

# 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) <b>202507</b>	2 Total pages filed: <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Sapana</b>	MI <b>MI</b>
	NICKNAME	LAST <b>Patal</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>[REDACTED] Sugar Land, TX 77479</b>		OFFICE USE ONLY Date Received <b>FILED IN PERSON 4/3/2025 @ 4:38pm K. Mendelsohn City Clerk</b>
	Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>[REDACTED]</b>	PHONE NUMBER <b>[REDACTED]</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Charles</b>	MI <b>J</b>
	NICKNAME	LAST <b>Whitley</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>[REDACTED] Sugar Land TX 77479</b>		(Residence or Business)
	AREA CODE <b>[REDACTED]</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>[REDACTED]</b>	PHONE NUMBER <b>[REDACTED]</b>	EXTENSION
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 <b>2</b>	Day <b>5</b>	Year <b>25</b>
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 3 / 25</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>City Council District 4</b>
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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

<b>15 C/OH NAME</b> Sapana Patel		<b>16 Filer ID (Ethics Commission Filers)</b> 202507
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,550.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,054.38
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,495.62
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is Sapana Patel and my date of birth is [REDACTED]  
My address is [REDACTED] Sugar land Tx 77479

Executed in Fort bend (street) Texas (city) Texas (state) 77479 (zip code) (country)  
on the 3 day of April, 2025  
(month) (year)

Sapana Patel  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Sapana Patel</b>		20 Filer ID (Ethics Commission Filers) <b>202507</b>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,550.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,054.38	
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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME  
**Sapana Patel**

3 Filer ID (Ethics Commission Filers)  
**202507**

4 Date  
**02/14/2025**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED] **Sugar Land, TX 77478**

**5,000.00**

8 Principal occupation / Job title (See Instructions)  
**Realtor**

9 Employer (See Instructions)  
**Cathy Stubbs Realty**

Date  
**03/08/2025**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Sugar Land, TX 77479**

**200.00**

Principal occupation / Job title (See Instructions)  
**Sr. Manager**

Employer (See Instructions)  
**Energy Transfer**

Date  
**03/07/2025**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Sugar Land, TX 77498**

**100.00**

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

Employer (See Instructions)  
**Enbridge**

Date  
**03/29/2025**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Sugar Land, TX 77479**

**250.00**

Principal occupation / Job title (See Instructions)  
**Software Engineer**

Employer (See Instructions)  
**ODFL**

**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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Sapana Patel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/17/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sanjiv Khanna</b>	7 Amount of contribution (\$)  <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>New Caney, Texas</b>	
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>03/10/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joel and Kelly Matthews</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>[REDACTED] Katy TX 77494</b>	
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions) <b>Turlington &amp; Matthews</b>
Date <b>03/09/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Maulik Purohit</b>	Amount of contribution (\$)  <b>400.00</b>
	Contributor address; City; State; Zip Code <b>[REDACTED] Sugar Land TX 77479</b>	
Principal occupation / Job title (See Instructions) <b>Health/IT</b>		Employer (See Instructions)
Date <b>03/03/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Alpana Patel</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>[REDACTED] Sugar Land TX 77479</b>	
Principal occupation / Job title (See Instructions) <b>Analyst</b>		Employer (See Instructions) <b>IGS Energy</b>

**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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sapana Patel		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Full name of contributor Niraj Patel out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Richmond TX 77469	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Taru, Inc
Date 03/20/2025	Full name of contributor Gopal Agrawal out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Richmond TX 77407	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Tara Capital
Date 03/17/2025	Full name of contributor Netra Sreeprakash out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land TX 77479	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) McDowell Hetherington
Date 03/17/2025	Full name of contributor Deepak Chandwani out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land TX 77479	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) jade Business services
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME  
**Sapana Patel**

3 Filer ID (Ethics Commission Filers)

4 Date  
**03/29/2025**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED] **Houston TX 77042**

**100.00**

8 Principal occupation / Job title (See Instructions)  
**Engineer**

9 Employer (See Instructions)  
**AMT**

Date  
**03/29/2025**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Sugar Land TX 77479**

**250.00**

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

Employer (See Instructions)  
**DynPro**

Date  
**02/15/2025**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Houston TX 77096**

**20.00**

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

Employer (See Instructions)

Date  
**03/29/2025**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Sugar Land TX 77479**

**50.00**

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

Employer (See Instructions)  
**University of Texas**

**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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Sapana Patel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/11/2025</b>	5 Full name of contributor <b>Barkat Ali Charania</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/29/2025</b>	Full name of contributor <b>Vasuki Ramakrishnan</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land TX 77479</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/29/2025</b>	Full name of contributor <b>Ram Ramakrishnan</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land TX 77479</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/29/2025</b>	Full name of contributor <b>Nithya Venkatesan</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land TX 77479</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>FVP, Risk</b>		Employer (See Instructions) <b>Navitas Assurance</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>1</b>	
2 FILER NAME <b>Sapana Patel</b>		3 Filer ID (Ethics Commission Filers) <b>202507</b>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>100.00</b>	
5 Date <b>02/15/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alings</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>Kick Off Event: Food</b>
	7 Contributor address; City; State; Zip Code <b>[REDACTED] Sugar Land TX 77498</b>	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**LOANS**

**SCHEDULE E**

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 E: **1**

2 FILER NAME

Sapana Patel

3 Filer ID (Ethics Commission Filers)

202507

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

02/07/2025

7 Name of lender

Sapana Patel

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

9 Loan Amount (\$)

5,000.00

6 Is lender a financial institution?

Y  N

8 Lender address;

City;

State;

Zip Code

[REDACTED] Sugar Land, TX 77479

10 Interest rate

0.00

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Realtor

13 Employer (See Instructions)

Keller Williams realty

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

n/a

19 Amount Guaranteed (\$)

0.00

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

n/a

21 Employer (See Instructions)

n/a

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y  N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: 6
2 FILER NAME Sapana Patel		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2025	5 Full name of contributor Vibhore Jain out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions) Operations		9 Employer (See Instructions)
Date 03/29/2025	Full name of contributor Sidharth R out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  10.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions)
Date 03/29/2025	Full name of contributor Vidya Iyer out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2025	Full name of contributor Michael Oneal out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) CPA		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.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2 <b>1</b>	
2 FILER NAME <b>Sapana Patel</b>		3 Filer ID (Ethics Commission Filers) <b>202507</b>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 100.00</b>	
5 Date <b>02/15/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alings</b>	8 Amount of Contribution \$ <b>100.00</b>	9 In-kind contribution description <b>Kick Off Event: Food</b>
7 Contributor address; City; State; Zip Code <b>[REDACTED] Sugar Land TX 77498</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME  
**Sapana Patel**

3 Filer ID (Ethics Commission Filers)  
**202507**

4 TOTAL OF UNITEMIZED LOANS

**\$ 0.00**

5 Date of loan  
**02/07/2025**

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )  
**Sapana Patel**

9 Loan Amount (\$)  
**5,000.00**

6 Is lender a financial institution?  
 Y  N

8 Lender address; City; State; Zip Code  
[Redacted] **Sugar Land, TX 77479**

10 Interest rate  
**0.00**

11 Maturity date

12 Principal occupation / Job title (See Instructions)  
**Realtor**

13 Employer (See Instructions)  
**Keller Williams realty**

14 Description of Collateral  
 none

15  Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
**n/a**  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)  
**0.00**

20 Principal Occupation (See Instructions)  
**n/a**

21 Employer (See Instructions)  
**n/a**

Date of loan Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial institution? Lender address; City; State; Zip Code

Interest rate

Y  N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
**none**

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION  
**not applicable**

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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**

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sapana Patel	<b>3</b> Filer ID (Ethics Commission Filers) 202507
<b>4</b> Date 03/14/2025	<b>5</b> Payee name UZ Printing	
<b>6</b> Amount (\$) 41.34	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing expense	<b>(b)</b> Description printing of campaign materials
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sapana Patel	Office sought City Council
Date 03/14/2025	Payee name UZ Printing	
Amount (\$) 171.24	Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description printing of campaign materials
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sapana Patel	Office sought City Council
Date 03/01/2025	Payee name Idea Print	
Amount (\$) 972.00	Payee address; City; State; Zip Code [REDACTED] Stafford, TX 77477	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description printing of campaign materials
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sapana Patel	Office sought City Council

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Sapana Patel		3 Filer ID (Ethics Commission Filers) 202507	
4 Date 02/14/2025		5 Payee name UZ Printing			
6 Amount (\$) 216.00		7 Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense		(b) Description printing of campaign materials		
	(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 Sapana Patel		Office sought City Council	
Date 03/01/2025		Payee name UZ Printing			
Amount (\$) 662.75		Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description printing of campaign materials		
	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 Sapana Patel		Office sought City Council	
Date 02/14/2025		Payee name Idea Print			
Amount (\$) 216.00		Payee address; City; State; Zip Code [REDACTED] Stafford, TX 77477			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description printing of campaign materials		
	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 Sapana Patel		Office sought City Council	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sapana Patel	<b>3</b> Filer ID (Ethics Commission Filers) 202507
<b>4</b> Date 02/15/2025	<b>5</b> Payee name Fort Bend Chamber of Commerce	
<b>6</b> Amount (\$) 216.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event expense	<b>(b)</b> Description Campaign kick off rally
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sapana Patel	Office sought / Office held City Council
<b>Date</b> 02/15/2025	<b>Payee name</b> Seek Video	
<b>Amount (\$)</b> 800.00	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> videographer for kickoff event
	<b>Check if travel outside of Texas. Complete Schedule T.</b> <span style="float:right"><b>Check if Austin, TX, officeholder living expense</b></span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sapana Patel	Office sought / Office held City Council
<b>Date</b> 02/15/2025	<b>Payee name</b> Srinivas Nikam	
<b>Amount (\$)</b> 250.00	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> event photographer
	<b>Check if travel outside of Texas. Complete Schedule T.</b> <span style="float:right"><b>Check if Austin, TX, officeholder living expense</b></span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sapana Patel	Office sought / Office held City Council

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sapana Patel	3 Filer ID (Ethics Commission Filers) 202507
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4 Date 02/26/2025	5 Payee name GOT Transactions Team
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6 Amount (\$) 860.00	7 Payee address; [Redacted] Sugar Land, TX 77479	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Campaign Admin	(b) Description Campaign Admin
	(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 Sapana Patel	Office sought City Council	Office held
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Date 03/26/2025	Payee name GOT Transactions
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Amount (\$) 1,060.00	Payee address; [Redacted] Sugar Land, TX 77479	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Admin	Description Campaign Admin
	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 Sapana Patel	Office sought City Council	Office held
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Date 02/19/2025	Payee name Printing Xpress
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Amount (\$) 173.20	Payee address; [Redacted] Houston, TX 77036	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description event photographer
	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 Sapana Patel	Office sought City Council	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name	Filer ID #
------------	------------

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

### (1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ 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
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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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

**2 Filer ID** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below only if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder