CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS MRS / MR FIRST Arati	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST Singh	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 8101 Cobblestone Dr. Austin TX 78735	CITY; STATE; ZIP CODE			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 387-1782	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Bethlyn		Date Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
	Thornton				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE		
(Residence or Business)	6012 Kelsing Cove Austin TX 7	8735			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 626-5324	EXTENSION			
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	X July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	07 / 01 / 2020	THROUGH 06	/30 /2021		
11 ELECTION	Month Day Year Primary 12 / 11 / 18 General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any) Austin ISD - Position 9	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE TYPE COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Arati Singh		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$0			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	DANS) \$0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ o			
	4. TOTAL POLITICAL EXPENDITURES	\$ O			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THOSE OF REPORTING PERIOD	\$ 1742.96			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$ 44,000.37			
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.					
Avati Sity					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by thi	s the,			
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ing oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration	on				
My name is	, and my date of bone Dr. Austin	oirth is			
My address is 8101 Cobbles	one Dr. Austin	TX 78735 USA			
Executed in Hawaii County	(street) (city) County, State of Hawaii , on the 15 day of 1 Avadi Single	(state) (zip code) (country) uly , 20 21			
		Candidate/Officeholder (Declarant)			