CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00088230		2 Total pages file 1	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mr.	Shekhar			Date Received	
					ELECTRONICA	ALLY EILED
					02/04/2024	(CETTICED
	NICKNAME	LAST		SUFFIX	02/04/2024	
		Sinha				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 591146					
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78259					
└ `					Date Processed	
					Date Imaged	
E CAMPAIGN	MO (MDO (MD	FIDOT		.		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Shekhar				
	NICKNAME	LAST		SUFFIX		
		Sinha				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	r / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	20403 Encino Ledge					
	Unit 591146					
(Residence or Business)	San Antonio, TX 78259					
	Gail 7 (1101110), 17X 70200					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(210) 570-3417					
FIIONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
					appointment (office	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ich C/OH-FR)
2 DEDICE	14 d 5 V					
9 PERIOD COVERED	Month Day Year	TI	IDOLICII	Month Day	Year	
OOVERLED	01/01/2024	IH	IROUGH	01/25/202	<u>'</u> 4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X P	rimary	Runoff	Other	
	03/05/2024	∏G	eneral	Special		
						
11 OFFICE	OFFICE HELD (if any)	ı		12 OFFICE SOUGHT	(if known)	
						Antonio District 121
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Sinha, Shekhar (Mr.)		14 Filer ID (I	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	he candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS	CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOAN TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)						
	2. TOTAL POLITION (OTHER THAN F	<i>i</i>)	\$ 3,226.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITION	AL EXPENDITURES		\$ 2,776.46			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 5,598.08			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 3,176.69			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
		Mr.	Shekhar Sinha				
		Signature of	Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to co	ertify which, witness my hand and seal of office.					
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 10 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088230 Sinha, Shekhar (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 3,226.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 2,776.46 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

10.

11.

12.

TO FILER

\$

\$

\$

\$

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/10		
2	FILER NAME Sinha, Sheki	nar (Mr.)			3	Filer ID (Ethics Commission 00088230	on Filers)	
4	Date 01/23/2024	 5 Full name of contributor		7	Amount of Contribution (\$)	\$25.00		
8	Principal occu	Lewis Center, OH 43035 pation / Job title (See Instructions)	Employer (See Instructions)				
	IT Profession			Chase	,			
	Date 01/05/2024					Amount of Contribution (\$)	\$250.00	
	Delicalization	Durham, NC 27703	Faralas en (O a la tractica de					
	Job	pation / Job title (See Instructions)		Employer (See Instructions Software)			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:) Desai, Satish Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00	
	Delinational	Lewis Center, OH 43035		Faralas en (O a la tractica de				
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)			
	Date 01/17/2024	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00	
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Netapp)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/17/2024 Goradia, Hemant Contributor address; City; State; Zip Code the woodlands, TX 77381					Amount of Contribution (\$)	\$1,500.00	
	Principal occu Managemen	pation / Job title (See Instructions) t		Employer (See Instructions Vinmar)			

	MONET	ARY POLITICAL (CONTRIBUTIO	N			SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/10		
2	FILER NAME Sinha, Shekl	nar (Mr.)				3	3 Filer ID (Ethics Commission Filers) 00088230		
4	Date 01/15/2024	5 Full name of contributor out-of-state PAC (ID#:) Gune, Mahesh 6 Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$100.00	
		San Antonio, TX 78258							
8	Principal occu IT Managem	pation / Job title (See Instructions ent	;) 	9	Employer (See Instructions Marathon Petroleum Co				
	Date 01/25/2024						Amount of Contribution (\$)	\$100.00	
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions	Employer (See Instructions	 s)					
	Not Employe	ed			Not Employed				
	Date 01/08/2024						Amount of Contribution (\$)	\$100.00	
		Round Rock, TX 78664							
	Principal occu Engineer	pation / Job title (See Instructions	s)		Employer (See Instructions Cirrus Logic	5)			
	Date Full name of contributor out-of-state PAC (ID#:01/09/2024 Parvatiyar, Atul Contributor address; City; State; Zip Code Lubbock, TX 79424)		Amount of Contribution (\$)	\$250.00		
	Principal occu Teaching	pation / Job title (See Instructions	5)		Employer (See Instructions	5)			
	Date 01/14/2024	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	\$51.00	
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions Not Employed	;)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/10	
2	FILER NAME Sinha, Shek			3 Filer ID (Ethics Commission Filers) 00088230
4	Date 01/23/2024	 Full name of contributor out-of-state PAC (ID#:_ Rege, Soumya Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$100.00	
_		Bellaire, TX 77401	9 Employer (See Instruction	
8	Not Employe	upation / Job title (See Instructions) ed	is)	
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:_ Singla, Shyamli Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
	Principal occu	Fulton, MD 20759 upation / Job title (See Instructions)	Employer (See Instruction FDA	ls)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	ory not listed above)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Eth	nics Commission Filers)
Sch: 1/4 Rpt: 7/10 Sinha, Shekhar (Mr.) 00088230	
4 Date 5 Payee name	
01/07/2024 ActBlue	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$9.88 366 Summer Street	
Somerville, MA 02144-3132	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Fees Check if travel outside of Texas. Complete S	
Check if Austin, TX, officeholder living expert	nse
Contributions Service Fee	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experiment to benefit 6/6/1	
Date Payee name	
01/14/2024 ActBlue	
Amount (\$) Payee address; City; State; Zip Code	
\$25.73 366 Summer Street	
Somerville, MA 02144-3132	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF FUNDITURE Fees Check if travel outside of Texas. Complete S	
Check if Austin, TX, officeholder living exper	nse
Contributions' Service Fee	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/21/2024 ActBlue	
Amount (\$) Payee address; City; State; Zip Code	
\$73.08 366 Summer Street	
Somerville, MA 02144-3132	
DUDDOG LANG.	
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete S	Schedule T
EXPENDITURE Fees Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper	
Contributions' Service Fee	
1	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

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

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)

	Credit Card Payment	The Instruction Guide explains how to comp	plete t	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 8/10	Sinha, Shekhar (Mr.)		00088230
4	Date	5 Payee name		<u> </u>
	01/08/2024	Bizay / 360 Online Print		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$27.41	3500 South Dupont Hwy		
		Dover, DE 19901		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) De	escription
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Or business cards
				Di Dusilless Calus
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI		111	Office field
H	Date	Davias nama		
	01/09/2024	Payee name Campaign Partner		
_	Amount (\$)	Payee address; City; State; Zip Code	0	
	\$32.00	PO Box 118	E	
	Ψ32.00	FO BOX 110		
		Still Divor MA 01467		
	DUDD005	Still River, MA 01467		
	PURPOSE OF	,	D) De	escription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	F	Check if Austin, TX, officeholder living expense
			W	ebsite & email hosting fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experialiture to beriefit C/Oi	1		
	Date	Payee name		
	01/19/2024	Campaign Verify		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$95.00	1215 31st Street NW		
		Washington, DC 20007		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) De	escription
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			L C] Check if Austin, TX, officeholder living expense ampaign verification for texting
			00	and the second s
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI		-	- · · · · · · · · · · · · · · · · · · ·
H				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/4 Rpt: 9/10		ekhar (Mr.)				1	00088230	()
_	Date		• •				1		
4		5 Payee nam							
	01/08/2024		eShop.com						
6	Amount (\$) \$9.95	7 Payee add		State; Zip C	ode				
	\$9.95	3003 32n	U AVE 3						
		Fargo, NE	58104						
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees							plete Schedule T.
	-					For designing		officeholder living	
						roi uesigiilli	y ca	ınpaigii iilei	rature
<u>_</u>	Occupated Children	0- "	.ee: l l-d	0.00	<u> </u>				-1.4
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld
	Date	Payee nam							
	01/11/2024	PrintPlace	e.com						
	Amount (\$)	Payee add	ress; City;	State; Zip C	ode				
	\$518.83	1130 Ave	H East						
			TX 76011						
	PURPOSE OF		(See Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Printing E	xpense					de of Texas. Com officeholder living	plete Schedule T.
						For campaigr			у ехрепае
						. or campaigi	pc	,5:0ai a5	
\vdash	Complete ONLY if direct	Candidate/C	officeholder name	Office so	l uaht			Office he	eld
	expenditure to benefit C/O		conordor ridino	Office 30	agiit			Omoc n	···~
\vdash	Date	Dayoo nom							
	01/17/2024	Payee nam Signs on t	ie the Cheap						
			•						
	Amount (\$)	Payee add		State; Zip C	ode				
	\$684.58	11525A S	tonehollow Dr Ste 10	00					
L		Austin, T	(78758 						
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing E	xpense						plete Schedule T.
						_		officeholder living	g expense
						For campaigr	н уа	uu signs	
	Commission ONU Wife allows	Compliate to 10	etti a ala al al a un re e rece	O#:				O#:!	al d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name	Office so	ugnt			Office he	eia
	p = 1 2 25 3/01								

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	, ₋ I Comn	mittee	Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services	ise s Expense	Polling Expense Printing Expense	o/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Di		se
	Credit Card Payment			The Instruction G	uide explains	how to comple	ete this form.				
1	Total pages Schedule F1:	2 F	ILER NAN	ИΕ				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 4/4 Rpt: 10/10	S	Sinha, Sh	ekhar (Mr.)				l	00088230		
4	Date	5 P	Payee nam	ne				<u> </u>			
	01/08/2024			mocratic Party							
6	Amount (\$)		Payee addı		State:	Zip Code					
ľ	\$1,300.00		O Box 1		Olulo,	Zip Code					
	Ψ1,000.00		O BOX I	0101							
		A	Austin, TX	< 78761							
8	PURPOSE	(a) (Category	(See Categories listed at	the top of this sch	edule) (b)	Description				
	OF EXPENDITURE		ees				ш			plete Schedule T.	
	EXI ENDITORE						_		, officeholder living		
							VAN access	tor	voters in HL) 121	
9	Complete ONLY if direct expenditure to benefit C/Oh	Ca H	andidate/O	fficeholder name	C	Office sought			Office h	eld	