

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:							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Chaundrika</i> NICKNAME LAST SUFFIX <i>Sutterwhite</i>	OFFICE USE ONLY								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>164 Sea Foam Ct Willis, TX 77382</i>	Date Received								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 2846460</i>	Date Hand-delivered or Date Postmarked								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Receipt #	Amount \$							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Processed								
8 CAMPAIGN TREASURER PHONE		Date Imaged								
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE										
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 Month Day Year <i>10 / 5 / 26</i> THROUGH <i>10 / 26 / 26</i>										
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description <i>11 / 3 / 26</i> ☐ General ☐ Special										
12 OFFICE		13 OFFICE SOUGHT (if known)								
OFFICE HELD (if any)		<i>Position 4</i>								
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.										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px; vertical-align: top;"> ☐ Additional Pages </td> <td style="width:20%; padding: 5px;"> COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC </td> <td style="width:80%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 5px;">COMMITTEE ADDRESS</td></tr> <tr><td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table> </td> </tr> </table>				☐ Additional Pages	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 5px;">COMMITTEE ADDRESS</td></tr> <tr><td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table>	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

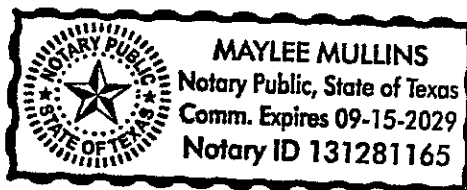
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 374.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Chaudhika Satterwhite
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Chaudhika Satterwhite this the 26 day of October, 2026, to certify which, witness my hand and seal of office.

Maylee Mullins Maylee Mullins
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)