

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <b>Swasti</b>	MI	<b>OFFICE USE ONLY</b>  Date Received  <b>26 APR 1 PM 2:26</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME	LAST <b>Apte</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE ( <b>   </b> )	PHONE NUMBER <b>   </b>	EXTENSION	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <b>Mohammad</b>	MI <b>M</b>	
	NICKNAME	LAST <b>Islam</b>	SUFFIX	
<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 ( <b>   </b> )	PHONE NUMBER <b>   </b>	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>2 / 13 / 2026</b> <b>3 / 29 / 2026</b>			
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE	
	Month      Day      Year <b>05 / 02 / 2026</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	<input checked="" type="checkbox"/> Other Description <u>Eanes ISD School Board</u>	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  <b>Place 3</b>		
<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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

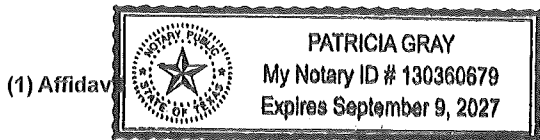
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 8726.84
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7793.16
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 933.68
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13000.00

**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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Swasti Apte this the 1<sup>st</sup> day of April, 2020, to certify which, witness my hand and seal of office.

Patricia Gray Signature of officer administering oath  
Patricia Gray Printed name of officer administering oath  
EP Assb. Supt 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 \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (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)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8726.84
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 13000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7793.16
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	\$
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>18</b>
<b>2</b> FILER NAME <b>Swasti Apte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nidhi Nayyar	<b>7</b> Amount of contribution (\$)  <b>\$100.00</b>
<b>6</b> Contributor address; City; State; Zip Code  10505 Yarrow Court, Austin, TX 78733		
<b>8</b> Principal occupation / Job title (See Instructions) Engineering		<b>9</b> Employer (See Instructions) Arm Inc
<b>Date</b> 2/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthi Vamsi	<b>Amount of contribution (\$)</b>  <b>\$53.04</b>
<b>Contributor address; City; State; Zip Code</b>  2412 Chloes Bloom Bend, Austin, TX 78738		
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> Tmf health quality institute
<b>Date</b> 2/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanya Sabharwal	<b>Amount of contribution (\$)</b>  <b>\$53.04</b>
<b>Contributor address; City; State; Zip Code</b>  2213 Cades Spirit Bend, Austin, TX 78738		
<b>Principal occupation / Job title (See Instructions)</b> Scientist		<b>Employer (See Instructions)</b> Texas Crop Science
<b>Date</b> 2/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcelle Breaux	<b>Amount of contribution (\$)</b>  <b>\$105.75</b>
<b>Contributor address; City; State; Zip Code</b>  10020 Circleview Drive, Austin, TX 78733		
<b>Principal occupation / Job title (See Instructions)</b> (Not provided)		<b>Employer (See Instructions)</b> (Not provided)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

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<b>4</b> Date 2/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rupal Parikh</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>103 Pascal Lane, Austin, TX 78746</b>	<b>7</b> Amount of contribution (\$)  <b>\$50.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Engineer</b>		<b>9</b> Employer (See Instructions) <b>Arm</b>
<b>Date</b> 2/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sonali Gokhale</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2108 Cades Spirit Bend, Austin, TX 78738</b>	<b>Amount of contribution (\$)</b>  <b>\$53.04</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Na</b>		<b>Employer (See Instructions)</b> <b>Na</b>
<b>Date</b> 2/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Miller</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>8101 Navidad Dr, Austin, TX 78735</b>	<b>Amount of contribution (\$)</b>  <b>\$26.68</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>(Not provided)</b>		<b>Employer (See Instructions)</b> <b>(Not provided)</b>
<b>Date</b> 2/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elizabeth Johnston</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>9408 Scenic Bluff Drive, Austin, TX 78733</b>	<b>Amount of contribution (\$)</b>  <b>\$263.90</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Morgan Lewis Bockius</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

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<b>4</b> Date <b>2/16/2026</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Saritha Jandhyala</b>	<b>7</b> Amount of contribution (\$) <b>\$105.75</b>
<b>6</b> Contributor address; City; State; Zip Code <b>2113 Clintons Cloud Ct, Austin, TX 78738</b>		
<b>8</b> Principal occupation / Job title (See Instructions) <b>(Not provided)</b>		<b>9</b> Employer (See Instructions) <b>(Not provided)</b>
<b>Date</b> <b>2/16/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bethany Whitaker</b>	<b>Amount of contribution (\$)</b> <b>\$263.90</b>
<b>Contributor address; City; State; Zip Code</b> <b>11509 Lake Stone Drive, Austin, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Pharmacist</b>		<b>Employer (See Instructions)</b> <b>THHS</b>
<b>Date</b> <b>2/16/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAFINA Sadruddin</b>	<b>Amount of contribution (\$)</b> <b>\$105.75</b>
<b>Contributor address; City; State; Zip Code</b> <b>2001 Chloes Bloom Bend, Austin, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Insurance Broker</b>		<b>Employer (See Instructions)</b> <b>AiU Central</b>
<b>Date</b> <b>2/17/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charu Priyam</b>	<b>Amount of contribution (\$)</b> <b>\$26.68</b>
<b>Contributor address; City; State; Zip Code</b> <b>2200 Clintons Cloud Ct, Austin, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>CRO</b>		<b>Employer (See Instructions)</b> <b>PPD</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

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<b>4</b> Date <b>2/17/2026</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anumeha Kumar</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>11521 Lake Stone Drive, Austin, TX 78738</b>	<b>7</b> Amount of contribution (\$) <b>\$263.90</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Executive Director</b>		<b>9</b> Employer (See Instructions) <b>Austin Firefighters Retirement Fund</b>
<b>Date</b> <b>2/17/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sumit Bhatla</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>333 North Drexel Avenue, Columbus, OH 43209</b>	<b>Amount of contribution (\$)</b> <b>\$100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Physician</b>		<b>Employer (See Instructions)</b> <b>Lucid Health</b>
<b>Date</b> <b>2/17/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kaushambi Sharma</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>5405 Lipan Apache Bend, Austin, TX 78738</b>	<b>Amount of contribution (\$)</b> <b>\$53.04</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>IT</b>		<b>Employer (See Instructions)</b> <b>Centene</b>
<b>Date</b> <b>2/17/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>sruthi rangathan</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2313 chloes bloom bend, Austin, TX 78738</b>	<b>Amount of contribution (\$)</b> <b>\$105.75</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Engineer</b>		<b>Employer (See Instructions)</b> <b>NXP</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

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<b>2</b> FILER NAME <b>Swasti Apte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/18/2026</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arasi Aravindhnan</b>	<b>7</b> Amount of contribution (\$) <b>\$50.00</b>
<b>6</b> Contributor address; City; State; Zip Code <b>10644 Indigo Broom Loop, Austin, TX 78733</b>		
<b>8</b> Principal occupation / Job title (See Instructions) <b>Engineer</b>		<b>9</b> Employer (See Instructions) <b>Intel</b>
<b>Date</b> <b>2/18/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nishant Bhargava</b>	<b>Amount of contribution (\$)</b> <b>\$105.75</b>
<b>Contributor address; City; State; Zip Code</b> <b>2315 Cades Spirit Bend, Austin, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Technical Support</b>		<b>Employer (See Instructions)</b> <b>Keysight Technologies</b>
<b>Date</b> <b>2/18/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sadia Ali</b>	<b>Amount of contribution (\$)</b> <b>\$200.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>2317 Cades Spirit Bend, Austin, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Research Scientist</b>		<b>Employer (See Instructions)</b> <b>Ascension Health</b>
<b>Date</b> <b>2/18/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vijayalakshmi Srinivasan</b>	<b>Amount of contribution (\$)</b> <b>\$50.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>2112 Clintons Cloud Court, Austin, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>(Not provided)</b>		<b>Employer (See Instructions)</b> <b>(Not provided)</b>
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<b>4</b> Date 2/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwen Schaefer	<b>7</b> Amount of contribution (\$) \$53.04
<b>6</b> Contributor address; City; State; Zip Code 11601 Lake Stone Drive, Austin, TX 78738		
<b>8</b> Principal occupation / Job title (See Instructions) RN		<b>9</b> Employer (See Instructions) Acadia
<b>Date</b> 2/19/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brijesh Singh	<b>Amount of contribution (\$)</b> \$105.75
<b>Contributor address; City; State; Zip Code</b> 11605 Lake Stone Dr, Austin, TX 78738		
<b>Principal occupation / Job title (See Instructions)</b> Engineering		<b>Employer (See Instructions)</b> Apple
<b>Date</b> 2/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Manuel	<b>Amount of contribution (\$)</b> \$103.90
<b>Contributor address; City; State; Zip Code</b> 2136 Rivina Drive Austin TX 78733		
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Sonic Healthcare USA
<b>Date</b> 2/20/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Melynda Einhaus	<b>Amount of contribution (\$)</b> \$100.00
<b>Contributor address; City; State; Zip Code</b> 10900 River Terrace Circle, Austin, TX 78733		
<b>Principal occupation / Job title (See Instructions)</b> (Not provided)		<b>Employer (See Instructions)</b> (Not provided)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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<b>4</b> Date <b>2/20/2026</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sara Scharf</b>	<b>7</b> Amount of contribution (\$) <b>\$50.00</b>
<b>6</b> Contributor address; City; State; Zip Code <b>2121 Rivina Drive, Austin, TX 78733</b>		
<b>8</b> Principal occupation / Job title (See Instructions) <b>(Not provided)</b>		<b>9</b> Employer (See Instructions) <b>(Not provided)</b>
<b>Date</b> <b>2/21/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sirisha Aluri</b>	<b>Amount of contribution (\$)</b> <b>\$79.39</b>
<b>Contributor address; City; State; Zip Code</b> <b>11513 Lake Stone Drive, Bee Cave, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Tax accountant</b>		<b>Employer (See Instructions)</b> <b>(Not provided)</b>
<b>Date</b> <b>2/22/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Stevens</b>	<b>Amount of contribution (\$)</b> <b>\$263.90</b>
<b>Contributor address; City; State; Zip Code</b> <b>15 Hedge Lane, Austin, TX 78746</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>CEO</b>		<b>Employer (See Instructions)</b> <b>JHL</b>
<b>Date</b> <b>2/22/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vani Ashok</b>	<b>Amount of contribution (\$)</b> <b>\$100.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>10301 Indigo Broom Loop, Austin, TX 78733</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Software engineer</b>		<b>Employer (See Instructions)</b> <b>CPA</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

**MONETARY POLITICAL CONTRIBUTIONS**

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2 FILER NAME <b>Swasti Apte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/22/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ashley Pampe</b>	7 Amount of contribution (\$) <b>\$30.00</b>
6 Contributor address; City; State; Zip Code <b>1715 Corto Lane, Austin, TX 78733</b>		
8 Principal occupation / Job title (See Instructions) <b>(Not provided)</b>		9 Employer (See Instructions) <b>(Not provided)</b>
Date <b>2/22/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reetika Agarwal</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>5804 Lipan Apache Bend, Austin, TX 78738</b>		
Principal occupation / Job title (See Instructions) <b>(Not provided)</b>		Employer (See Instructions) <b>(Not provided)</b>
Date <b>2/18/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brijesh Singh</b>	Amount of contribution (\$) <b>105.75</b>
Contributor address; City; State; Zip Code <b>11605 Lake Stone Drive, Austin, TX 78738</b>		
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions) <b>Apple</b>
Date <b>2/23/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sara Lewis</b>	Amount of contribution (\$) <b>\$105.75</b>
Contributor address; City; State; Zip Code <b>2416 Chloes Bloom Bend, Austin, TX 78738</b>		
Principal occupation / Job title (See Instructions) <b>Self</b>		Employer (See Instructions) <b>Self</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>18</b>
<b>2</b> FILER NAME <b>Swasti Apte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/23/2026</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ganesh Saripalli</b>	<b>7</b> Amount of contribution (\$)  <b>\$53.04</b>
<b>6</b> Contributor address; City; State; Zip Code <b>11505 Lakestone Dr, Austin, TX 78738</b>		
<b>8</b> Principal occupation / Job title (See Instructions) <b>Engineer</b>		<b>9</b> Employer (See Instructions) <b>AMS osram</b>
<b>Date</b> <b>2/23/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sumithra Rajesh</b>	<b>Amount of contribution (\$)</b>  <b>\$100.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>2404 Chloes Bloom Bend, Austin, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Customer Sucess Manager</b>		<b>Employer (See Instructions)</b> <b>Sailpoint</b>
<b>Date</b> <b>2/23/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Monica Haydt</b>	<b>Amount of contribution (\$)</b>  <b>\$100.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>8800 Capehart Cove, Austin, TX 78733</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>(Not provided)</b>		<b>Employer (See Instructions)</b> <b>(Not provided)</b>
<b>Date</b> <b>2/23/26</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lesley Ricketts</b>	<b>Amount of contribution (\$)</b>  <b>\$50.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>9304 Scenic Bluff Dr, Austin, TX 78733</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Manager</b>		<b>Employer (See Instructions)</b> <b>CBE</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME <b>Swasti Apte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/24/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hima Bindu Yalamanchili</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>2404 Berkleys Brook Drive, Beecave, TX 78738</b>		
8 Principal occupation / Job title (See Instructions) <b>Physician</b>		9 Employer (See Instructions) <b>BSW</b>
Date <b>2/24/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hima Yalamanchili</b>	Amount of contribution (\$) <b>\$53.04</b>
Contributor address; City; State; Zip Code <b>1709 Milagro Dr, Austin, TX 78733</b>		
Principal occupation / Job title (See Instructions) <b>Jeweller</b>		Employer (See Instructions) <b>Self</b>
Date <b>2/24/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dhruv Gupta</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>1904 Cades Spirit Bend, Austin, TX 78738</b>		
Principal occupation / Job title (See Instructions) <b>Product Manager</b>		Employer (See Instructions) <b>Amazon</b>
Date <b>2/25/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vandana Ghai</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>1904 Cades Spirit Bend, Austin, TX 78738</b>		
Principal occupation / Job title (See Instructions) <b>Director of product</b>		Employer (See Instructions) <b>CVS Health</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME <b>Swasti Apte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/25/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terri Ganem Budiselich</b>	7 Amount of contribution (\$) <b>\$53.04</b>
6 Contributor address; City; State; Zip Code <b>6803 Saint Andrews Way, Austin, TX 78746</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Consilio</b>
Date <b>2/25/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Blood</b>	Amount of contribution (\$) <b>\$105.75</b>
Contributor address; City; State; Zip Code <b>2117 Wychwood Drive, Austin, TX 78746</b>		
Principal occupation / Job title (See Instructions) <b>Financial advisor</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>2/26/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robin Cossey</b>	Amount of contribution (\$) <b>\$105.75</b>
Contributor address; City; State; Zip Code <b>1621 Palomino Ridge Drive, Austin, TX 78733</b>		
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>WHPP</b>
Date <b>2/27/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tammy Kingsley</b>	Amount of contribution (\$) <b>\$53.04</b>
Contributor address; City; State; Zip Code <b>1308 Olympus Drive, Austin, TX 78733</b>		
Principal occupation / Job title (See Instructions) <b>(Not provided)</b>		Employer (See Instructions) <b>(Not provided)</b>
<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.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME <b>Swasti Apte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/2/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Canahuati</b>	7 Amount of contribution (\$)  <b>\$105.75</b>
6 Contributor address; City; State; Zip Code <b>9271 Scenic Bluff Dr, Austin, TX 78733</b>		
8 Principal occupation / Job title (See Instructions) <b>(Not provided)</b>		9 Employer (See Instructions) <b>(Not provided)</b>
Date <b>3/2/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ryan Pirchio</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>4 Samuel Farm Lane, Mendham Township, NJ 07945</b>		
Principal occupation / Job title (See Instructions) <b>(Not provided)</b>		Employer (See Instructions) <b>(Not provided)</b>
Date <b>3/3/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maryam Mosharraf</b>	Amount of contribution (\$)  <b>\$211.18</b>
Contributor address; City; State; Zip Code <b>515 Crystal Creek Drive, Austin, TX 78746</b>		
Principal occupation / Job title (See Instructions) <b>(Not provided)</b>		Employer (See Instructions) <b>(Not provided)</b>
Date <b>3/3/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eva Fain</b>	Amount of contribution (\$)  <b>\$21.41</b>
Contributor address; City; State; Zip Code <b>10046 Circleview Drive, Austin, TX 78733</b>		
Principal occupation / Job title (See Instructions) <b>Marketing director</b>		Employer (See Instructions) <b>Boomi</b>
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME <b>Swasti Apte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sam M</b>	7 Amount of contribution (\$) <b>\$105.75</b>
6 Contributor address; City; State; Zip Code <b>Brandon Way, Austin, TX 78733</b>		
8 Principal occupation / Job title (See Instructions) <b>Director</b>		9 Employer (See Instructions) <b>BMO</b>
Date <b>3/3/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kevin Taylor</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>160 Homestead Drive, South Glastonbury, CT 06073</b>		
Principal occupation / Job title (See Instructions) <b>Pastor</b>		Employer (See Instructions) <b>Israel A.M.E. Church</b>
Date <b>3/3/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Beauregard</b>	Amount of contribution (\$) <b>\$105.75</b>
Contributor address; City; State; Zip Code <b>10036 Circleview Drive, Austin, TX 78733</b>		
Principal occupation / Job title (See Instructions) <b>Sr director process engineering</b>		Employer (See Instructions) <b>Blackbaud</b>
Date <b>3/4/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aman Sethi</b>	Amount of contribution (\$) <b>\$211.18</b>
Contributor address; City; State; Zip Code <b>2305 Chloes Bloom Bend, Austin, TX 78738</b>		
Principal occupation / Job title (See Instructions) <b>Supply Chain</b>		Employer (See Instructions) <b>Cisco</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>18</b>
<b>2</b> FILER NAME <b>Swasti Apte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/4/2026</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ashley riley</b>	<b>7</b> Amount of contribution (\$) <b>\$211.18</b>
<b>6</b> Contributor address; City; State; Zip Code <b>1015 Lisa Drive, Austin, TX 78733</b>		
<b>8</b> Principal occupation / Job title (See Instructions) <b>Communications</b>		<b>9</b> Employer (See Instructions) <b>BuildASign</b>
<b>Date</b> <b>3/4/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VIVEK SHANKAM</b>	<b>Amount of contribution (\$)</b> <b>\$105.75</b>
<b>Contributor address; City; State; Zip Code</b> <b>10509 Coreopsis Dr, Austin, TX 78733</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Lawyer</b>		<b>Employer (See Instructions)</b> <b>RJLF LLP</b>
<b>Date</b> <b>3/4/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nish Parekh</b>	<b>Amount of contribution (\$)</b> <b>\$1000.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>3900 Vail Divide, Bee Cave, TX 78738</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Management</b>		<b>Employer (See Instructions)</b> <b>Omnicell</b>
<b>Date</b> <b>3/6/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Moffitt</b>	<b>Amount of contribution (\$)</b> <b>\$211.18</b>
<b>Contributor address; City; State; Zip Code</b> <b>11 St Stephens School Rd, Austin, TX 78746</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>(Not provided)</b>		<b>Employer (See Instructions)</b> <b>(Not provided)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarala Padmanabhan</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>11517 Lake Stone Drive, Bee Cave, TX 78738</b>		
8 Principal occupation / Job title (See Instructions) Principal engineer		9 Employer (See Instructions) ARM Inc
Date 3/8/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rory Otto</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>9209 Camelback Drive, Austin, TX 78733</b>		
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) Because
Date 3/9/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jay Gormley</b>	Amount of contribution (\$) <b>\$105.75</b>
Contributor address; City; State; Zip Code <b>7 Long Lots Ln, Westport, CT 06880</b>		
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Zimmet Healthcare
Date 3/9/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bobby Tulsiani</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>3, BROOKLYN, NY 11231</b>		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 18
<b>2</b> FILER NAME <b>Swasti Apte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mihir Apte</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <p style="text-align: center;">11506 Lake Stone Dr., Austin, TX 78738</p>	<b>7</b> Amount of contribution (\$)  <b>\$20.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Business development		<b>9</b> Employer (See Instructions) Smart Asset
<b>Date</b> 3/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nirav Assar</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <p style="text-align: center;">1227 Falcon Dr, Grapevine, TX 76051</p>	<b>Amount of contribution (\$)</b>  <b>\$53.04</b>
<b>Principal occupation / Job title (See Instructions)</b> Software engineer		<b>Employer (See Instructions)</b> Fidelity
<b>Date</b> 3/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Blood</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <p style="text-align: center;">2117 Wychwood Drive, Austin, TX 78746</p>	<b>Amount of contribution (\$)</b>  <b>\$700.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Financial advisor		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 3/19/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alison Cantella</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <p style="text-align: center;">704 Elder Circle, Austin, TX 78733</p>	<b>Amount of contribution (\$)</b>  <b>\$106.08</b>
<b>Principal occupation / Job title (See Instructions)</b> (Not provided)		<b>Employer (See Instructions)</b> (Not provided)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>18</b>
<b>2</b> FILER NAME <b>Swasti Apte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/20/2026</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Ashley Applewhite</b>	<b>7</b> Amount of contribution (\$) <b>\$263.90</b>
<b>6</b> Contributor address; City; State; Zip Code <b>1833 Carlotta Lane, Austin, TX 78733</b>		
<b>8</b> Principal occupation / Job title (See Instructions) <b>Lawyer</b>		<b>9</b> Employer (See Instructions) <b>Applewhite Firm PLLC</b>
<b>Date</b> <b>3/22/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catherine Bedell</b>	<b>Amount of contribution (\$)</b> <b>\$53.04</b>
<b>Contributor address; City; State; Zip Code</b> <b>901 S Mopac Expy, Austin, TX 78746</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>unemployed</b>		<b>Employer (See Instructions)</b> <b>unemployed</b>
<b>Date</b> <b>3/24/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bhavini Desai</b>	<b>Amount of contribution (\$)</b> <b>\$53.04</b>
<b>Contributor address; City; State; Zip Code</b> <b>10613 Strawflower Dr, Austin, TX 78733</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>Not disclosed</b>		<b>Employer (See Instructions)</b> <b>Not disclosed</b>
<b>Date</b> <b>3/24/2026</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beth South</b>	<b>Amount of contribution (\$)</b> <b>\$105.75</b>
<b>Contributor address; City; State; Zip Code</b> <b>103 Swift Current Road, West Lake Hills, TX 78746</b>		
<b>Principal occupation / Job title (See Instructions)</b> <b>unemployed</b>		<b>Employer (See Instructions)</b> <b>unemployed</b>

**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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME <b>Swasti Apte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/28/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sila Sellakumar</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>13101 Zen Gardens Way, Austin, TX 78732</b>		
8 Principal occupation / Job title (See Instructions) <b>Doctor</b>		9 Employer (See Instructions) <b>RP</b>
Date <b>2/24/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Monica Fogarty</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>2715 Padina Dr., Austin, TX 78733</b>		
Principal occupation / Job title (See Instructions) <b>Physician</b>		Employer (See Instructions) <b>Pediatrix</b>
Date <b>3/3/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Monica Fogarty</b>	Amount of contribution (\$) <b>105.75</b>
Contributor address; City; State; Zip Code <b>2715 Padina Drive. Austin, TX 78733</b>		
Principal occupation / Job title (See Instructions) <b>Physician</b>		Employer (See Instructions) <b>Pediatrix</b>
Date	Full name of contributor <input type="checkbox"/> 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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> <b>7</b> Pledgor address;                      City;                      State;                      Zip Code	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address;                      City;                      State;                      Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address;                      City;                      State;                      Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address;                      City;                      State;                      Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

**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: <b>1</b>
2 FILER NAME <b>Swasti Apte</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <b>2</b>		\$
5 Date of loan <b>2/23/26</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Swasti Apte</b>	9 Loan Amount (\$) <b>3,000</b>
6 Is lender a financial institution?  Y N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code  <div style="background-color: black; width: 100%; height: 1.2em;"></div>	10 Interest rate <b>0.00</b>
		11 Maturity date <b>12.31.26</b>
12 Principal occupation / Job title (See Instructions) <b>healthcare</b>		13 Employer (See Instructions) <b>self employed</b>
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> 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 <b>3/19/26</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Swasti Apte</b>	Loan Amount (\$) <b>10,000</b>
Is lender a financial institution?  Y N <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code  <div style="background-color: black; width: 100%; height: 1.2em;"></div>	Interest rate <b>0.00</b>
		Maturity date <b>12.31.26</b>
Principal occupation / Job title (See Instructions) <b>healthcare consultant</b>		Employer (See Instructions) <b>Self employed</b>
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> 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.**

# 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: <b>6</b>	<b>2</b> FILER NAME Swasti Apte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2.24.26	<b>5</b> Payee name MoonlighGraphix	
<b>6</b> Amount (\$) \$1290.34	<b>7</b> Payee address; City; State; Zip Code POB 491, Buda, TX 78610, UNITED STATES <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) printing expenses	<b>(b)</b> Description signs
	<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	Office sought      Office held
Date 3.3.26	Payee name Erica Moon	
Amount (\$) \$850.00	Payee address; City; State; Zip Code 2705 Saraloga St, Austin, TX <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) campaign management support	Description
	<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	Office sought      Office held
Date 3.4.26	Payee name Replit	
Amount (\$) \$10.66	Payee address; City; State; Zip Code 1001 E Hillsdale Blvd, Foster City, California, 94404, USA <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) website	Description
	<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	Office sought      Office held

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# 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: 6	<b>2</b> FILER NAME Swasti Apte	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3.6.26	<b>5</b> Payee name Erica Moon
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<b>6</b> Amount (\$) 850.00	<b>7</b> Payee address; 2705 Saratoga St, Austin, TX City; State; Zip Code
<input checked="" type="checkbox"/> Check if Individual's residence address.	

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) salary	<b>(b)</b> Description capaign manager
	<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	Office sought	Office held
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Date 3.9.26	Payee name Kerbey Lane
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Amount (\$) \$11.39	Payee address; 701 S S Capital of Texas Hwy, Austin, TX 78746 City; State; Zip Code
<input checked="" type="checkbox"/> Check if Individual's residence address.	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) meet and greet	Description coffee
	<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	Office sought	Office held
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Date 3.9.26	Payee name super cheap signs
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Amount (\$) \$1493.10	Payee address; 12800 Anderson Mill Rd Box 400, BLDG D-1, Cedar Park, TX 78613 City; State; Zip Code
<input type="checkbox"/> Check if Individual's residence address.	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) printing expense	Description yard signs
	<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	Office sought	Office held
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# 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: <b>6</b>	<b>2</b> FILER NAME Swasti Apte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3.10.26	<b>5</b> Payee name NGP Van	
<b>6</b> Amount (\$) \$215.00	<b>7</b> Payee address; City; State; Zip Code 1101 15th Street NW, Suite 500, Washington, DC 20005, USA. <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) polling expense	<b>(b)</b> Description Ngpvvan
	<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	Office sought      Office held
Date 3.12.26	Payee name Delwin Goss	
Amount (\$) \$1387.00	Payee address; City; State; Zip Code 2705 Saratoga St, Austin, TX <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) campaign management support	Description
	<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	Office sought      Office held
Date 3.18.26	Payee name DD POS sign	
Amount (\$) \$151.57	Payee address; City; State; Zip Code 104819-59 CAMDEN DE #2752USA <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) printing expenses	Description yard sign
	<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	Office sought      Office held

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# 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: <b>6</b>	<b>2</b> FILER NAME Swasti Apte	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3.18.26	<b>5</b> Payee name Buffer
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<b>6</b> Amount (\$) 12.77	<b>7</b> Payee address; 2443 Fillmore St #380-7163 San Francisco, CA 94115 United States <input checked="" type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) consulting expense	<b>(b)</b> Description emails
	<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	Office sought	Office held
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Date 3.23.26	Payee name CANVA
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Amount (\$) 92.02	Payee address; 104826-68 AUSTIN TX #2752 <input checked="" type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description
	<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	Office sought	Office held
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Date 3.23.26	Payee name QRCODE.COM
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Amount (\$) \$89.85	Payee address; DENSO Products and Services Americas, Inc., 3900 Via Oro Avenue, Long Beach, California, 90810, U.S.A. <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) campaign management support	Description yard sign
	<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	Office sought	Office held
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# 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: <b>6</b>	<b>2</b> FILER NAME Swasti Apte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3.23.26	<b>5</b> Payee name DELWIN GROSS	
<b>6</b> Amount (\$) \$292.00	<b>7</b> Payee address; 6410 Ponca Street Austin, Texas 78741 City; State; Zip Code <input checked="" type="checkbox"/> Check if individual s.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) SIGNS	<b>(b)</b> Description INSTALLING CAMPAIGN SIGNS
	<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	Office sought      Office held
Date 3.26.26	Payee name PATRIZIS	
Amount (\$) \$70.86	Payee address; 1705 Cuernavaca Dr N, Austin, TX 78733 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) campaign management support	Description
	<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	Office sought      Office held
Date 3.27.26	Payee name MOONLIGHT SIGNS	
Amount (\$) \$488.21	Payee address; 603 W Goforth Rd, Buda, TX 78610 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) printing expenses	Description yard sign
	<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	Office sought      Office held

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