

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: 10				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST SANJAY	MI K.	OFFICE USE ONLY Date Received 11:55 am <i>As Mendenhall</i> RECEIVED APR 25 2025 Office of City Secretary City of Sugar Land, TX Date Hand Delivered to Date Formatted Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME	LAST SINGHAL	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
	SUGAR LAND TX 77479						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	[REDACTED]						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST AASHNA	MI				
	NICKNAME	LAST SHAH	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #	CITY; STATE; ZIP CODE				
	RICHMOND TX 77469						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
[REDACTED]							
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" 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
03 / 25 / 2025 THROUGH 04 / 23 / 2025							
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<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)			
			Sugarland City Council - Dist. 2				
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**

15 C/OH NAME SANJAY K. SINGHAL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
\$ 2826.00	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2826.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -
\$ 5712.19	4. TOTAL POLITICAL EXPENDITURES	\$ 5712.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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 K. SINGHAL 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 SANJAY KUMAR SINGHAL and my date of birth is [REDACTED]
My address is [REDACTED] Sugar Land Tx 77479, USA
(street) (city) (state) (zip code) (country)
Executed in Fort Bend County, State of Texas, on the 25 day of April, 2025
(month) (year)
Sanjay K. Singhal
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME SANJAY K. SINGHAL		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2826.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	SCHEDULE E: LOANS	\$ —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5712.19
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 | ②

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: ②
2 FILER NAME SANJAY K. SINGHAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/25	5 Full name of contributor out-of-state PAC (ID#: _____) Whitney Jalali	7 Amount of contribution (\$) \$ 75.00
6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions) [REDACTED]		9 Employer (See Instructions) -
Date 4/7/25	Full name of contributor out-of-state PAC (ID#: _____) Ella Guillory	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code [REDACTED] Sugar Land TX 77498		
Principal occupation / Job title (See Instructions) -		Employer (See Instructions) -
Date 4/10/25	Full name of contributor out-of-state PAC (ID#: _____) Subhesh Gupta	Amount of contribution (\$) \$ 2000.00
Contributor address; City; State; Zip Code [REDACTED] Sugar Land TX 77479		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 4/12/25	Full name of contributor out-of-state PAC (ID#: _____) Tanya Bailey	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2
2 FILER NAME SANJAY K. SINGHAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/25	5 Full name of contributor Harish Jaiso out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code [Redacted] Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions) Retired.		9 Employer (See Instructions)
Date 4/6/25	Full name of contributor Ashish Agrawal out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 251.00
Contributor address; City; State; Zip Code [Redacted] Sugar Land TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/25	Full name of contributor Reema Raj out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code [Redacted] Sugar Land TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/25	Full name of contributor Indira Grover out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code [Redacted] Sugar Land TX 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

①/4

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 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: 4		2 FILER NAME SANJAY K. SINGHAL		3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/25		5 Payee name Idea Print LLC.			
6 Amount (\$) \$ 518.40		7 Payee address; City; State; Zip Code [Redacted] Stafford, TX 77477			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising.		(b) Description Printing of Roadside Banners		
	(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	
Date 3/28/2025		Payee name KONA ICE			
Amount (\$) \$ 270.62		Payee address; City; State; Zip Code [Redacted] Houston TX 77023			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp.		Description Charges for Kona Ice for Campaign event.		
	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	
Date 4/3/25		Payee name Idea Print LLC			
Amount (\$) \$ 621.00		Payee address; City; State; Zip Code [Redacted] Stafford, TX 77477			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement.		Description Printing of 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

②/4

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 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: 4	2 FILER NAME SANJAY K. SINGHAL	3 Filer ID (Ethics Commission Filers)
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4 Date 4/3/2025	5 Payee name Long Plan Printing (LP)
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6 Amount (\$) \$644.03	7 Payee address; [Redacted]	City; Houston TX	State; TX	Zip Code 77063
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Printing of door hangers
	(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
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Date 4/10/25	Payee name Telfair Community Association
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Amount (\$) \$50	Payee address; [Redacted]	City; Sugarland TX	State; TX	Zip Code 77479
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Hall rental - Event sponsored.
	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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Date 4/14/25	Payee name Ashade Tech (Relay Reach)
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Amount (\$) \$1082.50	Payee address; [Redacted]	City; Houston TX	State; TX	Zip Code 77002
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Text message campaign.
	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

3/4

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 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: 4	2 FILER NAME SANJAY K. SINGHAL	3 Filer ID (Ethics Commission Filers)
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4 Date 4/18/25	5 Payee name Alings
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6 Amount (\$) \$500.00	7 Payee address; [Redacted]	City; Sugarland TX	State; TX	Zip Code 77498
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event.	(b) Description Food & Venue 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"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/25	Payee name T Shirts Depot
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Amount (\$) \$207.58	Payee address; [Redacted]	City; Missouri City TX	State; TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirts for Campaign
	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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Date 4/18/25	Payee name Fort Bend County - Election office
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Amount (\$) \$78.00	Payee address; [Redacted]	City; Rosenberg TX	State; TX	Zip Code 77477
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other.	Description Voting Reports from F.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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

④/4

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 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: ④	2 FILER NAME SANJAY K. SINGHAL	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/25	5 Payee name Anna. Lykoudis - Zafiris.	
6 Amount (\$) \$1260.00	7 Payee address; City; State; Zip Code [REDACTED] Sugar Land Tx 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Payment made to Block walkers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/22/25	Payee name Zina.	
Amount (\$) \$480.00	Payee address; City; State; Zip Code [REDACTED] Houston Tx 77053.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor.	Description Payment for Block walking.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 SANJAY K. SINGHAL	Filer ID #
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- 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 8 days Report report due on 9/25/2025. 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

Sanjay K. Singhal
Signature of Filer

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 SANJAY KUMAR SINGHAL and my date of birth is [REDACTED].
 My address is [REDACTED] Sugar Land, TX 77479 (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of Texas, on the 25 day of April, 2025.
 (month) (year)
Sanjay K. Singhal
Signature of Filer (Declarant)

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