

# 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: <b>11</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <b>SANJAY</b> <b>K.</b>	<b>OFFICE USE ONLY</b> Date Received <b>FILED IN PERSON</b> <b>1:49 pm July 2, 2025</b> <b>City Clerks Office</b> <b>Juda Mendelsohn</b> Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
	NICKNAME      LAST      SUFFIX <b>SINGHAL</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED] <b>SUGAR LAND TX 77479</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <b>AASHNA</b>		
	NICKNAME      LAST      SUFFIX <b>SHAH</b>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED] <b>RICHMOND TX 77469</b>		
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 checked="" 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 <b>05 / 29 / 2025</b> <b>THROUGH</b> <b>06 / 30 / 2025</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>06 / 07 / 2025</b>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Sugar Land City Council Dist 2</b>	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		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	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)	\$ 5172.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 4070.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <b>(this period)</b>	\$ 1101.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000.00

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 \_\_\_\_\_ 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 **Tx**, on the **2** day of **July**, 20**25**  
(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

Period: 5/29/25 to 6/30/25

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5172.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	SCHEDULE E: LOANS	\$ —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4070.19
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.

1/3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME SANJAY K. SINGHAL		3 Filer ID (Ethics Commission Filers)
4 Date 06/02/25	5 Full name of contributor out-of-state PAC (ID#: _____) GANESH BOTCHA	7 Amount of contribution (\$) \$ 300.00
6 Contributor address; City; State; Zip Code [Redacted] SugarLand TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Julia Rodriguez	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code [Redacted] SugarLand TX.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/31/25	Full name of contributor out-of-state PAC (ID#: _____) Subbu Netti	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code [Redacted] Sugar Land TX 77478		
Principal occupation / Job title (See Instructions) Business.		Employer (See Instructions)
Date 05/30/25	Full name of contributor out-of-state PAC (ID#: _____) Durga D. Agarwal	Amount of contribution (\$) \$ 750.00
Contributor address; City; State; Zip Code [Redacted] West University (W) TX 77005		
Principal occupation / Job title (See Instructions) Business.		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.

2/3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>SANJAY K. SINGHAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Gopal Agarwal</b>	7 Amount of contribution (\$) <b>\$ 1000.00</b>
	6 Contributor address; City; State; Zip Code [Redacted] <b>Houston Tx 77007</b>	
8 Principal occupation / Job title (See Instructions) <b>Business</b>		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <b>5/29/25 Harish Jayoo</b>	Amount of contribution (\$) <b>\$ 251.00</b>
	Contributor address; City; State; Zip Code [Redacted] <b>Sugar Land Tx 77479</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <b>5/29/25 Ramesh Bhutada</b>	Amount of contribution (\$) <b>\$ 500.00</b>
	Contributor address; City; State; Zip Code [Redacted] <b>Sugar Land Tx 77479</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <b>5/29/25 Ashok Das Gupta</b>	Amount of contribution (\$) <b>\$ 350.00</b>
	Contributor address; City; State; Zip Code [Redacted] <b>Sugar Land 77479</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

3/3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME SANJAY K. SINGHAL		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/25	5 Full name of contributor Vijay Palloa out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$ 1001.00
6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land TX 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 (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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: <u>1</u>	
2 FILER NAME <u>SANJAY K. SINGHAL</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1000.00</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>INDIAN SUMMERS</u>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <u>[REDACTED] Sugarland TX 77499</u>	<u>1000.00</u>	<u>Volunteer Dinner</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Restaurant.</u>		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)			

**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**

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

1/3

**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: 3	<b>2</b> FILER NAME SANJAY K. SINGHAL	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/6/2025	<b>5</b> Payee name Ashade Tech.	
<b>6</b> Amount (\$) \$595.39	<b>7</b> Payee address; [REDACTED]	City; State; Zip Code Houston TX 77002
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertisement	<b>(b)</b> Description Text messages sending cost.
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 6/6/2025	<b>Payee name</b> T-Shirt Depot.	
<b>Amount (\$)</b> 259.80	<b>Payee address;</b> [REDACTED]	<b>City; State; Zip Code</b> Missouri City TX 77459
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertisement	<b>Description</b> T-Shirts.
	<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>Complete ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 6/7/25	<b>Payee name</b> Leonardo Herrera.	
<b>Amount (\$)</b> \$940.00	<b>Payee address;</b> [REDACTED]	<b>City; State; Zip Code</b> Houston TX
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Booth Duties. Advertisement	<b>Description</b> Booth Duties.
	<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>Complete ONLY</b> 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

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

2/3

## 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: <b>3</b>	2 FILER NAME <b>SANJAY K. SINGHAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/7/25</b>	5 Payee name <b>Gina.</b>	
6 Amount (\$) <b>\$1,120</b>	7 Payee address: <b>[REDACTED]</b>	City; State; Zip Code <b>Houston TX 77053</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	(b) Description <b>Book Duty duty voting</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>6/7/25</b>	Payee name <b>Oluwani Femi.</b>	
Amount (\$) <b>\$250</b>	Payee address: <b>[REDACTED]</b>	City; State; Zip Code <b>Houston TX.</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	Description <b>Book Duty</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>6/7/25</b>	Payee name <b>RJ Roers.</b>	
Amount (\$) <b>\$200.00</b>	Payee address: <b>[REDACTED]</b>	City; State; Zip Code <b>Richmond TX.</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	Description <b>Booth Duties</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> 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

3/3

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 Expense   | 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: <b>(2)</b>	2 FILER NAME <b>SANJAY K. SINGHAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/7/2025</b>	5 Payee name <b>Mahi Kesaria</b>	
6 Amount (\$) <b>\$ 375</b>	7 Payee address: City: State: Zip Code <b>Sugar Land TX 77479</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	(b) Description <b>Polling Duty</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>6/7/2025</b>	Payee name <b>Cameron</b>		
Amount (\$) <b>\$ 250</b>	Payee address: City: State: Zip Code <b>Sugarland TX 77479</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	Description <b>Polling Booth Duty</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	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	(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



# 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 <b>SANJAY K. SINGHAL</b>	Filer ID #
--	------------

- ✓ 1. 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.
- ✓ 2. 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.
- ✓ 3. 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.
4. 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.
5. I am filing this affidavit with the 15-July-25 report due on 15-July @ 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 K. SINGHAL and my date of birth is [REDACTED]

My address is [REDACTED] Sugarland (city), TX (state), 77479 (zip code), USA (country)

Executed in Fort Bend County, State of TX, on the 2 day of July, 2025

*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**