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: 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS | FIRST: AFSHAN | MI:

NICKNAME: AFSHI | LAST: CHARANIA | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: 7343 CHATHAM GREEN DR | APT / SUITE #: | CITY: SUGAR LAND | STATE: TX | ZIP CODE: 77479

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (832) | PHONE NUMBER: 687-697 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR | FIRST: HIMANSHU | MI:

NICKNAME: | LAST: JOSHI | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 618 NEWINGTON LN | APT / SUITE #: | CITY: SUGAR LAND | STATE: TX | ZIP CODE: 77479

8 CAMPAIGN TREASURER PHONE

AREA CODE: ( ) | PHONE NUMBER: | EXTENSION:

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: 1 / 1 / 26 THROUGH 6 / 30 / 26

11 ELECTION

ELECTION DATE: Month / Day / Year: 5 / 3 / 25

ELECTION TYPE:

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): FT BEND ISD TRUSTEE POS 3

13 OFFICE SOUGHT (if known)

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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: RECEIVED JUL 15 2026 BY: Kim Schulz

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

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)
AFSHAN CHARANIA	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 462.83
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 28,520.75

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

ZAHRA N KAMDAR
Notary Public, State of Texas
Comm. Expires 06-04-2027
Notary ID 132046980

NOTARY STAMP / SEAL

Sworn to and subscribed before me by AFSHAN CHARANIA this the 15TH day of JULY, 20 26, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
AFSHAN CHARANIA	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
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	$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 462.83
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	$

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	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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME: AFSHAN CHARANIA	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 CREDIT CARD ISSUER — Name of financial institution: CAPITAL ONE

6 PAYMENT	(a) Amount Charged: $ 210.00	(b) Date Expenditure Charged: 06/30/2026	(c) Date(s) Credit Card Issuer Paid: 06/30/2026
7 PAYEE	(a) Payee name: VERIZON	(b) Payee address; City, State, Zip Code: N/A ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD	(b) Description: CELLPHONE SERVICES	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

PAYMENT	(a) Amount Charged: $ 210.00	(b) Date Expenditure Charged: 06/30/2026	(c) Date(s) Credit Card Issuer Paid: 06/30/2026
PAYEE	(a) Payee name: POLIENGINE	(b) Payee address; City, State, Zip Code: N/A ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD	(b) Description: WEBSITE EXPENSE	
	(c) ☐ 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

PAYMENT	(a) Amount Charged: $ 42.83	(b) Date Expenditure Charged: 06/30/2026	(c) Date(s) Credit Card Issuer Paid: 06/30/2026
PAYEE	(a) Payee name: GOOGLE	(b) Payee address; City, State, Zip Code: N/A ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD	(b) Description:	
	(c) ☐ 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