

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: 47
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Swasti	MI
	NICKNAME	LAST Apte	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mohammad	MI M
	NICKNAME	LAST Islam	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	2	13	2026
	THROUGH		Month Day Year
			4 / 24 / 2026
11 ELECTION	ELECTION DATE		
	Month	Day	Year
	05	02	2026
		ELECTION TYPE	
		<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>	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Place 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

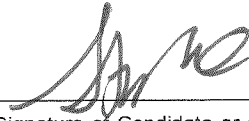
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

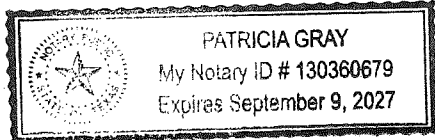
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9711.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 18307.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -8,596.12
OUTSTANDING LOAN TOTALS	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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Swasti Ipte this the 24th day of April, 2026, to certify which, witness my hand and seal of office.

Patricia Gray Patricia Gray Asst. Supl.
Signature of officer administering oath Printed name of officer administering oath 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

Swasti Apte

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9711.04
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	\$ 18307.16
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nidhi Nayyar	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 10505 Yarrow Court, Austin, TX 78733		
8 Principal occupation / Job title (See Instructions) Engineering		9 Employer (See Instructions) Arm Inc
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthi Vamsi	Amount of contribution (\$) \$53.04
Contributor address; City; State; Zip Code 2412 Chloes Bloom Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Tmf health quality institute
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanya Sabharwal	Amount of contribution (\$) \$53.04
Contributor address; City; State; Zip Code 2213 Cades Spirit Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Texas Crop Science
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcelle Breaux	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 10020 Circleview Drive, Austin, TX 78733		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
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: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rupal Parikh	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 103 Pascal Lane, Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Arm
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonali Gokhale	Amount of contribution (\$) \$53.04
Contributor address; City; State; Zip Code 2108 Cades Spirit Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Na		Employer (See Instructions) Na
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Miller	Amount of contribution (\$) \$26.68
Contributor address; City; State; Zip Code 8101 Navidad Dr, Austin, TX 78735		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Johnston	Amount of contribution (\$) \$263.90
Contributor address; City; State; Zip Code 9408 Scenic Bluff Drive, Austin, TX 78733		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Morgan Lewis Bockius
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saritha Jandhyala	7 Amount of contribution (\$) \$105.75
6 Contributor address; City; State; Zip Code 2113 Clintons Cloud Ct, Austin, TX 78738		
8 Principal occupation / Job title (See Instructions) (Not provided)		9 Employer (See Instructions) (Not provided)
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethany Whitaker	Amount of contribution (\$) \$263.90
Contributor address; City; State; Zip Code 11509 Lake Stone Drive, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) THHS
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAFINA Sadruddin	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 2001 Chloes Bloom Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) AiU Central
Date 2/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charu Priyam	Amount of contribution (\$) \$26.68
Contributor address; City; State; Zip Code 2200 Clintons Cloud Ct, Austin, TX 78738		
Principal occupation / Job title (See Instructions) CRO		Employer (See Instructions) PPD

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anumeha Kumar	7 Amount of contribution (\$) \$263.90
6 Contributor address; City; State; Zip Code 11521 Lake Stone Drive, Austin, TX 78738		
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Austin Firefighters Retirement Fund
Date 2/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumit Bhatla	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 333 North Drexel Avenue, Columbus, OH 43209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lucid Health
Date 2/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaushambi Sharma	Amount of contribution (\$) \$53.04
Contributor address; City; State; Zip Code 5405 Lipan Apache Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Centene
Date 2/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sruthi ranganathan	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 2313 chloes bloom bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NXP

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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arasi Aravindhan ----- 6 Contributor address; City; State; Zip Code 10644 Indigo Broom Loop, Austin, TX 78733	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Intel
Date 2/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nishant Bhargava ----- Contributor address; City; State; Zip Code 2315 Cades Spirit Bend, Austin, TX 78738	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions) Technical Support		Employer (See Instructions) Keysight Technologies
Date 2/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadia Ali ----- Contributor address; City; State; Zip Code 2317 Cades Spirit Bend, Austin, TX 78738	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) Ascension Health
Date 2/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vijayalakshmi Srinivasan ----- Contributor address; City; State; Zip Code 2112 Clintons Cloud Court, Austin, TX 78738	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)

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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwen Schaefer	7 Amount of contribution (\$) \$53.04
6 Contributor address; City; State; Zip Code 11601 Lake Stone Drive, Austin, TX 78738		
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Acadia
Date 2/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brijesh Singh	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 11605 Lake Stone Dr, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions) Apple
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Manuel	Amount of contribution (\$) \$103.90
Contributor address; City; State; Zip Code 2136 Rivina Drive Austin TX 78733		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonic Healthcare USA
Date 2/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melynda Einhaus	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 10900 River Terrace Circle, Austin, TX 78733		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Scharf	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2121 Rivina Drive, Austin, TX 78733		
8 Principal occupation / Job title (See Instructions) (Not provided)		9 Employer (See Instructions) (Not provided)
Date 2/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sirisha Aluri	Amount of contribution (\$) \$79.39
Contributor address; City; State; Zip Code 11513 Lake Stone Drive, Bee Cave, TX 78738		
Principal occupation / Job title (See Instructions) Tax accountant		Employer (See Instructions) (Not provided)
Date 2/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Stevens	Amount of contribution (\$) \$263.90
Contributor address; City; State; Zip Code 15 Hedge Lane, Austin, TX 78746		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) JHL
Date 2/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vani Ashok	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 10301 Indigo Broom Loop, Austin, TX 78733		
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) CPA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Pampe	7 Amount of contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code 1715 Corto Lane, Austin, TX 78733		
8 Principal occupation / Job title (See Instructions) (Not provided)		9 Employer (See Instructions) (Not provided)
Date 2/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reetika Agarwal	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 5804 Lipan Apache Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
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)
Date 2/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Lewis	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 2416 Chloes Bloom Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ganesh Saripalli	7 Amount of contribution (\$) \$53.04
6 Contributor address; City; State; Zip Code 11505 Lakestone Dr, Austin, TX 78738		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) AMS osram
Date 2/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumithra Rajesh	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2404 Chloes Bloom Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Customer Sucess Manager		Employer (See Instructions) Sailpoint
Date 2/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Haydt	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8800 Capehart Cove, Austin, TX 78733		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
Date 2/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley Ricketts	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 9304 Scenic Bluff Dr, Austin, TX 78733		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) CBE

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hima Bindu Yalamanchili	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 2404 Berkleys Brook Drive, Beecave, TX 78738		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) BSW
Date 2/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hima Yalamanchili	Amount of contribution (\$) \$53.04
Contributor address; City; State; Zip Code 1709 Milagro Dr, Austin, TX 78733		
Principal occupation / Job title (See Instructions) Jeweller		Employer (See Instructions) Self
Date 2/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhruv Gupta	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1904 Cades Spirit Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) Amazon
Date 2/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandana Ghai	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1904 Cades Spirit Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Director of product		Employer (See Instructions) CVS Health
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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Ganem Budiselich	7 Amount of contribution (\$) \$53.04
	6 Contributor address; City; State; Zip Code 6803 Saint Andrews Way, Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Consilio
Date 2/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Blood	Amount of contribution (\$) \$105.75
	Contributor address; City; State; Zip Code 2117 Wychwood Drive, Austin, TX 78746	
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) Self Employed
Date 2/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Cossey	Amount of contribution (\$) \$105.75
	Contributor address; City; State; Zip Code 1621 Palomino Ridge Drive, Austin, TX 78733	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) WHPP
Date 2/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy Kingsley	Amount of contribution (\$) \$53.04
	Contributor address; City; State; Zip Code 1308 Olympus Drive, Austin, TX 78733	
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
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2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Canahuati	7 Amount of contribution (\$) \$105.75
6 Contributor address; City; State; Zip Code 9271 Scenic Bluff Dr, Austin, TX 78733		
8 Principal occupation / Job title (See Instructions) (Not provided)		9 Employer (See Instructions) (Not provided)
Date 3/2/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Pirchio	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4 Samuel Farm Lane, Mendham Township, NJ 07945		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
Date 3/3/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maryam Mosharraf	Amount of contribution (\$) \$211.18
Contributor address; City; State; Zip Code 515 Crystal Creek Drive, Austin, TX 78746		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
Date 3/3/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eva Fain	Amount of contribution (\$) \$21.41
Contributor address; City; State; Zip Code 10046 Circleview Drive, Austin, TX 78733		
Principal occupation / Job title (See Instructions) Marketing director		Employer (See Instructions) Boomi
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

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: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam M	7 Amount of contribution (\$) \$105.75
6 Contributor address; City; State; Zip Code Brandon Way, Austin, TX 78733		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) BMO
Date 3/3/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Taylor	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 160 Homestead Drive, South Glastonbury, CT 06073		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Israel A.M.E. Church
Date 3/3/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Beauregard	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 10036 Circleview Drive, Austin, TX 78733		
Principal occupation / Job title (See Instructions) Sr director process engineering		Employer (See Instructions) Blackbaud
Date 3/4/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aman Sethi	Amount of contribution (\$) \$211.18
Contributor address; City; State; Zip Code 2305 Chloes Bloom Bend, Austin, TX 78738		
Principal occupation / Job title (See Instructions) Supply Chain		Employer (See Instructions) Cisco

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ashley riley	7 Amount of contribution (\$) \$211.18
6 Contributor address; City; State; Zip Code 1015 Lisa Drive, Austin, TX 78733		
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions) BuildASign
Date 3/4/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIVEK SHANKAM	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 10509 Coreopsis Dr, Austin, TX 78733		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) RJLF LLP
Date 3/4/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nish Parekh	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 3900 Vail Divide, Bee Cave, TX 78738		
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) OmniceLL
Date 3/6/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Moffitt	Amount of contribution (\$) \$211.18
Contributor address; City; State; Zip Code 11 St Stephens School Rd, Austin, TX 78746		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
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#: _____) Sarala Padmanabhan	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 11517 Lake Stone Drive, Bee Cave, TX 78738		
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#: _____) Rory Otto	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9209 Camelback Drive, Austin, TX 78733		
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#: _____) Jay Gormley	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 7 Long Lots Ln, Westport, CT 06880		
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#: _____) Bobby Tulsiani	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3, BROOKLYN, NY 11231		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mihir Apte	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 11506 Lake Stone Dr., Austin, TX 78738		
8 Principal occupation / Job title (See Instructions) Business development		9 Employer (See Instructions) Smart Asset
Date 3/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nirav Assar	Amount of contribution (\$) \$53.04
Contributor address; City; State; Zip Code 1227 Falcon Dr, Grapevine, TX 76051		
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Fidelity
Date 3/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Blood	Amount of contribution (\$) \$700.00
Contributor address; City; State; Zip Code 2117 Wychwood Drive, Austin, TX 78746		
Principal occupation / Job title (See Instructions) Financial advisor		Employer (See Instructions) Self Employed
Date 3/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison Cantella	Amount of contribution (\$) \$106.08
Contributor address; City; State; Zip Code 704 Elder Circle, Austin, TX 78733		
Principal occupation / Job title (See Instructions) (Not provided)		Employer (See Instructions) (Not provided)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sila Sellakumar	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 13101 Zen Gardens Way, Austin, TX 78732		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) RP
Date 2/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Fogarty	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2715 Padina Dr., Austin, TX 78733		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix
Date 3/3/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Fogarty	Amount of contribution (\$) 105.75
Contributor address; City; State; Zip Code 2715 Padina Drive. Austin, TX 78733		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix
Date 3/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Vardaman	Amount of contribution (\$) 263.90
Contributor address; City; State; Zip Code 612 North Tumbleweed Trail. Austin, TX 78733		
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Bestige Holdings

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celina Martinez 6 Contributor address; City; State; Zip Code 2208 Cades Spirit Bend. Austin. TX 78738	7 Amount of contribution (\$) 105.75
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Realtor
Date 4/3/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayci Celesta Sheehan Contributor address; City; State; Zip Code 1712 Ben Crenshaw Way. Austin, TX 78746	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 4/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Walk Contributor address; City; State; Zip Code 1342 Lost creek blvd. Austin, TX 78746	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrative Emergency Services
Date 4/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Haydt Contributor address; City; State; Zip Code 8800 Capehart Cove. Austin, TX 78733	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damayanti Banerji	7 Amount of contribution (\$) 53.04
6 Contributor address; City; State; Zip Code 2005 Chloes Bloom Bend. Austin, TX 78738		
8 Principal occupation / Job title (See Instructions) Geologist and Data Analyst		9 Employer (See Instructions) Texas Water Development Board
Date 4/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anumeha Kumar	Amount of contribution (\$) 158.47
Contributor address; City; State; Zip Code 11521 Lake Stone Drive. Austin, TX 78738		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Austin Firefighters Retirement Fund
Date 4/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miste Hower	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 201 Westbrook Dr. Austin, TX 78746		
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Self
Date 4/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arpitha Mareddy	Amount of contribution (\$) 53.04
Contributor address; City; State; Zip Code 10617 Straw Flower Drive. Austin, TX 78733		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ARM
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

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 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: 1
2 FILER NAME Swasti Apte		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS 2		\$
5 Date of loan 2/23/26	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Swasti Apte	9 Loan Amount (\$) 3,000
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: 20px;"></div>	10 Interest rate 0.00
		11 Maturity date 12.31.26
12 Principal occupation / Job title (See Instructions) healthcare		13 Employer (See Instructions) self employed
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 3/19/26	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Swasti Apte	Loan Amount (\$) 10,000
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: 20px;"></div>	Interest rate 0.00
		Maturity date 12.31.26
Principal occupation / Job title (See Instructions) healthcare consultant		Employer (See Instructions) Self employed
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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
4 Date 2.24.26	5 Payee name MoonlighGraphix	
6 Amount (\$) \$1290.34	7 Payee address; City; State; Zip Code POB 491, Buda, TX 78610, UNITED STATES <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expenses	(b) Description signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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 Saratoga St, Austin, TX <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	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, INC	
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.	
PURPOSE OF EXPENDITURE	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

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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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
4 Date 3.6.26	5 Payee name Erica Moon	
6 Amount (\$) 850.00	7 Payee address; City; State; Zip Code 2705 Saratoga St, Austin, TX <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) salary	(b) Description capaign manager
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3.9.26	Payee name Kerbey Lane	
Amount (\$) \$11.39	Payee address; City; State; Zip Code 701 S S Capital of Texas Hwy, Austin, TX 78746 <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	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
Date 3.9.26	Payee name super cheap signs	
Amount (\$) \$1493.10	Payee address; City; State; Zip Code 12800 Anderson Mill Rd Box 400, BLDG D-1, Cedar Park, TX 78613 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	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

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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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
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4 Date 3.10.26	5 Payee name NGP Van
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6 Amount (\$) \$215.00	7 Payee address; 1101 15th Street NW, Suite 500, Washington, DC 20005, USA. City; State; Zip Code
	<input checked="" type="checkbox"/> Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) polling expense	(b) Description Ngpvvan
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3.12.26	Payee name Delwin Goss
-----------------	---------------------------

Amount (\$) \$1387.00	Payee address; 2705 Saratoga St, Austin, TX City; State; Zip Code
	<input checked="" type="checkbox"/> Check if individual's residence address.

PURPOSE OF EXPENDITURE	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
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Date 3.18.26	Payee name DD POS sign
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Amount (\$) \$151.57	Payee address; 104819-59 CAMDEN DE #2752USA City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.

PURPOSE OF EXPENDITURE	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
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4 Date 3.18.26	5 Payee name Buffer
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6 Amount (\$) 12.77	7 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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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(b) Description emails
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 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: 3212 E. Cesar Chavez Street, Building 1, Suite 1300, Austin, TX 78702 <input checked="" type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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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PURPOSE OF EXPENDITURE	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
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4 Date 3.23.26	5 Payee name DELWIN GROSS
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6 Amount (\$) \$292.00	7 Payee address; 6410 Ponca Street Austin, Texas 78741	City;	State;	Zip Code
<input checked="" type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS	(b) Description INSTALLING CAMPAIGN SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3.26.26	Payee name PATRIZIS
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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.				

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3.27.26	Payee name MOONLIGHT SIGNS
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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.				

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
4 Date 3/30/2026	5 Payee name Erica Moon	
6 Amount (\$) 850.00	7 Payee address; City; State; Zip Code 2705 Saratoga St, Austin, TX <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salary	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/31/2026	Payee name Sticker Mule, LLC	
Amount (\$) 73.44	Payee address; City; State; Zip Code 336 Forest Ave, Amsterdam, NY 12010 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 4/1/2026	Payee name Canva	
Amount (\$) 178.62	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street, Building 1, Suite 1300. Austin, Texas 78702 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2026	5 Payee name REPLIT, INC	
6 Amount (\$) 63.78	7 Payee address; City; State; Zip Code 1001 E Hillsdale Blvd, Foster City, California, 94404, USA <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 4/8/2026	Payee name Erica Moon	
Amount (\$) 3400.00	Payee address; City; State; Zip Code 2705 Saratoga St, Austin, TX <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary	
	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 4/9/2026	Payee name Canva	
Amount (\$) 151.57	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street, Building 1, Suite 1300. Austin, Texas 78702 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
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4 Date 4/10/2026	5 Payee name Canva
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6 Amount (\$) 167.8	7 Payee address; 3212 E. Cesar Chavez Street, Building 1, Suite 1300. Austin, Texas 78702 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/2026	Payee name Facebook
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Amount (\$) 28.00	Payee address; Facebook.com City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 4/14/2026	Payee name Sticker Mule, LLC
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Amount (\$) 43.20	Payee address; 336 Forest Ave, Amsterdam, NY 12010 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2026	5 Payee name Facebook	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code Facebook.com <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/16/2026	Payee name Canvs	
Amount (\$) 46.56	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street, Building 1, Suite 1300. Austin, Texas 78702 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	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
Date 4/16/2026	Payee name Thomas Graphics, Inc.	
Amount (\$) 1754.37	Payee address; City; State; Zip Code PO Box 142226. Austin, TX 78714-2226 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	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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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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2026	5 Payee name Facebook	
6 Amount (\$) 804.78	7 Payee address; City; State; Zip Code Facebook.com <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 4/17/2026	Payee name Erica Moon	
Amount (\$) 850.00	Payee address; City; State; Zip Code 2705 Saratoga St, Austin, TX <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary	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 4/20/2026	Payee name Facebook	
Amount (\$) 3.12	Payee address; City; State; Zip Code Facebook.com <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
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4 Date 4/21/2026	5 Payee name Moonlight Graphix - Buda
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6 Amount (\$) 292.28	7 Payee address; PO BOX 491. BUDA, TX 78610 <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/2026	Payee name Thomas Graphics, Inc.
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Amount (\$) 1043.53	Payee address; PO Box 142226. Austin, TX 78714-2226 <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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 4/22/2026	Payee name Erica Moon
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Amount (\$) 1700.00	Payee address; 2705 Saratoga St, Austin, TX <input checked="" type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 12	2 FILER NAME Swasti Apte	3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2026-4/24/2026	5 Payee name Donorbox INC	
6 Amount (\$) 548.66	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307, USA <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fees for Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
	<input type="checkbox"/> Check if individual's residence address.			

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
	<input type="checkbox"/> Check if individual's residence address.			

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
	7 Description of investment
	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
	Description of investment
	Amount of investment (\$)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution	
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	Business name	
Amount (\$)	Business address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
--	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below *only* if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section *only* if you are an officeholder ****

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

