FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00061997 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Ravi K. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Sandill CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Mary Shannon NAME NICKNAME LAST **SUFFIX** Santee **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 942-5816 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Sandill, Ravi K. (The	14 Filer ID 00061997	(Ethics Commission Fi	ilers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder. consent. Candidates and	eholder's knowledge o	or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$	0.00
EXPENDITURE	(OTHER THAN 3. TOTAL UNITEM	S)			
TOTALS	3. TOTAL ONTIEN		\$	0.00	
	4. TOTAL POLIT		\$ 7,06	69.35	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 60,78	30.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Ill information required	companying report is to be reported by me	
		The Hon	orable Ravi K. Sand	ill	
			f Candidate or Officeho		-
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.	-		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath	-

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		C	OVER SHEET PG 3 3 of 12					
l	18 FILER NAME Sandill, Ravi K. (The Honorable) 19 Filer ID 00061997							
20 SCHEDU NAME C	SUBTOTAL AMOUNT							
1.	\$							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 3,927.56					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8. X	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD							
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 851.96					
Ī								

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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/12	Sandill, Ravi K. (The Honorable) 00061997
4	Date	5 Payee name
	02/24/2025	Chase Cardmember Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$371.96	P.O. Box 6294
		Carol Stream, IL 60197
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Credit Card Payment Credit Card Payment
		Credit card payment
		Great cara payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	_	
	Date	Payee name
	03/10/2025	Chase Cardmember Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,801.96	P.O. Box 6294
		Carol Stream, IL 60197
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment
		Great data payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 03/24/2025	Payee name
		Chase Cardmember Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$479.87	P.O. Box 6294
		Carol Stream, IL 60197
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card nayment
		Credit card payment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 5/12	Sandill, Ravi K. (The Honorable)	00061997
4	Date	5 Payee name	
	06/20/2025	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	Create Gara r ayment	outside of Texas. Complete Schedule T. , TX, officeholder living expense ayment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/16/2025	Strong Strategies, LLC	
	Amount (\$) \$785.77	Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008	
	DUDDOCE		
	PURPOSE OF EXPENDITURE	Consuling Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense SERVICES
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

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:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		sion Filers)
	Sch: 1/4 Rpt: 6/12	Sandill, Ravi K. (Th	e Honorable)			00061997		
4	CREDIT CARD ISSUER		ncial institution e Bank	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$371.96	(b) Date of Charge 02/22/2025	(c) Date(s) (02/24/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name (b) Payee address; 233 S. Wacker Drive		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	I Roully tilb to New Offeat		on	ns for CLE		
	Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY 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) 0 06/20/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name (b) Payee address; 1414 Colorado Street State Bar of Texas Austin, TX 78701		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Bar dues				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$650.00	(b) Date of Charge 03/06/2025	(c) Date(s) 0 03/10/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Loyola University N	lew Orleans	(b) Payee address; 526 Pine St New Orleans, LA 70118		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description CLE registrati							
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	*	ruction Guide explains how	•	THER (enter a category not listed	1 above)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 2/4 Rpt: 7/12	Sandill, Ravi K. (The	e Honorable)		00061997		
4 CREDIT CARD ISSUER		ncial institution revious	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 Orlear	ns Barge	(b) Payee address; City, State, Zip PO Box 232 Hahnville, LA 70057			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top of Fees	of this schedule)	CLE registration			
Non-Political	(c) Check if travel outside of	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	e sought	Office held		
PAYMENT	(a) Amount Charged \$291.41	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer 03/24/2025	r Paid		
PAYEE	(a) Payee name Mr. B's Bistro		(b) Payee address; 201 Royal St	City, State	e, Zip Code	
PURPOSE OF	(a) Category		New Orleans, LA 70130 (b) Description			
EXPENDITURE X Political	(See Category Food/Beverage Exper		Dinner at conference			
Non-Political	(c) Check if travel outside of	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	e sought	Office held		
PAYMENT	(a) Amount Charged \$41.40	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issuer 03/24/2025	r Paid		
PAYEE	(a) Payee name Curb		(b) Payee address; 11-11 34th Ave Long Island, NY 11106	City, State	e, Zip Code	
PURPOSE OF EXPENDITURE X Political	PENDITURE (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Taxi to airport			
Non-Political	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	e sought	Office held		
1						

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officerolder/Folitica	· ·	ruction Guide explains how	•	TILK (enter a category	not iisteu ai	bove)
1	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)		
	Sch: 3/4 Rpt: 8/12	Sandill, Ravi K. (Th	e Honorable)		00061997		,
4	CREDIT CARD ISSUER	EXPENDITURES		EXPENDITURES CHARGED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$226.96	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issuel 03/10/2025	r Paid		
7	PAYEE	(a) Payee name United Airlines		(b) Payee address; 233 S. Wacker Drive Chicago, IL 60606	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Round trip to New Orleans	s for CLE		
	Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
9 e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issuer 03/24/2025	r Paid		
	PAYEE	(a) Payee name IAH Parking		(b) Payee address; 2800 N Terminal Rd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	Houston, TX 77032 (b) Description Airport parking			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$27.18	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issuel 03/24/2025	r Paid		
	PAYEE	(a) Payee name French Toast		(b) Payee address; 1035 Decatur St New Orleans, LA 70116	City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Breakfast at conference					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expe	nse	
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
1							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Candidate/Officeholder/Politica		ices Sa ruction Guide explains how		OTHER (enter a categor	y not listed at	oove)
1 Total pages Schedule F4:		ruction Guide explains now	to complete this form.	3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 4/4 Rpt: 9/12	Sandill, Ravi K. (Th	e Honorable)		00061997	20 0011111100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	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 Issue 03/24/2025	er Paid		
7 PAYEE	(a) Payee name Curb		(b) Payee address; 11-11 34th Ave Long Island, NY 11106	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Taxi from airport			
Non-Political	_ `	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e 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		(b) Payee address;	City,	State,	Zip Code
	One11 Hotel		111 Iberville St			
			New Orleans, LA 70130			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Hotel costs for CLE			
Non-Political	(a) Chapte if traval autoida	of Toyon Complete Cabadyla T	Chapte if Augstin TV	Coffice holder living over		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	e sought	Office held	ense	
expenditure to benefit C/OH						

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/12 2 FILER NAME Filer ID (Ethics Commission Filers) Sandill, Ravi K. (The Honorable) 00061997 8 Amount (\$) Date 5 Name of person from whom amount is received 03/14/2025 Greater New Orleans Barge Fleeting Association, Inc. \$625.00 6 Address of person from whom amount is received; City; State; Zip Code Hanville, LA 70057 Purpose for which amount is received Check if political contribution returned to filer Partial refund of registration fee Amount (\$) Name of person from whom amount is received Date 03/15/2025 **United Airlines** \$226.96 Address of person from whom amount is received; City; State; Zip Code Chicago, IL 60606 Purpose for which amount is received Check if political contribution returned to filer Refund for cancelled flight

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

CH			

The Insti	ruction C	Guide explains	this form.	1 Total pages Schedule T: Sch: 1/2 Rpt: 11/12				
2 FILER NAME	/-				3 Filer ID (Ethics Commission Filers)			
Sandill, Ravi K. (•				00061997			
4 Name of Contribut United Airlines	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines							
5 Contribution / Expe	enditure rep	oorted on:						
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	$\overline{\mathbf{X}}$:	Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
6 Dates of Travel	l	of person(s) traveli II, R.K.	ng					
	8 Depart	ure city or name of	departure location					
03/19/2025	Houst	on, TX						
	9 Destina	ation city or name o	of destination location					
03/19/2025	New C	Orleans, LA						
10 Means of transport Commercial Airp		11 Purpose of tra Travel to CL	vel (including name of c E	onference, seminar, or	other event)			
Name of Contribut United Airlines	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye	ee				
Contribution / Expe	enditure rep	oorted on:						
Schedule A2	:	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel		of person(s) traveli	ng					
Bates of Travel	1	II, R.K.	ng .					
	Depart	ure city or name of	departure location					
03/19/2025	· ·	on, TX						
	Destina	ation city or name o	of destination location					
03/19/2025	l	Orleans, LA						
Means of transpor	<u> </u>	Purpose of tra	vel (including name of c	onference, seminar, or	other event)			
Commercial Airp	lane	Travel to CL	E					
Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye	ee				
United Airlines								
Contribution / Expe	enditure rep	oorted on:						
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	X:	Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel	Name	of person(s) traveli	ng					
	Sandil	II, R.K.						
	Depart	ure city or name of	departure location					
03/22/2025	New C	Orleans, LA						
	Destination city or name of destination location							
03/22/2025	Houst	on, TX						
Means of transpor		·	vel (including name of c	onference, seminar, or	other event)			
Commercial Airp	lane	Travel from (CLE					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 X Schedule F4 Schedule COH-UC Schedule G Schedule H 6 Dates of Travel Name of person(s) traveling Sandill, R.K. 8 Departure city or name of departure location 03/22/2025 New Orleans, LA Destination city or name of destination location 03/22/2025 Houston, TX 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Travel from CLE Commercial Airplane