

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:

14 *12* *10*

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

RAVI

1<

SINGHANIA

OFFICE USE ONLY

Date Received

*Rec'd
4/24/25
by mtr*

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

323 Timbercreek Drive
Lake Jackson, TX 77566

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

297-5146

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DORIS

williams

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

209 Teakwood, Lake Jackson, TX 77566

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

297-3724

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

3 / 25 / 2025

THROUGH

Month

Day

Year

4 / 23 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 2025

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Port Commissioner, Position 3 Port Commissioner, Position 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,479.38

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 13,338.48

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 4,642.23

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 5,709.28

18 SIGNATURE

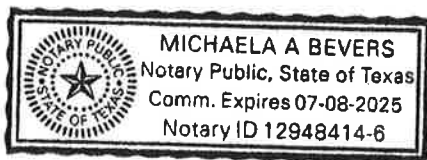
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Ravi K. Singhania

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ravi K. Singhania this the 24th day of April,
2025, to certify which, witness my hand and seal of office.

Michaela A. Bevers

Michaela A. Bevers

Exec. Assistant

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

Ravi K Singhania

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,675.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 304.38
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 709.28
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,811.98
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,587.50
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,939.06
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 4 5
2 FILER NAME RAVI K SINGHANIA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Cornell Contributor address; City; State; Zip Code 333 Timbercreek Dr., Lake Jackson, TX 77566	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retiree
Date 4/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Yates Contributor address; City; State; Zip Code 118 Rosewood Ln, Lake Jackson, TX 77566	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Freeport Welding
Date 4/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny Vernon Contributor address; City; State; Zip Code 140 Dixie Drive, Lake Jackson, TX 77566	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Vernor Materials
<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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME RAVI K SINGHANIA		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matthew William Krohn	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 106 Rosewood St., Lake Jackson, TX 77566		
8 Principal occupation / Job title (See Instructions) Harbor Pilot		9 Employer (See Instructions) Brazos Harbor Pilots Assn
Date 4/6/2025 4/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Noah Naday	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code Northwood Dr, Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Harbor Pilot		Employer (See Instructions) Brazos Harbor Pilots Assn
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Billy J Burns	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5680 Hwy 46, #383, Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Harbor Pilot		Employer (See Instructions) Brazos Harbor Pilots Assn
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel Blanton	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1304 Brazos River Rd, Freeport, TX 77541		
Principal occupation / Job title (See Instructions) Harbor Pilot		Employer (See Instructions) Brazos Harbor Pilots Assn
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Ravi K Singhania

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/2025

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ross J. Coriello

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

230 Creekside Ln, Lacey Jackson, TX 77566

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/10/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Michael Maksoud

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

7051 Pine Vista Ln, Houston, TX 77566

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self Employed

Date

4/10/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Walter P Sess

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2707 Autumn Lake Drive, Katy, TX 77450

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Weiss Engineering & Surveying

Date

4/10/2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gary Pearson III

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

3781 Olympia Dr, Houston, TX 77019

Principal occupation / Job title (See Instructions)

Political consultant

Employer (See Instructions)

Self Employed

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 Ravi K Singhania		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharon Rogers	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 220 Huckleberry Dr, Lake Jackson TX 77546		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert Smith	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 116 Rosewood St, Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doris F. Williams	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 209 Teakwood Street, Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions) Home maker -		Employer (See Instructions) N/A
Date 4/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EHRA Engineering PAC - Jim Russ	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 10011 Meadow Glen Lane, Houston, TX 77042		
Principal occupation / Job title (See Instructions) CO-OWNER		Employer (See Instructions) EHRA Engineering

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 RAVI K. SINGHANIA		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SEAN M KELLY	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 332 Northcliff Ridge Ln, Friendswood 77546		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Archer	Amount of contribution (\$) 750.00
Contributor address; City; State; Zip Code 12916 Buccaneer Parkway, Freeport, TX 77541		
Principal occupation / Job title (See Instructions) Sales/Marketing		Employer (See Instructions) Beavcom
Date 4/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Cordoba, Cordoba Law Firm	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 85 Oak Drive, Lake Jackson, TX 7752		
Principal occupation / Job title (See Instructions) Attorney / owner		Employer (See Instructions) Self.
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 1	
2 FILER NAME RAVI K SINGHANIA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/10/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Russ, EHRA	8 Amount of Contribution \$ 304.38	9 In-kind contribution description Hosting fund raising Breakfast
7 Contributor address; City; State; Zip Code 10011 Meadowglen Ln, Houston TX 77042		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Engineering company / President		11 Employer (FOR NON-JUDICIAL) (See Instructions) EHRA	
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)			

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Ravi K. Singhanra		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/30/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) SELF	9 Loan Amount (\$) 709.28
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 323 Timbercreek Drive, Lake Jackson TX 77566	10 Interest rate 0
12 Principal occupation / Job title (See Instructions) Retired		11 Maturity date —
13 Employer (See Instructions) Retired		
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Ravi K Singhania		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/2025		5 Payee name Matthew Shugart			
6 Amount (\$) 160.00		7 Payee address; City; State; Zip Code 921 S. Walker St., Angleton, TX 77515			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Install Signs		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/31/2025		Payee name Rob Giesecke			
Amount (\$) 60.46		Payee address; City; State; Zip Code 7122 CR 4, Damon, TX 77430			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Supplier for signs		Description Tres for signs to post		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/31/2025		Payee name Rob Giesecke			
Amount (\$) 41.52		Payee address; City; State; Zip Code 7122 CR 4, Damon, TX 77430			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals for Rob & Advertising Expense		Description Meals during the day putting up signs for Rob & Matthew		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Ravi K Singhania		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/2025	5 Payee name Brazoria County Republican Party		
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 135 Spanish Oak Circle Lake Jackson, TX 77566		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Ad in voter guide
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/23/2025	Payee name Parabellum Media LLC		
Amount (\$) 2,550.00	Payee address; City; State; Zip Code 1005 Congress Ave, Suite 925, Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 2 Rounds of Text messaging
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:

1

2 FILER NAME

RAVI K SINGHANIA

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date

4/23/2025

6 Payee name

Brazosport Facts Newspaper

7 Amount (\$)

2,587.50

8 Payee address;

City;

State;

Zip Code

5701 Woodway Drive, Suite 131, Houston, TX 77057

9 TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c)

☐

Check if travel outside of Texas. Complete Schedule T.

☐

Check if Austin, TX, officeholder living expense

11 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

TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Ravi K Singhania	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2025	5 Payee name Rightmail LLC	
6 Amount (\$) 5,939.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 18333 Egnat Bay Blvd, Ste 110, Houston, TX 77038	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Outreach mailing Print & Postage
	(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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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