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

2 Total pages filed: 6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: RAMESH | MI

NICKNAME | LAST: CHERIVIRALA | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

14803 JACKSON SAWMILL LN

SUGAR LAND, TX 77498

OFFICE USE ONLY

Date Received

RECEIVED VIA EMAIL 01/15/2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: TINA | MI

NICKNAME | LAST: GIBSON | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

911 MILLPOND DR
SUGAR LAND, TX-77498

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

713 - 412 - 1620

8 REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 12/08/2025 THROUGH Month Day Year: 12/31/2025

10 ELECTION

ELECTION DATE: Month Day Year: 03/03/2026

ELECTION TYPE

- [X] Primary
- [ ] General
- [ ] Runoff
- [ ] Special
- [ ] Other

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Fort Bend county precinct 4 commissioner in Republican Primary Place Precinct 4 District Fort

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	CHERIVIRALA, RAMESH	**14** Filer ID

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,430.64
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15,858.06
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 25,001.00

17 AFFIDAVIT

SHAHMIR SOHAIL
Notary ID #135523275
My Commission Expires
July 9, 2029

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ramesh Cherivirala, this the 15th day of January, 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering	Printed name of officer administering	Title of officer administering oath
	Shahmir Sohail	Notary Public

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

18 FILER NAME	**19** Filer ID
CHERIVIRALA, RAMESH	

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☒	SCHEDULE E: LOANS	$ 25,001.00
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 9,142.94
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☒	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$ 1,287.70
10.	☐	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 4/6

2 FILER NAME
CHERIVIRALA, RAMESH

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS — **$**

5 Date of loan
12/10/2025

7 Name of lender ☐ out-of-state PAC (ID#:_____)
RAMESH, CHERIVIRALA (Dr.)

9 Loan Amount ($)
$25,001.00

6 Is lender a financial institution?
No

8 Lender address; City; State; Zip Code
14803 JACKSON SAWMIL LN
SUGAR LAND, TX 77498

10 Interest Rate

11 Maturity Date
03/03/2026

12 Principal occupation / Job title (See Instructions)
FINANCIAL ADVISOR

13 Employer (See Instructions)
NEW YORK LIFE

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

21 Employer (See Instructions)

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 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: Sch: 1/1 Rpt: 5/6	**2** FILER NAME CHERIVIRALA, RAMESH	**3** Filer ID
4 Date 12/24/2025	**5** Payee name INMODE INTERACTIVE	
6 Amount ($) $3,163.76	**7** Payee address; City; State; Zip Code 11569 Hwy 6 Box 61 Sugar Land, TX 77498	
8 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 Web design and hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

Date 12/26/2025	Payee name NBD GRAPHICS	
Amount ($) $5,979.18	Payee address; City; State; Zip Code 917 S MASON RD KATY, TX 77450	
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 YARD SIGNS, STREET SIGNS, PUSH CARDS AND DOOR HANGERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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
Sch: 1/1 Rpt: 6/6	CHERIVIRALA, RAMESH	

4 Date	5 Payee name
12/08/2025	FORT BEND COUNTY GOP

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,250.00 ☐ Reimbursement from political contributions intended	14019 SOUTHWEST FREEWAY SUITE 340 SUGAR LAND, TX 77478

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense NOMINATION FEE

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

Date	Payee name
12/13/2025	godaddy

Amount ($)	Payee address; City; State; Zip Code
$37.70 ☐ Reimbursement from political contributions intended	100 S. Mill Ave , Suite 1600 Tempe, AZ 85281

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

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