE NAME		
		☐ GENERAL		COMMITTEE ADDRESS		
		☐ SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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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 Expense
Consulting Expense
Conventions/Travel/Hotel
Candidate/Officeholder/Political Committee
Other (See Category)

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Anniversary Expense
Legal Services

Loan Repayment/Plaints/Attorney
Office Overhead/Political Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Subscription/Printing Expense
Transportation Expense/Travel & Related Expense
Travel in General
Travel Out of District
Other (Enter a category and listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G		2 FILER NAME RAHIM A RUPAN		3 Filer ID (Ethics Commission Filers)	
4 Date 11/10/25		5 Payee name RAHIM RUPANI			
6 Amount (\$) 3,044.00 ☒ Reimbursement from political contributions received		7 Payee address: 10035 TORIAN WAY		City: RICHMOND	State: TX Zip Code: 77407
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description SIGNS AND FLYERS	
		☐ Check if individual's residence address.		☐ 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 11/20/2025		Payee name: RAHIM A RUPANI			
Amount (\$) 2,750.00 ☒ Reimbursement from political contributions received		Payee address: 10035 TORIAN WAY		City: RICHMOND	State: TX Zip Code: 77407
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description FILLING AND PARTY	
		☐ Check if individual's residence address.		☐ Check if travel outside of Texas. Complete Schedule T.	
		☐ Check if Austin, TX, officeholder living expense			
10 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name: Office sought: Office held:					
Date		Payee name			
Amount (\$)		Payee address:		City:	State: Zip Code
☐ Reimbursement from political contributions received		☐ 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	
11 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name: Office sought: Office held:					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 RAHIM A RUPANI				3 Filer ID# (Ethics Commission Filer)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan 06/2025		7 Name of lender RAHIM A RUPANI ☐ out-of-state PAC (ID# _____)		9 Loan Amount (\$) 51,550.00	
6 Is lender a financial institution? Y N X		8 Lender address: City: State: Zip Code 10035 TORIAN WAY RICHMOND TX 77407		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		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 ☐ 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		Amount Guaranteed (\$)	
		Guarantor address: City: State: Zip Code			
Principal Occupation (See instructions)			Employer (See instructions)		

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

10. FILER NAME
RAHIM A RUPANI

20. Filer ID (Ethics Commission Filer)

21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ☒ SCHEDULE E: LOANS	\$ 51,550.00
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	\$ 5794.00
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	\$

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A-2	
2 FILER NAME RAHIM A RUPANI		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		5	
5 Date 10/2025	6 Full name of contributor ☐ out-of-state PAC (ID# _____) JODY HYATT	8 Amount of Contribution \$ 500.00	9 In-kind contribution description PUSH CARDS
7 Contributor address; City; State; Zip Code 4324 HWY 12 STARKS LA 70661		☐ 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)	
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.			

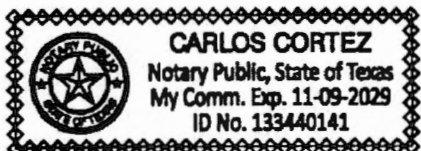
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 2
15 C/OH NAME		16 Filer ID (Filices, Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,794.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 51,550.00

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

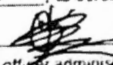
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carlos Cortez this the 23rd day of February, 2026, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Carlos Cortez
Printed name of officer administering oath

Personal Banker
Title of officer administering oath

THIS IS MY FINAL REPORT