

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI ..... NICKNAME      LAST      SUFFIX ..... Afshan Khan	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED]      [REDACTED]      [REDACTED]      [REDACTED]      [REDACTED]	26 MAR 31 AM 3:32	
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION [REDACTED]      [REDACTED]      [REDACTED]	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI ..... NICKNAME      LAST      SUFFIX	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (      )		
<b>9 REPORT TYPE</b>	<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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year /      /                          /      /		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 05      /      02      /      2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> Eanes ISD Trustee Place 1	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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 <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE      COMMITTEE NAME ..... COMMITTEE ADDRESS ..... COMMITTEE CAMPAIGN TREASURER NAME ..... COMMITTEE CAMPAIGN TREASURER ADDRESS .....		

**GO TO PAGE 2**



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Afshan Khan		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,779.24
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	\$ 5927.53
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 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	\$

# 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 Afshan Khan		3 Filer ID (Ethics Commission Filers)
4 Date  02/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill VanVoorhis ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$5.59
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anjum Hanafi ..... Contributor address; City; State; Zip Code 11800 Vista Verde Cove Austin TX 78732	Amount of contribution (\$)  \$250
Principal occupation / Job title (See Instructions) Holistic Health		Employer (See Instructions) Self employed
Date  03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salah and Nadia Gamoudi ..... Contributor address; City; State; Zip Code 4110 Bunny Run Austin TX 78746	Amount of contribution (\$)  \$1,000
Principal occupation / Job title (See Instructions) Natural Resources		Employer (See Instructions) Standard Lithium
Date  03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonia Yousuf ..... Contributor address; City; State; Zip Code 3201 Lating Stream Lane Austin TX 78746	Amount of contribution (\$)  \$53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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<b>2</b> FILER NAME Afshan Khan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  03/01/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faiza Waheed Butt <hr/> <b>6</b> Contributor address; City; State; Zip Code 2213 Vittoria View Leander TX 78641	<b>7</b> Amount of contribution (\$)  \$105.75
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) BSWH
<b>Date</b>  03/01/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Kanawati <hr/> <b>Contributor address; City; State; Zip Code</b> 10302 Grand Oak Drive Austin TX 78750	<b>Amount of contribution (\$)</b>  \$105.75
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  03/01/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Schneider <hr/> <b>Contributor address; City; State; Zip Code</b> 8 Rob Roy Rd Austin TX 78746	<b>Amount of contribution (\$)</b>  \$263.90
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  03/02/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Athar Tayyab <hr/> <b>Contributor address; City; State; Zip Code</b> 6731 Yaupon Austin TX 78759	<b>Amount of contribution (\$)</b>  \$50
<b>Principal occupation / Job title (See Instructions)</b> CTO		<b>Employer (See Instructions)</b> IBM

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<b>2</b> FILER NAME Afshan Khan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  03/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tariq Majeed <hr/> <b>6</b> Contributor address; City; State; Zip Code 7908 Aspen Highlands Dr. Austin TX 78746	<b>7</b> Amount of contribution (\$)  \$500
<b>8</b> Principal occupation / Job title (See Instructions) President/CEO		<b>9</b> Employer (See Instructions) Self employed
<b>Date</b>  03/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed Qutub Khan <hr/> <b>Contributor address; City; State; Zip Code</b> 7275 Indiana Avenue #200 Riverside CA 92504	<b>Amount of contribution (\$)</b>  \$500
<b>Principal occupation / Job title (See Instructions)</b> Medical Director		<b>Employer (See Instructions)</b> Van Buren Dialysis
<b>Date</b>  03/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirza Bahbood <hr/> <b>Contributor address; City; State; Zip Code</b> 1240 SE Corby Way Waukee IA 50263	<b>Amount of contribution (\$)</b>  \$25
<b>Principal occupation / Job title (See Instructions)</b> Healthcare Executive		<b>Employer (See Instructions)</b> MercyOne
<b>Date</b>  03/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sel Rah <hr/> <b>Contributor address; City; State; Zip Code</b> 2408 Scarlatti Dr Pearland TX 77581	<b>Amount of contribution (\$)</b>  \$50
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
Text		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Afshan Khan		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishrath Khan ----- 6 Contributor address; City; State; Zip Code 1444 Walden Drive Folsom CA 95630	7 Amount of contribution (\$)  \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaista Safder ----- Contributor address; City; State; Zip Code 9307 Southern Breeze Drive Orlando FL 32836	Amount of contribution (\$)  \$105.75
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Orlando Health
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sajid Khan ----- Contributor address; City; State; Zip Code 23892 Watercrest Court Farmington Hills MI 48336	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aparna Mahakala ----- Contributor address; City; State; Zip Code 326 Peekskill Court Duluth GA 30096	Amount of contribution (\$)  \$105.75
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NARD

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2 FILER NAME Afshan Khan				3 Filer ID (Ethics Commission Filers)	
4 Date  03/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed Ahmed			7 Amount of contribution (\$)  \$26.68	
	6 Contributor address; City; State; Zip Code 10749 Savona Way Orlando FL 32827				
8 Principal occupation / Job title (See Instructions) Physician			9 Employer (See Instructions)		
Date  03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fawad Khan			Amount of contribution (\$)  \$50	
	Contributor address; City; State; Zip Code 6 Cycas Kenner LA 70065				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilyas Khan			Amount of contribution (\$)  \$105.75	
	Contributor address; City; State; Zip Code 4N181 Mayfair Dr. Bensenville IL 60106				
Principal occupation / Job title (See Instructions) Physician			Employer (See Instructions) Ascension Medical Group		
Date  03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asra Jaffar			Amount of contribution (\$)  \$105.75	
	Contributor address; City; State; Zip Code 117 Deer Isle Court Cary NC 27519				
Principal occupation / Job title (See Instructions) Physician			Employer (See Instructions) Self employed		
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<b>4</b> Date  03/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ateeq Haseeb ----- <b>6</b> Contributor address; City; State; Zip Code 4627 Whistling Oaks Court Sylvania OH 43560	<b>7</b> Amount of contribution (\$)  \$100
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date  03/09/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazimuddin Mohammed ----- Contributor address; City; State; Zip Code 4600 Canterbury Court Parker TX 75002	Amount of contribution (\$)  \$105.75
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self employed
Date  03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Afzal Rasheed ----- Contributor address; City; State; Zip Code 421 Seneca Rd. Great Falls VA 22066	Amount of contribution (\$)  \$250
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MAPMG
Date  03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanober Khan ----- Contributor address; City; State; Zip Code 3028 Soldato Way Leander TX 78641	Amount of contribution (\$)  \$200
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Usacs
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4 Date  03/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asfia Sayeed <hr/> 6 Contributor address; City; State; Zip Code 4616 Nellore St. Irving TX 75062	7 Amount of contribution (\$)  \$105.75
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date  03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dina AlKhateeb <hr/> Contributor address; City; State; Zip Code 4608 Flameleaf Sumac Dr. Austin TX 78738	Amount of contribution (\$)  \$211.18
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Zazy <hr/> Contributor address; City; State; Zip Code 11424 Woodlands Hills Trail Austin TX 78732	Amount of contribution (\$)  \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fayruz Benyousef <hr/> Contributor address; City; State; Zip Code 203 Agave Bloom Cove Austin TX 78738	Amount of contribution (\$)  \$263.90
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Fayruz Benyousef Consulting

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2 FILER NAME Afshan Khan		3 Filer ID (Ethics Commission Filers)
4 Date  03/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nida Safdar <hr/> 6 Contributor address; City; State; Zip Code 6310 Ledge Mountain Dr. Austin TX 78731	7 Amount of contribution (\$)  \$200
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CPL
Date  03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minerva Motiwala <hr/> Contributor address; City; State; Zip Code 617 Brandon Way Austin TX 78733	Amount of contribution (\$)  \$527.47
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Minerva's Real Estate Inc
Date  03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Hinton <hr/> Contributor address; City; State; Zip Code 2 Jeffery Cove Rollingwood TX 78746	Amount of contribution (\$)  \$105.75
Principal occupation / Job title (See Instructions) Trustee and Staff		Employer (See Instructions) San Marcos Civic Foundation
Date  03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoda Silverberg <hr/> Contributor address; City; State; Zip Code 3102 Gentry Drive Austin TX 78746	Amount of contribution (\$)  \$53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Afshan Khan		3 Filer ID (Ethics Commission Filers)
4 Date  03/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Harakh <hr/> 6 Contributor address; City; State; Zip Code 1906 Mistywood Dr Austin TX 78746	7 Amount of contribution (\$)  \$263.90
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) unitQ, Inc.
Date  03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amena Rahman <hr/> Contributor address; City; State; Zip Code 2704 Vinwood Cove Round Rock TX 78665	Amount of contribution (\$)  \$25
Principal occupation / Job title (See Instructions) PA		Employer (See Instructions) Baylor Scott White
Date  03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suneetha Somireddy <hr/> Contributor address; City; State; Zip Code 1504 Milagro Drive Austin TX 78733	Amount of contribution (\$)  \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shazia Baloch <hr/> Contributor address; City; State; Zip Code McCormick Vista Dr Austin TX 78734	Amount of contribution (\$)  \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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<b>2</b> FILER NAME Afshan Khan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zohaib Qadri <hr/> <b>6</b> Contributor address; City; State; Zip Code 2908 Moreno Street Austin TX 78723	<b>7</b> Amount of contribution (\$)  \$25
<b>8</b> Principal occupation / Job title (See Instructions) Council Member		<b>9</b> Employer (See Instructions) City of Austin
<b>Date</b>  03/05/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamia Kadir <hr/> <b>Contributor address; City; State; Zip Code</b> 14217 Tyburn Trail Austin TX 78717	<b>Amount of contribution (\$)</b>  \$53.04
<b>Principal occupation / Job title (See Instructions)</b> Family Medicine Doctor		<b>Employer (See Instructions)</b> One Medical
<b>Date</b>  03/07/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazneen Khan <hr/> <b>Contributor address; City; State; Zip Code</b> 13232 Zen Gardens Way Austin TX 78732	<b>Amount of contribution (\$)</b>  \$100
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  03/26/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lila Igram <hr/> <b>Contributor address; City; State; Zip Code</b> 9311 Simmons Rd Austin TX 78759	<b>Amount of contribution (\$)</b>  \$250
<b>Principal occupation / Job title (See Instructions)</b> Executive Director		<b>Employer (See Instructions)</b> ConnectHER

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