

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: 11								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> MRS AFSHAN </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> CHARANIA </div>	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED APR 03 2025 BY: <i>[Signature]</i> </div> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 7343 CHATHAM GREEN DR SUGAR LAND, TX 77479 </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (832) 687-6097 </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> MR HIMANSHU </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> JOSHI </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 618 NEWINGTON LN SUGAR LAND, TX 77479 </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (281) 786-5084 </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 7 / 25 </div> <div>THROUGH</div> <div> Month Day Year 3 / 31 / 25 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 3 / 25 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) FORT BEND TRUSTEE POSITION 3									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

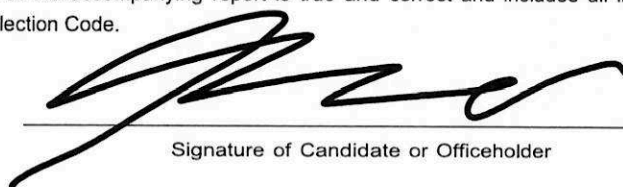
GO TO PAGE 2

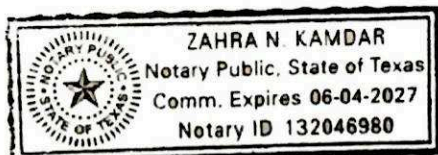
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME AFSHAN CHARANIA		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,880.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,226.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,653.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,001.00

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 AFSHAN CHARANIA this the 1ST day of APRIL, 20 25, 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

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****AFSHAN CHARANIA****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,880.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,001.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,503.38
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,722.74
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

9 Employer (See Instructions)

Full name of contributor out-of-state PAC (ID#:

Contributor address;	City;	State;	Zip Code
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Employer (See Instructions)

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Employer (See Instructions)

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Employer (See Instructions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

<u>Date</u>	<u>Payee</u>	<u>Amount</u>	<u>Address</u>
02/19/2025	Maruthi Devarakonda	100.00	3315 Reston Landing LN, Katy, TX 77494
02/24/2025	Mohammad A Abbasi	20.00	8407 Terrace Valley Cir, Richmond, TX 77407
02/25/2025	Rachel's Wholesale Corp (Nasir & Rozmin)	250.00	5246 Meadow Landing Ln, Sugar Land, Texas 77479
02/25/2025	Syed and Huma Rizvi	200.00	5422 Meadow Canyon Dr, Sugar Land, Texas 77479
02/26/2025	Sharmeen Merchant	1,000.00	834 Kings Forest Lane, Richmond, TX 77469
02/27/2025	Amir and Samina Zindani	2,500.00	16 Saint Christopher Ct, Sugar Land, Texas 77479
02/27/2025	Galaxy Payment Systems, LLC	1,000.00	10101 Southwest Fwy Ste 300, Houston, Texas 77074
02/28/2025	Mohsin Khoja	1,000.00	5007 Queensbury CT, Sugar Land, TX 77479
03/03/2025	Raheel Ramzanali	50.00	2210 Cool Greens ST, Richmond, TX 77406
03/03/2025	Malik Hemani	250.00	4308 LULA ST BELLAIRE, TX 77401-5222
03/03/2025	Shane Chen	250.00	11518 Brighton LN, Meadows Place, TX 77477
03/05/2025	White Feathers Management Consulting, LLC	2,000.00	23431 Pearson Bend Ln, Richmond, Texas 77469
03/06/2025	Salmaan Ahmed	100.00	3008 PITTSBURG ST HOUSTON, TX 77005-3817
03/06/2025	Nizar Nayani	100.00	9202 Pebblestone Ridge Ct, Tomball, TX
03/06/2025	Salmaan Ahmed	400.00	3008 PITTSBURG ST HOUSTON, TX 77005-3817
03/07/2025	Salmaan Ahmed	500.00	3008 PITTSBURG ST HOUSTON, TX 77005-3817
03/07/2025	Asha and Farid Virani	5,000.00	7 Sugar Creek Center Blvd #500, Sugar Land, TX 77478
03/12/2025	Shoukat Maredia	2,500.00	1911 Holly's Way, Sugar Land, Texas 77479
03/13/2025	Barkat Ali and Shamim Karedia	1,000.00	7118 Tessa Lakes Ct, Sugar Land, Texas 77479
03/17/2025	Pradeep Kholi	10.00	26 Tredington ST, Sugar Land, TX 77479
03/17/2025	Atul B Khothari CPA PC	250.00	323 Dulles Ave, Stafford, Texas
03/17/2025	Dr. Amirali and Laila Popatia	500.00	3322 Country Club BLVD, Stafford, TX 77477
03/17/2025	Ujala and Herman Kan	500.00	20 SOUTHSIDE CIR HOUSTON, TX 77025-1407
03/19/2025	Vellani Law	500.00	14090 Southwest Fwy Ste 150, Sugar Land, Texas 77478
03/19/2025	Elan RGV Wireless - Alym Lakhani	1,000.00	6211 Forest Glade Dr, Richmond, Texas 77469
03/19/2025	Abdul Hussain Shakur Jamal and Khadijah Shakur Jamal	250.00	3007 Auburn Path Dr, Sugar Land, Texas 77479
03/19/2025	Azhar Hirani and Allauddin Hirani	1,000.00	24 River Creek Way, Sugar Land, Texas 77478
03/20/2025	Jessica K Ritter & Eric Jubin	50.00	3318 Lily Pond CT, Missouri City, TX 77459
03/20/2025	SEAN Hasan & ZAHRA SHAKUR JAMAL	250.00	7614 WILDCAT PASS, AUSTIN TX 78757
03/21/2025	Nadya H Alibhai	250.00	4323 Cozac LN, Sugar Land, TX 77479
03/21/2025	Iqbal & Munira Ali (two transactions of 1,000 each same	2,000.00	7107 VALBURN DR AUSTIN TX 78731-1820
03/21/2025	Mohammed & Amreen Ali	1,000.00	9309 BLUEGRASS DR AUSTIN TX 78759-6233
03/21/2025	Saba Pardhan & Farhaz Jassani	2,000.00	31 Quiet Path DR, Sugar Land, TX 77498

03/24/2025	Sabina and Ali Momin	250.00	1103 Stratford Cottage LN, Sugar Land, TX 77479
03/25/2025	Nahid and Karim Panjwani	1,000.00	43 Laurel Wreath TRL, Sugar Land, TX 77498
03/26/2025	Nazia Mirza	350.00	4006 Stoneglen Terrace LN, Sugar Land, TX 77479
03/28/2025	Pyarali and Naseem Umatiya	500.00	15618 Oyster Cove DR, Sugar Land, TX 77478
03/31/2025	Anjali and Jason Gillette	1,000.00	5211 Palm Royale BLVD, Sugar Land, TX 77479
03/31/2025	Akbar A Poonawala	1,000.00	1711 ALLEN PKWY # 2206 HOUSTON TEXAS 77019

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 AFSHAN CHARANIA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3,001.00
5 Date of loan 02/18/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSONAL LOAN	9 Loan Amount (\$)
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 2	2 FILER NAME AFSHAN CHARANIA	3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Payee name ROBERT HIGHTOWER	
6 Amount (\$) 1,988.00	7 Payee address; City; State; Zip Code 5239 Honeyvine Dr, Houston, TX 77048	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 4X8 SIGN INSTALLATION
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/07/2025	Payee name RACHEL'S WHOLESALE CORPORATION	
Amount (\$) 2,706.25	Payee address; City; State; Zip Code 5246 Meadow Landing Ln, Sugar Land, Texas 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CUSTOM T-SHIRTS
	Check if travel outside of Texas. Complete Schedule T. 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 03/24/2025	Payee name AI SIGNS & DESIGNS LLC	
Amount (\$) 10,519.74	Payee address; City; State; Zip Code 4520 Highway 36 Ste 140, Rosenberg, Texas 77471	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 3000 YARD SIGNS/STAKES AND 200 CAR MAGNETS
	Check if travel outside of Texas. Complete Schedule T. 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
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: 2	2 FILER NAME AFSHAN CHARANIA	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2025	5 Payee name RUBY SIGNS	
6 Amount (\$) 5,289.10	7 Payee address; City; State; Zip Code 11330 Brittmoore Park Dr Ste D, Houston, Texas 77041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POSTERS AND 4x8 SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/03/2025	Payee name MERCHANT ACCOUNT FEES	
Amount (\$) 0.29	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description MERCHANT ACCOUNT FEES - ACH
	Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description
	Check if travel outside of Texas. Complete Schedule T. 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

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME AFSHAN CHARANIA	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE VENTURE CARD	
6 PAYMENT	(a) Amount Charged \$ 44.53	(b) Date Expenditure Charged 01/07/2025
(c) Date(s) Credit Card Issuer Paid NOT PAID YET		
7 PAYEE	(a) Payee name GODADDY	(b) Payee address; City, State, Zip Code NA
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description WEBSITE HOSTING
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. 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 \$ 1.24	(b) Date Expenditure Charged 02/03/2025
(c) Date(s) Credit Card Issuer Paid NOT PAID YET		
PAYEE	(a) Payee name GOOGLE SUITE	(b) Payee address; City, State, Zip Code NA
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description EMAIL HOSTING
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. 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 \$ 20.00	(b) Date Expenditure Charged 02/14/2025
(c) Date(s) Credit Card Issuer Paid NOT PAID YET		
PAYEE	(a) Payee name FORT BEND ELECTION CO	(b) Payee address; City, State, Zip Code NA
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE	(b) Description VOTER LIST
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. 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

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME AFSHAN CHARANIA	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE VENTURE CARD	
6 PAYMENT	(a) Amount Charged \$ 500.00	(b) Date Expenditure Charged 02/20/2025
7 PAYEE	(a) Payee name LUPE TORTILLA	(c) Date(s) Credit Card Issuer Paid NOT PAID YET
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description KICK OFF EVENT DEPOSIT
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. 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 \$ 2,156.97	(b) Date Expenditure Charged 02/26/2025
PAYEE	(a) Payee name LUPE TORTILLA	(c) Date(s) Credit Card Issuer Paid NOT PAID YET
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description KICK OFF BALANCE PAYMENT
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. 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
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Payee address; City, State, Zip Code
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Description	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		