

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00080883		2 Total pages filed: 63		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI The Honorable Armin		ELECTRONICALLY FILED 01/15/2026	
		NICKNAME LAST SUFFIX Mizani			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> Runoff		Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit		
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Receipt # Amount
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Processed
5 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2025		THROUGH Month Day Year 12/31/2025	
Date Imaged					

6 EXPLANATION OF CORRECTION

This is my semi-annual report for period of 7/1/2025 to 12/31/2025. There is no correction to be made but I am getting this prompt as a result of the SS #1 finance report somehow being marked as a semi-annual report. I have tried to correct the SS#1 but I do not have a "correct" prompt allowing me to do so on my end of the userface. The SS#1 report should be identified as a special session report rather than a semi-annual. I have written an email to the Ethics office and it was indicated they would correct on their end once they were not as busy with all the filings today.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Armin Mizani

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080883	2 Total pages filed: 63								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Armin</td> <td style="width: 40%;">MI MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Armin	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026					
	MS / MRS / MR The Honorable	FIRST Armin	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Mizani</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Mizani	SUFFIX							
NICKNAME	LAST Mizani	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 678 Keller, TX 76244		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Armin</td> <td style="width: 40%;">MI MI</td> </tr> </table>			MS / MRS / MR The Honorable	FIRST Armin	MI MI					
	MS / MRS / MR The Honorable	FIRST Armin	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Mizani</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Mizani	SUFFIX						
NICKNAME	LAST Mizani	SUFFIX									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 678 Keller, TX 76244										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 366-3696										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" 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 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)
	<input checked="" 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 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 Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 03/03/2026 </td> <td style="width: 60%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" 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) Mayor of Keller Tarrant										
	12 OFFICE SOUGHT (if known) State Representative District 98										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Mizani, Armin (The Honorable)	14 Filer ID (Ethics Commission Filers) 00080883
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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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

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)	\$ 651,174.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 283,101.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 568,072.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 200,000.00

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 Armin Mizani
 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
 _____ Printed name of officer administering
 _____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Mizani, Armin (The Honorable)		19 Filer ID (Ethics Commission Filers) 00080883
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 651,174.24
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 200,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 283,101.75
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/41 Rpt: 5/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott, Cynthia 6 Contributor address; City; State; Zip Code Keller, TX 76248-2024	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacy Benefit Manager		9 Employer (See Instructions) CVS
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alamilla, Dr. Frank Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chiro.		Employer (See Instructions) HealthConnection
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alamilla, Frank Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Health Connection
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldous, Charla Contributor address; City; State; Zip Code dallas, TX 75219	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Aldous Law
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Paul Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Vice President Business Development		Employer (See Instructions) Oxford ATS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/41 Rpt: 6/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Paul <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$781.56
8 Principal occupation / Job title (See Instructions) Vice President Business Development		9 Employer (See Instructions) Oxford ATS
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Paul <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Vice President Business Development		Employer (See Instructions) Oxford ATS
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armstrong Lee & Baker LLP
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashkan, Mizani <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94123	Amount of Contribution (\$) \$1,157.60
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atendido, Sean <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Brydge

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/41 Rpt: 7/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausbrook, Matt <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76011	7 Amount of Contribution (\$) \$15,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Aulsbrook Law Firm
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aziz, Muhammad <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Abraham, Watkins, Nichols, Agosto, Aziz & Stogner
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aziz, Muhammad <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Abraham, Watkins, Nichols, Agosto, Aziz & Stogner
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, John <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Wade <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Barrow Law, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/41 Rpt: 8/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basin Ventures II <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazán, Jorge L <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Begum, Alex <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Begum Law Group
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Begum, Alex <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Begum Law Group
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benton, Jeff <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Benton Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/41 Rpt: 9/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birt, John <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$208.65
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jackie <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blakey, Jay <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohannon, David <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Bohannon Dentistry
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boll, George <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Juneau Boll & Stacy, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/41 Rpt: 10/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, Karen <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$521.15
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkmeier, Jody <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ned <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) MCMC Auto
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buczek, Adam <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Skorburg Company
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Steve <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/41 Rpt: 11/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Steve <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$10.73
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Steve <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Steve <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Steve <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Steve <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/41 Rpt: 12/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Steve <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$10.73
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chacko, Benson <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Southlake Methodist Medical Center
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Matt <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chat n chill bar and grill, llc <hr/> Contributor address; City; State; Zip Code Keller, TX 76249	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chopra, Lucky <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Physician, Chairman		Employer (See Instructions) Advanced Diagnostics Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/41 Rpt: 13/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Douglas <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement, Todd <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Clement + Speer
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Thomas <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coker, Chris <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condos, John <hr/> Contributor address; City; State; Zip Code Lake Charles, LA 70605	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) John Condos

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/41 Rpt: 14/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corrin, Tod <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crain, Sue <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuderman, Peter <hr/> Contributor address; City; State; Zip Code Tallahassee, FL 32301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self Employed
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culp, Linda <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dadresan, Azita <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Software engineer AI/ML		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/41 Rpt: 15/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBerry, Chris 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMerville, Brent Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doan, Jimmy Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Doan Law Firm
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doan, Jimmy Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Doan Law Firm
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, George Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/41 Rpt: 16/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubberly, Shannon <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$1,041.98
8 Principal occupation / Job title (See Instructions) IT Director		9 Employer (See Instructions) Ascella Technologies
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Timothy <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELDER, BRANDI <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ead, Justin <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) Advanced Graphics Software Engineer		Employer (See Instructions) JRM Technologies
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Ethan <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$18.36
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) The University of Texas at Arlington

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/41 Rpt: 17/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farris, Bert <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Archer Systems
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson Law Firm <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fetter, John <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fibich, Kenneth Thomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontenot, Timothy <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Fontenot Wealth Management

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/41 Rpt: 18/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frenkel, Mark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251-1508	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) FRENKEL & FRENKEL LLP
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gairola, Anant <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Director operations		Employer (See Instructions) Smith and nephew
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garabedian, Michael <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Build Stuff		Employer (See Instructions) Garabedian
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerda, David <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greaves, Kim <hr/> Contributor address; City; State; Zip Code Westlake, TX 76262	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/41 Rpt: 19/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Manuel <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Meg Health Care
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, David <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gryniewicz-Mizani, Cindy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94123	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Francisco <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Guerra, LLP
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Cody <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5,208.65
Principal occupation / Job title (See Instructions) Trial Support		Employer (See Instructions) Windy Point Technologies

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/41 Rpt: 20/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Thomas <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamed, Mizani <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Renal Care Group
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamlin, William <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$208.65
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamlin, William <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer and Nails <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/41 Rpt: 21/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlan, Brian <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$260.73
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Chad <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$5,208.65
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Not disclosed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haslam, Robert <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76185	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Elizabeth "Beth" <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Justin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hill Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/41 Rpt: 22/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hixson, Thomas <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$260.73
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holbrook, Jade <hr/> Contributor address; City; State; Zip Code Keller, TX 76262	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houghton, Kellie <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jencapole, Ron <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, John <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-2742	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Jose & Vaughn, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/41 Rpt: 23/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justice for Texas Victims Pac <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koebele, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Steve Koebele
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korcyk, Rick <hr/> Contributor address; City; State; Zip Code Advance, NC 27006	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korkor, Bassel <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Charles Schwab
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Leonard <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/41 Rpt: 24/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langner, Robert <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lassiter, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$5,208.65
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) Lassiter Law
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leevy, John <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) Pilot/instructor		Employer (See Instructions) American Airlines
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindamood Jr, Bobby <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$2,083.65
Principal occupation / Job title (See Instructions) Demolition		Employer (See Instructions) Self
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78780	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/41 Rpt: 25/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loewy, Adam <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Loewy Law Firm
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovein, Robert <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lovein Ribman
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovein, Robert <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lovein Ribman
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makens, James <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76034	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) The Makens Company
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Mark <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Freight Executive		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/41 Rpt: 26/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Jack <hr/> 6 Contributor address; City; State; Zip Code North Richland hills, TX 76182	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClement, Paige <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Paige McClement
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Sharon <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarland, Kelly <hr/> Contributor address; City; State; Zip Code Keller, TX 76262	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PT		Employer (See Instructions) Premier Rehab
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Aaron <hr/> Contributor address; City; State; Zip Code Keller, TX 76262	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Amack Property Services

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/41 Rpt: 27/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMullin, Ross <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcfarland, Kelly <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PT		Employer (See Instructions) Premier Rehab
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meg Healthcare, Inc. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milyo-Lopez, Amy <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minteer, Gregory <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/41 Rpt: 28/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mira, Felix <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$781.56
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Mira Partners, Inc.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mira, Felix & Lori <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirza, Ali <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) District 5
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirza, Ali <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) District 5
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, James <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/41 Rpt: 29/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mizani, Arman 6 Contributor address; City; State; Zip Code San Francisco, CA 94123	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Revive Medical
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mizani, Armin Contributor address; City; State; Zip Code Keller, TX 76262	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mizani, Arshan Contributor address; City; State; Zip Code San Diego, CA 92120	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Raylene Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Raylene Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/41 Rpt: 30/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Raylene 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Raylene Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) More Prime Corp Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Ronnie Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Electrical Contractor		Employer (See Instructions) Morgan Electric
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Nicholas Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Morrow & Sheppard LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/41 Rpt: 31/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountjoy, Nicole Mountjoy <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) HR Director		9 Employer (See Instructions) Caterpillar Inc
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Katherine <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nakamura, Tammy <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ng, Amy <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Lux Nail Bar
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noorani, Anis <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Atlas Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/41 Rpt: 32/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palfrey, Gloria <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paris, Nikki <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$208.65
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paris, Nikki <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$208.65
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Brad <hr/> Contributor address; City; State; Zip Code BEDFORD, TX 76021	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Parker Law Firm
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, Philip <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Parr Foot & Ankle Specialists

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/41 Rpt: 33/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paskins, Peter <hr/> 6 Contributor address; City; State; Zip Code KELLER, TX 76248	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, William <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Patterson Law Group
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peabody, Susan <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peabody, Susan <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Keith <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/41 Rpt: 34/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Raymond 6 Contributor address; City; State; Zip Code Keller, TX 76248-1112	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Physicians for Free Market Healthcare Pac Contributor address; City; State; Zip Code Prosper, TX 75078	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Rickie Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Rick L. Powell, P.C.
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers Taylor, LLP Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, David Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Brakebush Brothers inc

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/41 Rpt: 35/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, David <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Brakebush Brothers Inc.
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raine, Tim <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randklev, Charles <hr/> Contributor address; City; State; Zip Code Keller, TX 76262	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Research Assistant Professor		Employer (See Instructions) Texas A&M University
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renfrow, Jane <hr/> Contributor address; City; State; Zip Code Highland, IN 46322	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Rick <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Corporate Vice President		Employer (See Instructions) Wabtec

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/41 Rpt: 36/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Fran <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76244	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) President, non profit		9 Employer (See Instructions) True Texas Project
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Fran <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) True Texas Project
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Scotty <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigney, Callie <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Sean <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Roberts Markland LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/41 Rpt: 37/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sixto <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roemer, Greg <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$650.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Mika <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMPLES, STEVEN <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054	Amount of Contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SAMPLES AMES
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Bill <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/41 Rpt: 38/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuman, Daniel <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76262	7 Amount of Contribution (\$) \$52.40
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sether, Judith <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sether, Judith <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Robert (CEO) <hr/> Contributor address; City; State; Zip Code Heath, TX 75032	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shimmin, Gary <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/41 Rpt: 39/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simcox, Stephen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisk, Christopher <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Noteboom
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sivertsen, Michael <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sizemore, Julie <hr/> Contributor address; City; State; Zip Code KELLER, TX 76248-2856	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Director of Programs		Employer (See Instructions) Keller Education Foundation
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sizemore, Julie <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Keller Education Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/41 Rpt: 40/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Kim <hr/> 6 Contributor address; City; State; Zip Code Granbury, TX 76048	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Quinton <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30004	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spoon, Elliot <hr/> Contributor address; City; State; Zip Code Birmingham, MI 48009	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Zariyan <hr/> Contributor address; City; State; Zip Code Euless, TX 76039-3054	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Stark Realty
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens Law Firm, PLLC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/41 Rpt: 41/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Jason 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Stephens Law Firm
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taggart, Christina Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Truth and Liberty Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$112,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Pain and Injury llc Contributor address; City; State; Zip Code cedar hill, TX 75104	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association Pac Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/41 Rpt: 42/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association Pac <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The West Law Firm <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tichenor, Deborah <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Wilder Campaign <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracey Fox King & Walters <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/41 Rpt: 43/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Mimi <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) TRB Bank
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Oscar <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) O Trevino Construction
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Orsdol, Gina <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$36.77
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vergara, Jose <hr/> Contributor address; City; State; Zip Code Roseville, CA 95747	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) City of Roseville
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinberger, Daniel <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/41 Rpt: 44/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Jaclyn <hr/> 6 Contributor address; City; State; Zip Code Winston Salem, NC 27104	7 Amount of Contribution (\$) \$2,083.65
8 Principal occupation / Job title (See Instructions) Neurosurgeon		9 Employer (See Instructions) Atrium Health
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will, Gregory <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Disaster Case Manager		Employer (See Instructions) Federal Government
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Mark <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76164	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Texas Injury Clinic
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tod <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstar Contractors LP <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/41 Rpt: 45/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherite, Amy 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Witherite Law Group
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Coby Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$781.56
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Coby L. Wooten, Attorney at Law, P.C.
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Micah Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) EXP REALTY

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 46/63
2 FILER NAME Mizani, Armin (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080883
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/31/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mizani, Armin	9 Loan Amount (\$) \$200,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Keller, TX 76244	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/17 Rpt: 47/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/25/2025	5 Payee name 936 Media, llc	
6 Amount (\$) \$17,000.00	7 Payee address; City; State; Zip Code 1050 Johnnie Dodds Blvd. Unit 2414 Mount Pleasant, TX 29465	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Advertising Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name Anedot	
Amount (\$) \$952.30	Payee address; City; State; Zip Code 3723 Greenville Ave. Suite 41002 Dallas, TX 75206	
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 Donation Platform Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Anedot	
Amount (\$) \$10,368.22	Payee address; City; State; Zip Code 3723 Greenville Ave. Suite 41002 Dallas, TX 75206	
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 Donation Platform Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 2/17 Rpt: 48/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/03/2025	5 Payee name BannerBuzz	
6 Amount (\$) \$327.00	7 Payee address; City; State; Zip Code 595 Old Norcross Road Northwest Suite G Lawrenceville, GA 30046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Banner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Ellis, Ethan	
Amount (\$) \$766.67	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cypress, TX 77433	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name Ellis, Ethan	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cypress, TX 77433	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 3/17 Rpt: 49/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/04/2025	5 Payee name Ellis, Ethan	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Cypress, TX 77433	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2025	Payee name Griffin Communications	
Amount (\$) \$17,313.61	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2025	Payee name Griffin Communications	
Amount (\$) \$48,000.00	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 4/17 Rpt: 50/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 09/18/2025	5 Payee name Griffin Communications	
6 Amount (\$) \$3,699.00	7 Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expenses
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Griffin Communications	
Amount (\$) \$15,420.41	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name Griffin Communications	
Amount (\$) \$20,000.00	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 5/17 Rpt: 51/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 11/04/2025	5 Payee name Griffin Communications	
6 Amount (\$) \$5,658.23	7 Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name Griffin Communications	
Amount (\$) \$15,428.64	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name Griffin Communications	
Amount (\$) \$31,443.36	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 6/17 Rpt: 52/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/02/2025	5 Payee name Griffin Communications	
6 Amount (\$) \$21,937.38	7 Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Cosulting Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Griffin Communications	
Amount (\$) \$3,739.21	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Griffin Communications	
Amount (\$) \$14,976.08	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737	
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 Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 7/17 Rpt: 53/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/15/2025	5 Payee name Install Connect, Inc.	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 505 W STATE ST. Garland, TX 75040	
8 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 Sign Install
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Install Connect, Inc.		
Amount (\$) \$875.00	Payee address; City; State; Zip Code 505 W STATE ST. Garland, TX 75040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Signs Install
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name McKay, Enna		
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
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: 8/17 Rpt: 54/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 11/12/2025	5 Payee name McKay, Enna	
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Colleyville, TX 76034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name McKay, Enna	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Mitta, Suk	
Amount (\$) \$766.67	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Frisco, TX 75035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 9/17 Rpt: 55/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 11/05/2025	5 Payee name Mitta, Suk	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Frisco, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name Mitta, Suk	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Frisco, TX 75035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Morse, Cooper	
Amount (\$) \$790.32	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 10/17 Rpt: 56/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 10/07/2025	5 Payee name Morse, Cooper	
6 Amount (\$) \$1,750.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name Morse, Cooper	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Morse, Cooper	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 11/17 Rpt: 57/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/21/2025	5 Payee name Outpost 36	
6 Amount (\$) \$352.69	7 Payee address; City; State; Zip Code 1801 S Main St Keller, TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Meet and Greet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Outpost 36		
Amount (\$) \$483.71	Payee address; City; State; Zip Code 1801 S Main St Keller, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Sunny Street Cafe		
Amount (\$) \$144.42	Payee address; City; State; Zip Code 242 Rufe Snow Dr. Keller, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food expense for campaign event
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: 12/17 Rpt: 58/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 12/04/2025	5 Payee name TCGOP	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 201 North Ruper St. Suite 117 Fort Worth, TX 76107	
8 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 Ballot Application Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Texas Trade Graphics	
Amount (\$) \$4,059.38	Payee address; City; State; Zip Code 2935 Irving Blvd. #201 Dallas, TX 75247	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name Texas Trade Graphics	
Amount (\$) \$1,028.38	Payee address; City; State; Zip Code 2935 Irving Blvd. #201 Dallas, TX 75247	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 13/17 Rpt: 59/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/01/2025	5 Payee name Wells Fargo	
6 Amount (\$) \$9.00	7 Payee address; City; State; Zip Code 333 Market Street San Francisco, CA 94105	
8 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 Checks Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Wells Fargo	
Amount (\$) \$18.00	Payee address; City; State; Zip Code 333 Market Street San Francisco, CA 94105	
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 Draft Check Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Wells Fargo	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 333 Market Street San Francisco, CA 94105	
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 Bank Draft Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 14/17 Rpt: 60/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 08/06/2025	5 Payee name Wenske, John	
6 Amount (\$) \$3,250.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Moulton, TX 77975	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Wenske, John	
Amount (\$) \$5,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Moulton, TX 77975	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2025	Payee name Wenske, John	
Amount (\$) \$5,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Moulton, TX 77975	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 15/17 Rpt: 61/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 11/04/2025	5 Payee name Wenske, John	
6 Amount (\$) \$5,500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Moulton, TX 77975	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Wenske, John	
Amount (\$) \$5,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Moulton, TX 77975	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries/Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name mailchimp	
Amount (\$) \$98.07	Payee address; City; State; Zip Code 405 N Angier Ave. NE, Atlanta, TX 30308	
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 Email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 16/17 Rpt: 62/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 07/31/2025	5 Payee name mailchimp	
6 Amount (\$) \$233.45	7 Payee address; City; State; Zip Code 405 N Angier Ave. NE, Atlanta, TX 30308	
8 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 Mail
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name mailchimp	
Amount (\$) \$140.71	Payee address; City; State; Zip Code 405 N Angier Ave. NE, Atlanta, TX 30308	
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 Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name mailchimp	
Amount (\$) \$140.71	Payee address; City; State; Zip Code 405 N Angier Ave. NE, Atlanta, TX 30308	
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 Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 17/17 Rpt: 63/63	2 FILER NAME Mizani, Armin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080883
4 Date 10/30/2025	5 Payee name mailchimp	
6 Amount (\$) \$140.71	7 Payee address; City; State; Zip Code 405 N Angier Ave. NE, Atlanta, TX 30308	
8 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 Email Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name mailchimp	
Amount (\$) \$140.71	Payee address; City; State; Zip Code 405 N Angier Ave. NE, Atlanta, TX 30308	
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 Email Platform Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name mailchimp	
Amount (\$) \$140.71	Payee address; City; State; Zip Code 405 N Angier Ave. NE, Atlanta, TX 30308	
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 Email Platform Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held