

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: 12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable Ravi K.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025	
	NICKNAME LAST SUFFIX Sandill			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE REDACTED PER 254.0313, GOV'T CODE		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Mary Shannon			
	NICKNAME LAST SUFFIX Santee			
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 type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 01/01/2025 THROUGH Month Day Year 06/30/2025			
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known)	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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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) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <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.			
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		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)	\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	7,069.35
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	60,780.18
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

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Sandill, Ravi K. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00061997	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
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	\$	3,927.56
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	\$	3,141.79
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	\$	851.96

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: 4/12	2 FILER NAME Sandill, Ravi K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061997
4 Date 02/24/2025	5 Payee name Chase Cardmember Services	
6 Amount (\$) \$371.96	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		
Date 03/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chase Cardmember Services		
Amount (\$) \$1,801.96	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) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chase Cardmember Services		
Amount (\$) \$479.87	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) 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
Complete <u>ONLY</u> if direct 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
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: 5/12	2 FILER NAME Sandill, Ravi K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061997
4 Date 06/20/2025	5 Payee name Chase Cardmember Services	
6 Amount (\$) \$488.00	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 01/16/2025	Payee name Strong Strategies, LLC	
Amount (\$) \$785.77	Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008	
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 Compliance services
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: 1/4 Rpt: 6/12	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 \$
6 PAYMENT	(a) Amount Charged \$371.96	(b) Date of Charge 02/22/2025	(c) Date(s) Credit Card Issuer Paid 02/24/2025
7 PAYEE	(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S. Wacker Drive Chicago, IL 60606
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) Travel Out of District		(b) Description Round trip to New Orleans for CLE
	(c) <input checked="" 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 \$488.00	(b) Date of Charge 06/19/2025	(c) Date(s) Credit Card Issuer Paid 06/20/2025
PAYEE	(a) Payee name State Bar of Texas		(b) Payee address; City, State, Zip Code 1414 Colorado Street Austin, TX 78701
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 Bar 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		
PAYMENT	(a) Amount Charged \$650.00	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issuer Paid 03/10/2025
PAYEE	(a) Payee name Loyola University New Orleans		(b) Payee address; City, State, Zip Code 526 Pine St New Orleans, LA 70118
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 CLE registration
	(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: 2/4 Rpt: 7/12	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 \$
6 PAYMENT	(a) Amount Charged \$925.00	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issuer Paid 03/10/2025
7 PAYEE	(a) Payee name Greater New Orleans Barge		(b) Payee address; City, State, Zip Code PO Box 232 Hahnville, LA 70057
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) Fees		(b) Description CLE registration
	(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 \$291.41	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer Paid 03/24/2025
PAYEE	(a) Payee name Mr. B's Bistro		(b) Payee address; City, State, Zip Code 201 Royal St New Orleans, LA 70130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner at conference
	(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 \$41.40	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issuer Paid 03/24/2025
PAYEE	(a) Payee name Curb		(b) Payee address; City, State, Zip Code 11-11 34th Ave Long Island, NY 11106
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Taxi to airport
	(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: 3/4 Rpt: 8/12	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 \$
6 PAYMENT	(a) Amount Charged \$226.96	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issuer Paid 03/10/2025
7 PAYEE	(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S. Wacker Drive Chicago, IL 60606
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) Travel Out of District		(b) Description Round trip to New Orleans for CLE
	(c) <input checked="" 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 \$50.00	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issuer Paid 03/24/2025
PAYEE	(a) Payee name IAH Parking		(b) Payee address; City, State, Zip Code 2800 N Terminal Rd Houston, TX 77032
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Airport parking
	(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 \$27.18	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issuer Paid 03/24/2025
PAYEE	(a) Payee name French Toast		(b) Payee address; City, State, Zip Code 1035 Decatur St New Orleans, LA 70116
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Breakfast at conference
	(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: 4/4 Rpt: 9/12	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 \$
6 PAYMENT	(a) Amount Charged \$41.40	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer Paid 03/24/2025
7 PAYEE	(a) Payee name Curb		(b) Payee address; City, State, Zip Code 11-11 34th Ave Long Island, NY 11106
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) Travel Out of District		(b) Description Taxi from airport
	(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 \$28.48	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issuer Paid 03/24/2025
PAYEE	(a) Payee name One11 Hotel		(b) Payee address; City, State, Zip Code 111 Iberville St New Orleans, LA 70130
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel costs for CLE
	(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: 10/12

2 FILER NAME

Sandill, Ravi K. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00061997

4 Date

03/14/2025

5 Name of person from whom amount is received

Greater New Orleans Barge Fleeting Association, Inc.

8 Amount (\$)

\$625.00

6 Address of person from whom amount is received; City; State; Zip Code

Hanville, LA 70057

7 Purpose for which amount is received

Partial refund of registration fee

☐ Check if political contribution returned to filer

Date

03/15/2025

Name of person from whom amount is received

United Airlines

Amount (\$)

\$226.96

Address of person from whom amount is received; City; State; Zip Code

Chicago, IL 60606

Purpose for which amount is received

Refund for cancelled flight

☐ Check if political contribution returned to filer

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/2 Rpt: 11/12												
2 FILER NAME Sandill, Ravi K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061997												
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines														
5 Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input checked="" type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<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 checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<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 checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
6 Dates of Travel 03/19/2025 03/19/2025	7 Name of person(s) traveling Sandill, R.K.													
	8 Departure city or name of departure location Houston, TX													
	9 Destination city or name of destination location New Orleans, LA													
10 Means of transportation Commercial Airplane		11 Purpose of travel (including name of conference, seminar, or other event) Travel to CLE												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines														
Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input checked="" type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<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 checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<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 checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
Dates of Travel 03/19/2025 03/19/2025	Name of person(s) traveling Sandill, R.K.													
	Departure city or name of departure location Houston, TX													
	Destination city or name of destination location New Orleans, LA													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) Travel to CLE												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines														
Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input checked="" type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<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 checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<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 checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
Dates of Travel 03/22/2025 03/22/2025	Name of person(s) traveling Sandill, R.K.													
	Departure city or name of departure location New Orleans, LA													
	Destination city or name of destination location Houston, TX													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) Travel from CLE												

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

5 Contribution / Expenditure reported on:

☐

Schedule A2

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Schedule B

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Schedule B(J)

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Schedule C2

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Schedule D

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Schedule F1

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Schedule F2

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Schedule F4

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Schedule G

☐

Schedule H

☐

Schedule COH-UC

6 Dates of Travel

03/22/2025

03/22/2025

7 Name of person(s) traveling

Sandill, R.K.

8 Departure city or name of departure location

New Orleans, LA

9 Destination city or name of destination location

Houston, TX

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

Travel from CLE