

# 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:                 |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                      FIRST                      MI<br>..... Afshan .....<br>NICKNAME                      LAST                      SUFFIX<br>..... Khan .....  | <b>OFFICE USE ONLY</b>   |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>[REDACTED]  | Date Received<br><br><b>'26 APR 24 AM 9:29</b>   |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>[REDACTED]  | Date Hand-delivered or Date Postmarked   |                                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br>.....<br>NICKNAME                      LAST                      SUFFIX   | Receipt #  | Amount \$                            |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(                      )  |  |                                      |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                                      |
| 10 PERIOD COVERED  | Month                      Day                      Year                      THROUGH                      Month                      Day                      Year<br>01 / 01 / 2026                      THROUGH                      04 / 24 / 2026  |  |                                      |
| 11 ELECTION  | ELECTION DATE<br>Month                      Day                      Year<br>05 / 02 / 2026   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br>Eanes ISD Trustee Place 1   |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> 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.   |  |                                      |
|  | <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE TYPE   | COMMITTEE NAME                       |
|  |   |  | COMMITTEE ADDRESS                    |
|  |   |  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**GO TO PAGE 2**



# 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:                  |
| 2 FILER NAME<br>Afshan Khan                               |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><br>02/25/2026                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jill VanVoorhis<br><hr/> 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)<br><br>\$5.59 |

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

|                        |  |  |
|------------------------|--|--|
| Date<br><br>03/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anjum Hanafi Text<br><hr/> Contributor address; City; State; Zip Code<br>11800 Vista Verde Cove Austin TX 78732 | Amount of contribution (\$)<br><br>\$250 |
|------------------------|--|--|

|  |                                     |
|--|-------------------------------------|
| Principal occupation / Job title (See Instructions)<br>Holistic Health | Employer (See Instructions)<br>Self |
|--|-------------------------------------|

|                        |  |  |
|------------------------|--|--|
| Date<br><br>03/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Salah & Nadia Gamoudi<br><hr/> Contributor address; City; State; Zip Code<br>4110 Bunny Run Austin TX 78746 | Amount of contribution (\$)<br><br>\$1,000 |
|------------------------|--|--|

|  |   |
|--|---|
| Principal occupation / Job title (See Instructions)<br>Natural Resources | Employer (See Instructions)<br>Standard Lithium |
|--|---|

|                        |  |  |
|------------------------|--|--|
| Date<br><br>03/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sonia Yousuf<br><hr/> Contributor address; City; State; Zip Code<br>3201 Lating stream Lane Austin TX 78746 | Amount of contribution (\$)<br><br>\$53.04 |
|------------------------|--|--|

|   |                             |
|---|-----------------------------|
| 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.

# MONETARY POLITICAL CONTRIBUTIONS

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| <b>The Instruction Guide explains how to complete this form.</b>   |  | <b>1</b> Total pages Schedule A1:  |
| <b>2</b> FILER NAME<br><p style="text-align: center;">Afshan Khan</p>  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><p style="text-align: center;">03/01/2026</p>   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Faiza Waheed Butt</p> <hr style="border-top: 1px dotted black;"/> <b>6</b> Contributor address;                      City;                      State;      Zip Code<br><p style="text-align: center;">2213 Vittoria View                      Leander                      TX                      78641</p> | <b>7</b> Amount of contribution (\$)<br><br>\$105.75   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Physician</p> |  | <b>9</b> Employer (See Instructions)<br><p style="text-align: center;">Baylor Scott &amp; White Health</p> |
| <b>Date</b><br><p style="text-align: center;">03/01/2026</p>   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Diane Kanawati</p> <hr style="border-top: 1px dotted black;"/> <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b><br><p style="text-align: center;">10302 Grand Oak Drive                      Austin                      TX                      78750</p>                                | <b>Amount of contribution (\$)</b><br><br>\$105.75   |
| <b>Principal occupation / Job title (See Instructions)</b>   |  | <b>Employer (See Instructions)</b>   |
| <b>Date</b><br><p style="text-align: center;">03/01/2026</p>   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Debra Schneider</p> <hr style="border-top: 1px dotted black;"/> <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b><br><p style="text-align: center;">8 Rob Roy Road                      Austin                      TX                      78746</p>                                      | <b>Amount of contribution (\$)</b><br><br>\$263.90   |
| <b>Principal occupation / Job title (See Instructions)</b>   |  | <b>Employer (See Instructions)</b>   |
| <b>Date</b><br><p style="text-align: center;">03/02/2026</p>   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Athar Tayyab</p> <hr style="border-top: 1px dotted black;"/> <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b><br><p style="text-align: center;">6731 Yaupon Dr                      Austin                      TX                      78759</p>   | <b>Amount of contribution (\$)</b><br><br>\$50   |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">CTO</p>         |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">IBM</p>                               |

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| 2 FILER NAME<br><p style="text-align: center;">Afshan Khan</p>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><p style="text-align: center;">03/02/2026</p>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Amena Rahman</p> <hr style="border-top: 1px dotted black;"/><br>6 Contributor address; City; State; Zip Code<br><p style="text-align: center;">2704 Vinwood Cove Round Rock TX 78665</p> | 7 Amount of contribution (\$)<br><p style="text-align: center;">\$25</p>                            |
| 8 Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">PA</p>           |  | 9 Employer (See Instructions)<br><p style="text-align: center;">Baylor Scott &amp; White Health</p> |
| Date<br><p style="text-align: center;">03/03/2026</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Suneetha Somireddy</p> <hr style="border-top: 1px dotted black;"/><br>Contributor address; City; State; Zip Code<br><p style="text-align: center;">1504 Milagro Drive Austin TX 78733</p>  | Amount of contribution (\$)<br><p style="text-align: center;">\$50</p>                              |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)   |
| Date<br><p style="text-align: center;">03/03/2026</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Shazia Baloch</p> <hr style="border-top: 1px dotted black;"/><br>Contributor address; City; State; Zip Code<br><p style="text-align: center;">15420 McCormick Vista Dr Austin TX 78734</p> | Amount of contribution (\$)<br><p style="text-align: center;">\$500</p>                             |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)   |
| Date<br><p style="text-align: center;">03/04/2026</p>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Zohaib Qadri</p> <hr style="border-top: 1px dotted black;"/><br>Contributor address; City; State; Zip Code<br><p style="text-align: center;">2908 Moreno Street Austin TX 78723</p>        | Amount of contribution (\$)<br><p style="text-align: center;">\$25</p>                              |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Council Member</p> |  | Employer (See Instructions)<br><p style="text-align: center;">City of Austin</p>                    |

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| 2 FILER NAME<br>Afshan Khan   |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><br>03/05/2026  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lamia Kadir<br><hr/> 6 Contributor address; City; State; Zip Code<br>14217 Tyburn Trail Austin TX 78717              | 7 Amount of contribution (\$)<br><br>\$53.04      |
| 8 Principal occupation / Job title (See Instructions)<br>MD             |   | 9 Employer (See Instructions)<br>OM               |
| Date<br><br>03/07/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nazneen Khan<br><hr/> Contributor address; City; State; Zip Code<br>13232 Zen Gardens Way Austin TX 78732              | Amount of contribution (\$)<br><br>\$100          |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                       |
| Date<br><br>03/08/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tariq Majeed<br><hr/> Contributor address; City; State; Zip Code<br>7908 Aspen Highlands Dr. Austin TX 78746           | Amount of contribution (\$)<br><br>\$500          |
| Principal occupation / Job title (See Instructions)<br>President/CEO    |   | Employer (See Instructions)<br>Self employed      |
| Date<br><br>03/08/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mohammed Qutub Khan<br><hr/> Contributor address; City; State; Zip Code<br>7275 Indiana Avenue #200 Riverside CA 92504 | Amount of contribution (\$)<br><br>\$500          |
| Principal occupation / Job title (See Instructions)<br>Medical Director |   | Employer (See Instructions)<br>Van Buren Dialysis |
| Text  |   |   |

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| 2 FILER NAME<br>Afshan Khan   |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br>03/08/2026  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mirza Bahbood<br><hr/> 6 Contributor address; City; State; Zip Code<br>1240 SE Corby Way Waukee IA 50263 | 7 Amount of contribution (\$)<br><br>\$25       |
| 8 Principal occupation / Job title (See Instructions)<br>Healthcare Executive |   | 9 Employer (See Instructions)<br>MercyOne       |
| Date<br>03/08/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sel Rah<br><hr/> Contributor address; City; State; Zip Code<br>2408 Scarlatti Dr Pearland TX 77581         | Amount of contribution (\$)<br><br>\$50         |
| Principal occupation / Job title (See Instructions)<br>Consultant             |   | Employer (See Instructions)<br>Consulting Group |
| Date<br>03/08/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ishrath Khan<br><hr/> Contributor address; City; State; Zip Code<br>1444 Walden Drive Folsom CA 95630      | Amount of contribution (\$)<br><br>\$25         |
| Principal occupation / Job title (See Instructions)<br>Physician              |   | Employer (See Instructions)<br>Orlando Health   |

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| 4 Date<br>03/08/2026  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sajid Khan<br><hr/> 6 Contributor address; City; State; Zip Code<br>23892 Watercrest Court Farmington Hills MI 48336 | 7 Amount of contribution (\$)<br><br>\$100  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)               |
| Date<br>03/08/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Aparna Mahakala<br><hr/> Contributor address; City; State; Zip Code<br>326 Peekskill Court Duluth GA 30096             | Amount of contribution (\$)<br><br>\$105.75 |
| Principal occupation / Job title (See Instructions)<br>Physician  |   | Employer (See Instructions)<br>NARD         |
| Date<br>03/08/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mohammed Ahmed<br><hr/> Contributor address; City; State; Zip Code<br>10749 Savona Way Orlando FL 32827                | Amount of contribution (\$)<br><br>\$26.68  |
| Principal occupation / Job title (See Instructions)<br>MD   |   | Employer (See Instructions)<br>NA           |
| Date<br>03/08/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fawad Khan<br><hr/> Contributor address; City; State; Zip Code<br>6 Cycas Kenner LA 70065                              | Amount of contribution (\$)<br><br>\$50     |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |

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| <b>2</b> FILER NAME<br><p style="text-align: center;">Afshan Khan</p>   |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><p style="text-align: center;">03/08/2026</p>  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Ilyas Khan</p> <hr/> <b>6</b> Contributor address; City; State; Zip Code<br><p style="text-align: center;">4N181 Mayfair Drive Bensenville IL 60106</p>   | <b>7</b> Amount of contribution (\$)<br><br>\$105.75   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Physician</p>  |  | <b>9</b> Employer (See Instructions)<br><p style="text-align: center;">Ascension Medical Group</p> |
| <b>Date</b><br><p style="text-align: center;">03/08/2026</p>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Asra Jaffar</p> <hr/> <b>Contributor address; City; State; Zip Code</b><br><p style="text-align: center;">117 Deer Isle Court Cary NC 27519</p>             | <b>Amount of contribution (\$)</b><br><br>\$105.75   |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">Physician</p>    |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">Self/Locums</p>               |
| <b>Date</b><br><p style="text-align: center;">03/08/2026</p>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Ateeq Haseeb</p> <hr/> <b>Contributor address; City; State; Zip Code</b><br><p style="text-align: center;">4627 Whistling Oaks Court Sylvania OH 43560</p>  | <b>Amount of contribution (\$)</b><br><br>\$100  |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">MD</p>           |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">Mercy Health</p>              |
| <b>Date</b><br><p style="text-align: center;">03/09/2026</p>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Nazimuddin Mohammed</p> <hr/> <b>Contributor address; City; State; Zip Code</b><br><p style="text-align: center;">4600 Canterbury Court Parker TX 75002</p> | <b>Amount of contribution (\$)</b><br><br>\$105.75   |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">Psychiatrist</p> |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">Self</p>                      |

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| <b>2</b> FILER NAME<br>Afshan Khan   |   | <b>3</b> Filer ID (Ethics Commission Filers)       |
| <b>4</b> Date<br><br>03/09/2026  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Afzal Rasheed<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>421 Seneca Road Great Falls VA 22066    | <b>7</b> Amount of contribution (\$)<br><br>\$250  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician  |   | <b>9</b> Employer (See Instructions)<br>MAPMG      |
| <b>Date</b><br><br>03/09/2026  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sanober Khan<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>3028 Soldato Wy Leander TX 78641             | <b>Amount of contribution (\$)</b><br><br>\$200    |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician  |   | <b>Employer (See Instructions)</b><br>USACS        |
| <b>Date</b><br><br>03/09/2026  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Asfia Sayeed<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>4616 Nellore Street Irving TX 75062          | <b>Amount of contribution (\$)</b><br><br>\$105.75 |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician  |   | <b>Employer (See Instructions)</b><br>Acclaim      |
| <b>Date</b><br><br>03/11/2026  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dina AIKhateeb<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>4608 Flameleaf Sumac Drive Austin TX 78738 | <b>Amount of contribution (\$)</b><br><br>\$211.18 |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>                 |
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| <b>4</b> Date<br><p style="text-align: center;">03/15/2026</p>  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Kay Zazy</p> <hr/> <b>6</b> Contributor address; City; State; Zip Code<br><p style="text-align: center;">11424 Woodland Hills Trail Austin TX 78732</p> | <b>7</b> Amount of contribution (\$)<br><br>\$105.75   |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)   |
| <b>Date</b><br><p style="text-align: center;">03/15/2026</p>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Fayruz Benyousef</p> <hr/> <b>Contributor address; City; State; Zip Code</b><br><p style="text-align: center;">203 Agave Bloom Cove Austin TX 78738</p>   | <b>Amount of contribution (\$)</b><br><br>\$263.90   |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">Consultant</p>   |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">Fayruz Benyousef Consulting</p> |
| <b>Date</b><br><p style="text-align: center;">03/22/2026</p>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Nida Safdar</p> <hr/> <b>Contributor address; City; State; Zip Code</b><br><p style="text-align: center;">6310 Ledge Mountain Drive Austin TX 78731</p>   | <b>Amount of contribution (\$)</b><br><br>\$200  |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">Physician</p>  |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">CPL</p>                         |
| <b>Date</b><br><p style="text-align: center;">03/22/2026</p>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Miinerva Motiwala</p> <hr/> <b>Contributor address; City; State; Zip Code</b><br><p style="text-align: center;">617 Brandon Way Austin TX 78733</p>       | <b>Amount of contribution (\$)</b><br><br>\$527.47   |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">Business owner</p>   |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">Minerva's Real Estate Inc.</p>  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.   |  | <b>1</b> Total pages Schedule A1:  |
| <b>2</b> FILER NAME<br><p style="text-align: center;">Afshan Khan</p>   |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><p style="text-align: center;">03/23/2026</p>  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Mary Hinton</p> <hr style="border-top: 1px dotted black;"/> <b>6</b> Contributor address;                      City;                      State;      Zip Code<br><p style="text-align: center;">2 Jeffery Cove                      Rollingwood                      TX                      78746</p> | <b>7</b> Amount of contribution (\$)<br><br><p style="text-align: center;">\$105.75</p>                |
| <b>8</b> Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Trustee and staff</p>  |  | <b>9</b> Employer (See Instructions)<br><p style="text-align: center;">San Marcos Civic Foundation</p> |
| <b>Date</b><br><p style="text-align: center;">03/23/2026</p>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Rhoda Silverberg</p> <hr style="border-top: 1px dotted black;"/> <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b><br><p style="text-align: center;">3102 Gentry Drive                      Austin                      TX                      78746</p>                            | <b>Amount of contribution (\$)</b><br><br><p style="text-align: center;">\$53.04</p>                   |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">Software Engineer</p>  |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">UnitQ, Inc.</p>                   |
| <b>Date</b><br><p style="text-align: center;">03/24/2026</p>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Bryan Harakh</p> <hr style="border-top: 1px dotted black;"/> <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b><br><p style="text-align: center;">1906 Mistywood Dr                      Austin                      TX                      78746</p>                                | <b>Amount of contribution (\$)</b><br><br><p style="text-align: center;">\$263.90</p>                  |
| <b>Principal occupation / Job title (See Instructions)</b><br><p style="text-align: center;">ED</p>   |  | <b>Employer (See Instructions)</b><br><p style="text-align: center;">ConnectHER</p>                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:   |
| 2 FILER NAME<br><p style="text-align: center;">Afshan Khan</p>  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><p style="text-align: center;">03/29/2026</p>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Anjali Hira</p> <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code<br><p style="text-align: center;">5608 Clarion Cove      AUstin      TX      78746</p>        | 7 Amount of contribution (\$)<br><br>\$53.04   |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)  |
| Date<br><p style="text-align: center;">03/29/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Sel Rah</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">2611 Maria Anna Rd      Austin      TX      78703</p>               | Amount of contribution (\$)<br><br>\$527.47  |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">OB/GYN</p>  |  | Employer (See Instructions)<br><p style="text-align: center;">Lotus Gynecology</p>       |
| Date<br><p style="text-align: center;">04/01/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Tami Esson</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">404 Ridgewood Road      Austin      TX      78746</p>            | Amount of contribution (\$)<br><br>\$100   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |
| Date<br><p style="text-align: center;">04/03/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Junaid Siddiqui</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">8216 Lake Mountain Lane      Leander      TX      78641</p> | Amount of contribution (\$)<br><br>\$500   |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Physician</p>   |  | Employer (See Instructions)<br><p style="text-align: center;">The Specialty Alliance</p> |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:   |
| 2 FILER NAME<br><p style="text-align: center;">Afshan Khan</p>  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><p style="text-align: center;">04/06/2026</p>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Marjan Syed</p> <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code<br><p style="text-align: center;">1000 Patterson Road Austin TX 78733</p> | 7 Amount of contribution (\$)<br><br>\$500   |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)  |
| Date<br><p style="text-align: center;">04/08/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Aparna Mahakala</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">14 Pascal Lane Austin TX 78746</p>      | Amount of contribution (\$)<br><br>\$527.47  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |
| Date<br><p style="text-align: center;">04/08/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Raka Sandell</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">3200 Rustic River Cove Austin TX 78746</p> | Amount of contribution (\$)<br><br>\$527.47  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |
| Date<br><p style="text-align: center;">04/11/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Lindsay Traff</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">4110 Bunny Run Austin TX 78746</p>        | Amount of contribution (\$)<br><br>\$53.04   |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Admin</p>   |  | Employer (See Instructions)<br><p style="text-align: center;">Bisonwood Financial Management</p> |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:   |
| 2 FILER NAME<br><p style="text-align: center;">Afshan Khan</p>  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><p style="text-align: center;">04/13/2026</p>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Lynne Dobson</p> <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code<br><p style="text-align: center;">501 Rocky River Road West Lake Hills TX 78746</p> | 7 Amount of contribution (\$)<br><br>\$500   |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)  |
| Date<br><p style="text-align: center;">04/14/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Farheen Raja</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">9601 Ashmont Drive Olivette MO 63132</p>              | Amount of contribution (\$)<br><br>\$53.04   |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Physician</p>   |   | Employer (See Instructions)<br><p style="text-align: center;">West County Ophthalmology</p>        |
| Date<br><p style="text-align: center;">04/15/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Kim Nutter</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">6523 Whitmarsh Valley Walk Austin TX 78746</p>          | Amount of contribution (\$)<br><br>\$105.75  |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">MD</p>  |   | Employer (See Instructions)<br><p style="text-align: center;">Mercy Health</p>                     |
| Date<br><p style="text-align: center;">03/09/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Maritza Ward</p> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code<br><p style="text-align: center;">1709 Ben Crenshaw Way Austin TX 78746</p>             | Amount of contribution (\$)<br><br>\$26.68   |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Consultant</p>  |   | Employer (See Instructions)<br><p style="text-align: center;">Versiti Clinical Trials Services</p> |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:  |
| 2 FILER NAME<br><p style="text-align: center;">Afshan Khan</p>  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><p style="text-align: center;">04/18/2026</p>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Kim McMath</p> <hr style="border-top: 1px dotted black;"/><br>6 Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100%; height: 15px; margin-top: 5px;"></div> | 7 Amount of contribution (\$)<br><p style="text-align: center;">\$211.18</p>                |
| 8 Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Attorney</p>      |  | 9 Employer (See Instructions)<br><p style="text-align: center;">Madison Air Corporation</p> |
| Date<br><p style="text-align: center;">04/21/2026</p>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Annie Siddiqui</p> <hr style="border-top: 1px dotted black;"/><br>Contributor address; City; State; Zip Code<br><p style="text-align: center;">12520 Capitol Saddlery Trail Austin TX 78732</p>          | Amount of contribution (\$)<br><p style="text-align: center;">\$211.50</p>                  |
| Principal occupation / Job title (See Instructions)<br><p style="text-align: center;">Project Manager</p> |  | Employer (See Instructions)<br><p style="text-align: center;">Netspend</p>                  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr style="border-top: 1px dotted black;"/><br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr style="border-top: 1px dotted black;"/><br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)   |
| 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.

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>2                              | <b>2</b> FILER NAME<br>Dr. Afshan Khan   | <b>3</b> Filer ID (Ethics Commission Filers)           |
| <b>4</b> Date<br>04/06/26   | <b>5</b> Payee name<br>Stratecom Advisors, LLC   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address; 4500 Charles Ave. City; Austin State; TX Zip Code 78746<br><input type="checkbox"/> Check if individual's residence address.                 |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description<br>Campaign counseling          |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Afshan Khan   | Office sought<br>Eanes ISD Trustee Place 1             |
|   |  | Office held  |
| Date<br>04/06/26  | Payee name<br>Stratecom Advisors, LLC  |  |
| Amount (\$)   | Payee address; 4500 Charles Ave. City; Austin State; TX Zip Code 78746<br><input type="checkbox"/> Check if individual's residence address.                          |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description<br>Site and graphics development           |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Afshan Khan   | Office sought<br>Eanes ISD Trustee Place 1             |
|   |  | Office held  |
| Date<br>04/06/26  | Payee name<br>Stratecom Advisors, LLC  |  |
| Amount (\$)   | Payee address; 4500 Charles Ave. City; Austin State; TX Zip Code 78746<br><input type="checkbox"/> Check if individual's residence address.                          |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description<br>Website domain hosting and email set up |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Afshan Khan   | Office sought<br>Eanes ISD Trustee Place 1             |
|   |  | Office held  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br>Afshan Khan              |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 10,925.88                           |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 0                                   |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>2                              | <b>2</b> FILER NAME<br>Dr. Afshan Khan   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date<br>04/06/26   | <b>5</b> Payee name<br>Stratecom Advisors, LLC   |   |
| <b>6</b> Amount (\$)<br>4109.78                                     | <b>7</b> Payee address; 4500 Charles Ave. City; Austin State; TX Zip Code 78746<br><input type="checkbox"/> Check if individual's residence address. |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description<br>Campaign counseling                             |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Afshan Khan   | Office sought<br>Eanes ISD Trustee Place 1                                |
|   |  | Office held   |
| Date<br>04/06/26  | Payee name<br>Stratecom Advisors, LLC  |   |
| Amount (\$)<br>3391.26  | Payee address; 4500 Charles Ave. City; Austin State; TX Zip Code 78746<br><input type="checkbox"/> Check if individual's residence address.          |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description<br>Site and graphics development                              |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Afshan Khan   | Office sought<br>Eanes ISD Trustee Place 1                                |
|   |  | Office held   |
| Date<br>04/06/26  | Payee name<br>Stratecom Advisors, LLC  |   |
| Amount (\$)<br>3000   | Payee address; 4500 Charles Ave. City; Austin State; TX Zip Code 78746<br><input type="checkbox"/> Check if individual's residence address.          |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description<br>Website domain hosting and email set up                    |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Afshan Khan   | Office sought<br>Eanes ISD Trustee Place 1                                |
|   |  | Office held   |

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