

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00061997	2 Total pages filed: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Ravi K.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/05/2024	
	NICKNAME	LAST Sandill	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked	
	REDACTED PER 254.0313, GOV'T CODE			Receipt #	
				Amount	
				Date Processed	
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Mary Shannon	MI		
	NICKNAME	LAST Santee	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE	
	REDACTED PER 254.0313, GOV'T CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
		(713) 942-5816			
8 REPORT TYPE	<input type="checkbox"/> January 15				
	<input checked="" type="checkbox"/> 30th day before election				
	<input type="checkbox"/> Runoff				
	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15				
	<input type="checkbox"/> 8th day before election				
	<input type="checkbox"/> Exceeded modified reporting limit				
	<input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	Month	
	01/01/2024	THROUGH	01/25/2024	Year	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	03/05/2024			<input type="checkbox"/> General	<input type="checkbox"/> Other
				<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	
	District Judge District 127			District Judge District 127	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 16

13 C / OH NAME Sandill, Ravi K. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00061997
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	34,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	300.72
	4. TOTAL POLITICAL EXPENDITURES	\$	26,533.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	427,226.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

The Honorable Ravi K. Sandill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - JC/OH

18 FILER NAME Sandill, Ravi K. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00061997
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 34,400.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 18,731.44
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7,801.79
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,390.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/16
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Will	7 Amount of Contribution (\$) \$1,250.00
	6 Contributor address; City; State; Zip Code Katy, TX 77494	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm The Adams Law Firm		11 Law firm of contributor's spouse (if any) The Adams Law Firm
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Will	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm The Adams Law Firm		Law firm of contributor's spouse (if any) The Adams Law Firm
If contributor is a child, law firm of parent(s) (if any)		
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, John	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Daly & Black, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/16
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Avram	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77025	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title President
10 Contributor's employer/law firm Avram Blair & Associates P.C		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Brandon	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77021	
Contributor's Principal Occupation Administration		Contributor's Job Title Chief of Staff
Contributor's employer/law firm Harris County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Jorge	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77080	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Attorney
Contributor's employer/law firm Gomez Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/16
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Michael	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77056	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Managing Attorney
10 Contributor's employer/law firm Jim Adler & Associates		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzer, Seth	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Attorney
Contributor's employer/law firm Law Office of Seth Kretzer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Joshua	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77055	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Armstrong Lee & Baker LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/16
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, David	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Matthews & Associates Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, David	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Attorney
Contributor's employer/law firm Matthews & Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merman, Derek	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Bleiberville, TX 78931	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Attorney
Contributor's employer/law firm The Merman Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/16
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mostyn, Amber	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title President
10 Contributor's employer/law firm Mostyn Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reade, Cinthya	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77055	
Contributor's Principal Occupation Attorney		Contributor's Job Title Associate Attorney
Contributor's employer/law firm Linebarger Goggan Blair & Sampson		Law firm of contributor's spouse (if any) John K. Zaid & Associates
If contributor is a child, law firm of parent(s) (if any)		
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sangdod, Mickey	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77055	
Contributor's Principal Occupation Hospitality Management		Contributor's Job Title Motel Owner
Contributor's employer/law firm Best Price Motel		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/16
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears II, Ross	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Ross A. Sears II, PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibrian, Hilda	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Attorney
Contributor's employer/law firm The Law Office of Hilda Sibrian		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillotson, Jeff	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75202	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Attorney
Contributor's employer/law firm Tillotson Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/16
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zehl, Ryan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$3,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Managing Attorney
10 Contributor's employer/law firm Zehl & Associates		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/2 Rpt: 11/16	2 FILER NAME Sandill, Ravi K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061997
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4 Date 01/10/2024	5 Payee name Campaign Warriors
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6 Amount (\$) \$1,450.00	7 Payee address; City; State; Zip Code 14237 E. Sam Houston Parkway Suite 200-#289 Houston, TX 77044
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter contact
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/03/2024	Payee name Chase Cardmember Services
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Amount (\$) \$14,144.19	Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name Chase Cardmember Services
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Amount (\$) \$1,220.99	Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/2 Rpt: 12/16	2	FILER NAME Sandill, Ravi K. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00061997
4	Date 01/16/2024	5	Payee name Chase Cardmember Services		
6	Amount (\$) \$40.26	7	Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/08/2024		Payee name Houston LGBTQ+ Caucus		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code P.O. Box 66664 Houston, TX 77266		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting sponsorship		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/02/2024		Payee name Piryx, Inc.		
	Amount (\$) \$1,376.00		Payee address; City; State; Zip Code 995 Market St. 2nd Floor San Francisco, CA 94103		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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.

1 Total pages Schedule F4: Sch: 1/3 Rpt: 13/16		2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997	
4 CREDIT CARD ISSUER		Name of financial institution Chase Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 300.72	
6 PAYMENT		(a) Amount Charged \$259.67	(b) Date of Charge 01/06/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Adobe		(b) Payee address; City, State, Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Graphic design software	
		(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	
PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 01/05/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Area 5 Democrats		(b) Payee address; City, State, Zip Code P.O. Box 608 Pasadena, TX 77501	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation	
		(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	
PAYMENT		(a) Amount Charged \$10.00	(b) Date of Charge 01/14/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Houston LGBTQ+ Caucus		(b) Payee address; City, State, Zip Code P.O. Box 66664 Houston, TX 77266	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sustaining membership dues	
		(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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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.

1 Total pages Schedule F4: Sch: 2/3 Rpt: 14/16		2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 300.72	
6 PAYMENT		(a) Amount Charged \$150.00	(b) Date of Charge 01/18/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Texas Lyceum Association		(b) Payee address; City, State, Zip Code 4802 Research Forest Dr. Dallas, TX 75252	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description 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	
PAYMENT		(a) Amount Charged \$487.12	(b) Date of Charge 01/04/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name CostCo Wholesale		(b) Payee address; City, State, Zip Code 3836 Richmond Ave Houston, TX 77027	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description Office supplies	
		(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	
PAYMENT		(a) Amount Charged \$8.09	(b) Date of Charge 01/07/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Chase Cardmember Services		(b) Payee address; City, State, Zip Code P.O. Box 6294 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Accounting/Banking		(b) Description Interest charge	
		(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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 F4: Sch: 3/3 Rpt: 15/16	2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 300.72
6 PAYMENT	(a) Amount Charged \$87.19	(b) Date of Charge 01/08/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Nord VPN		(b) Payee address; City, State, Zip Code PH F&F TOWER, 50th Street & 56th Street, Suite #32-D, F Panama City Panama Province Panama
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign VPN
	(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		
PAYMENT	(a) Amount Charged \$5,999.00	(b) Date of Charge 01/17/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Harvard Business School		(b) Payee address; City, State, Zip Code 111 Western Ave Boston, MA 02163
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Registration for Program on Negotiation
	(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		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 16/16
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997
4 Date 01/25/2024	5 Name of person from whom amount is received Friends of Michael Gomez	8 Amount (\$) \$260.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77256	
	7 Purpose for which amount is received Reimbursement for holiday dinner <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/23/2024	Name of person from whom amount is received Friends of Michael Gomez	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77256	
	Purpose for which amount is received Reimbursement for judicial retreat <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/25/2024	Name of person from whom amount is received Manor, Jeralynn	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77001	
	Purpose for which amount is received Reimbursement for judicial retreat <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/24/2024	Name of person from whom amount is received Manor, Jeralynn	Amount (\$) \$130.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77001	
	Purpose for which amount is received Reimbursement for holiday dinner <input type="checkbox"/> Check if political contribution returned to filer	