

# 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)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST	SUFFIX				
		SANJAY	K.	Date Received <b>FILED IN- PERSON APRIL 2, 2025 4:20 pm</b>			
		SINGHAL		Linda Mendenhall City Clerk			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Date Postmarked	
	[REDACTED]		SUGAR LAND TX	77479			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	[REDACTED]	[REDACTED]	[REDACTED]				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged			
		AASHNA					
		SHAH					
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	[REDACTED]		RICHMOND TX	77469			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	[REDACTED]	[REDACTED]	[REDACTED]				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		02	05	2025	03	24	2025
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
		05	03	2025	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)					
	--	Sugar Land City Council - Dist. 2					
14 NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS						
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <b>SANJAY K. SINGHAL</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS  \$ 2790.00	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <del>30.00</del>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2790.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,666.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

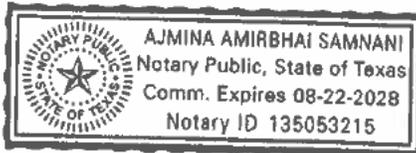
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sanjay K. Singhal*

Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by SANJAY KUMAR SINGHAL this the 29<sup>th</sup> day of March, 2025, to certify which, witness my hand and seal of office.

Ajmina Ajmina Amirbhai Samnani Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>SANJAY SINGHAL</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2790.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 100.00
4.	SCHEDULE E: LOANS	\$ 15,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,666.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

①

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

SANJAY K. SINGHAL

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

2/24/2025

Gagandeep Singh Gupta

\$ 10.00

6 Contributor address; City; State; Zip Code

[Redacted] Sugarland 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2/26/2025

Sanjay Singhal

\$ 10.00

Contributor address; City; State; Zip Code

[Redacted] Sugarland 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Zentech - VP

Zentech

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

3/1/2025

Sharad Behal

\$ 200.00

Contributor address; City; State; Zip Code

[Redacted] Sugarland 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

3/7/2025

Gagandeep Singh Gupta

\$ 50.00

Contributor address; City; State; Zip Code

[Redacted] Sugarland 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>SANJAY K. SINGHAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/12/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Ruchika Behal</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Sugarland 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>Self Employed</b>		9 Employer (See Instructions)
Date <b>3/13/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ashok Das Gupta</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Sugarland 77424</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>3/18/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kapil Mittal</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Richmond, 77467</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions)
Date <b>3/18/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mahinder Tak</b>	Amount of contribution (\$) <b>\$ 1000.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Sunny Isles FL 33160</b>		
Principal occupation / Job title (See Instructions) <b>Housewife</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

SANJAY K. SINGHAL

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/2025

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Sudhakar Matlapudi

7 Amount of contribution (\$)

\$ 350.00

6 Contributor address; City; State; Zip Code

[Redacted] Sugar Land 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Deepak Kannar

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

[Redacted] Sugar Land 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Vijay Pallod

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

[Redacted] Sugar Land 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Rishabh Singhal

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

[Redacted] Sugar Land, 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

④

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: ④

2 FILER NAME **SANJAY K. SINGHAL**

3 Filer ID (Ethics Commission Filers)

4 Date **3/24/2025** 5 Full name of contributor **Ruchika Behal** out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) **\$ 50.00**

**[REDACTED] Sugarland 77478**

8 Principal occupation / Job title (See Instructions) **Self Employed.**

9 Employer (See Instructions)

Date **3/21/2025** Full name of contributor **Zenobia Behrana** out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$) **\$ 100.00**

**[REDACTED] Houston TX 77085**

Principal occupation / Job title (See Instructions) **Retired**

Employer (See Instructions) **-**

Date \_\_\_\_\_ Full name of contributor \_\_\_\_\_ out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_ Full name of contributor \_\_\_\_\_ out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1</b>	
2 FILER NAME <b>SANJAY K. SINGHAL</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <b>3/24/2023</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hanish Sajoo</b>	8 Amount of Pledge \$ <b>\$ 100.00</b>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <b>[Redacted] Sugar Land, 77478</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) <b>Retired.</b>		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

1/2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME SANJAY K. SINGHAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/7/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanjay K. Singhal	9 Loan Amount (\$) \$ 5000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [Redacted] Sugar Land TX 77479	10 Interest rate 0%
		11 Maturity date N/A.
12 Principal occupation / Job title (See Instructions) Private Company Vice President		13 Employer (See Instructions) Zentech Inc.
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor None	19 Amount Guaranteed (\$) -
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/6/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanjay K. Singhal	Loan Amount (\$) \$ 5000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code [Redacted] Sugar Land TX 77479	Interest rate 0%
		Maturity date N/A
Principal occupation / Job title (See Instructions) Private Company Vice President		Employer (See Instructions) Zentech Inc.
Description of Collateral none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor None	Amount Guaranteed (\$) -
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

2/2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>SANJAY K. SINGHAL</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>2/19/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sanjay K. Singhal</b>	9 Loan Amount (\$) <b>\$5000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>Sugar Land TX 77479</b>	10 Interest rate <b>0%</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Private Company Vice President</b>		13 Employer (See Instructions) <b>Zentech Inc.</b>
14 Description of Collateral <b>none</b>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor <b>None</b>	19 Amount Guaranteed (\$) <b>None</b>
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

①

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>SANJAY K. SINGHAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/10/2025</b>	5 Payee name <b>Fred Taylor</b>	
6 Amount (\$) <b>\$ 65.00</b>	7 Payee address; City; State; Zip Code <b>[REDACTED] Spring TX 77389</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b><del>Event</del> Advertising exp.</b>	(b) Description <b>Photographer for Flyers.</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>2/10/2025</b>	Payee name <b>Fred Taylor.</b>	
Amount (\$) <b>\$ 185.00</b>	Payee address; City; State; Zip Code <b>[REDACTED] Spring TX 77389</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>	Description <b>Photographer for marketing material.</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>2/10/2025</b>	Payee name <b>Telica, Sugar Land</b>	
Amount (\$) <b>\$ 50.00</b>	Payee address; City; State; Zip Code <b>[REDACTED] Sugar Land TX 77479</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Campaign booth rental at TELICA Event.</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

2

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SANJAY K. SINGHAL	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2025	5 Payee name Idea Print LLC	
6 Amount (\$) \$1402.	7 Payee address; [REDACTED] Stafford, TN 77477	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising.	(b) Description Yard Signs.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/19/2025	Payee name T-Shirt Depot	
Amount (\$) \$1084.67	Payee address; [REDACTED] Missouri City TX 77429	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising.	Description T-Shirts for Campaign
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/19/2025	Payee name Telfair Community Association.	
Amount (\$) \$216.00	Payee address; [REDACTED] Sugarland TX 77479	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Venue rental for Campaign event.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

2

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>SANJAY K. SINGHAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/20/2025</b>	5 Payee name <b>Bank of America.</b>	
6 Amount (\$) <b>\$ 28.09</b>	7 Payee address; City; State; Zip Code <b>[Redacted] Sugar Land TX 77478</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other.</b>	(b) Description <b>Bank charges for check book.</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/24/2025</b>	Payee name <b>Nirmanz Food.</b>	
Amount (\$) <b>\$ 497.95</b>	Payee address; City; State; Zip Code <b>[Redacted] Sugar Land TX 77479</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event.</b>	Description <b>Campaign kick off food.</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/24/2025</b>	Payee name <b>Fort Bend County - Voter Registration</b>	
Amount (\$) <b>\$ 27.00</b>	Payee address; City; State; Zip Code <b>[Redacted] Rosenberg TX 77471</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	Description <b>Voter list for Advertisement.</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

④

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>SANJAY K. SINGHAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/24/2025</b>	5 Payee name <b>Idea Print LLC.</b>	
6 Amount (\$) <b>\$1089.72</b>	7 Payee address; City; State; Zip Code <b>[REDACTED] Stafford, TX 77477.</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement.</b>	(b) Description <b>Push Card / Door Hangers Printing.</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/24/2025</b>	Payee name <b>Idea Print LLC.</b>	
Amount (\$) <b>\$ 280.80</b>	Payee address; City; State; Zip Code <b>[REDACTED] Stafford, TX. 77477.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del>Advertisement</del> <b>Advertisement.</b>	Description <b>Business Cards for Campaign.</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/25/2025</b>	Payee name <b>Idea Print LLC.</b>	
Amount (\$) <b>\$ 450.36</b>	Payee address; City; State; Zip Code <b>[REDACTED] Stafford TX 77477</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement.</b>	Description <b>Pull up bannen for marketing.</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>SANJAY K. SINGHAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/25/2025</b>	5 Payee name <b>Idea Print LLC</b>	
6 Amount (\$) <b>\$ 280.80</b>	7 Payee address; City; State; Zip Code <b>[Redacted] Stafford, TX 77477</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	(b) Description <b>Stage Banner Printing</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/1/2025</b>	Payee name <b>Indo American News Radio</b>	
Amount (\$) <b>\$ 200.00</b>	Payee address; City; State; Zip Code <b>[Redacted] Houston TX 77077</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	Description <b>Advertisement &amp; Radio interview slot</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/3/2025</b>	Payee name <b>Schlitzky Cinabon</b>	
Amount (\$) <b>\$ 444.86</b>	Payee address; City; State; Zip Code <b>[Redacted] Sugarland TX, 77479</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event</b>	Description <b>Food during event</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

6

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SANJAY K. SINGHAL	3 Filer ID (Ethics Commission Filers)
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4 Date 3/3/2025	5 Payee name SEEK MEDIA . LLC.
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6 Amount (\$) \$ 703.63	7 Payee address; [Redacted]	City; Richmond	State; TX	Zip Code 77469
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertisement.	(b) Description Video recording during event.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/2025	Payee name Idea Print LLC
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Amount (\$) \$ 1482.30	Payee address; [Redacted]	City; Stafford	State; TX	Zip Code 77477
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <del>Advertisement</del> Advertisement.	Description yard signs.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/2025	Payee name Idea Print LLC
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Amount (\$) \$ 838.08	Payee address; [Redacted]	City; Stafford	State; TX	Zip Code 77477
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertisement.	Description Roadside banner.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

7

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME SANJAY K. SINGHAL	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/6/2025	<b>5</b> Payee name T Shirt Depot.	
<b>6</b> Amount (\$) \$259.48	<b>7</b> Payee address; [REDACTED]	City: Missouri City TX Zip Code: 77459
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertisement	
	<b>(b)</b> Description T Shirts for Campaign	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/5/2025	Payee name Masala Radio	
Amount (\$) \$1000.00	Payee address; [REDACTED]	City: Sugarland TX Zip Code: 77478
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertisement	
	<b>(b)</b> Description Radio Advertisement	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	
	<b>(b)</b> Description	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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