

# APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL.<sup>1</sup> Failure to provide required information may result in rejection of application.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------|
| <b>APPLICATION FOR A PLACE ON THE</b> <u>Coppell ISD Board of Trustees</u> <b>GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| TO: City Secretary/Secretary of Board (name of election)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| <b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.)<br><u>Coppell ISD Board of Trustees Place 5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                             |                                                                                                                         | <b>INDICATE TERM</b><br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |            |
| <b>FULL NAME</b> (First, Middle, Last)<br><u>Khanh Le Windham</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                             | <b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*</b><br><u>Khanh Windham</u>                                       |                                                                                                     |            |
| <b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)<br><u>9026 Silverdollar Trail</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                             | <b>PUBLIC MAILING ADDRESS (Optional)</b> (Address for which you receive campaign related correspondence, if available.) |                                                                                                     |            |
| <b>CITY</b><br><u>Irving</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b><br><u>Texas</u> | <b>ZIP</b><br><u>75063</u>                                                  | <b>CITY</b>                                                                                                             | <b>STATE</b>                                                                                        | <b>ZIP</b> |
| <b>PUBLIC EMAIL ADDRESS (Optional)</b> (Address for which you receive campaign related emails, if available.)<br><u>info@windham4cisd.com</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | <b>OCCUPATION (Do not leave blank)</b><br><u>Healthcare Consultant</u>      |                                                                                                                         | <b>DATE OF BIRTH</b>                                                                                |            |
| <b>TELEPHONE CONTACT INFORMATION (Optional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                             |                                                                                                                         | <b>VOTER REGISTRATION VOID</b>                                                                      |            |
| Home:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | Office:                                                                     |                                                                                                                         |                                                                                                     |            |
| <b>FELONY CONVICTION STATUS (You MUST check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | <b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN</b> |                                                                                                                         |                                                                                                     |            |
| <input checked="" type="checkbox"/> I have not been finally convicted of a felony.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | <b>IN THE STATE OF TEXAS</b>                                                |                                                                                                                         | <b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b>                       |            |
| <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | <u>27</u> year(s)                                                           |                                                                                                                         | <u>5</u> year(s)                                                                                    |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | <u>7</u> month(s)                                                           |                                                                                                                         | <u>4</u> month(s)                                                                                   |            |
| <b>This Box Must ONLY be Completed by Candidates for School District Board of Trustees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| <b>Check the Box Below:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| <input checked="" type="checkbox"/> I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| *If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Khanh Windham</u> , who being by me here and now duly sworn, upon oath says:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| "I, (name of candidate) <u>Khanh Windham</u> , of <u>Dallas</u> County, Texas, Being a candidate for the office of <u>CISD Board of Trustees Place 5</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct. |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| X <u>Khanh Windham</u><br>SIGNATURE OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| Sworn to and subscribed before me this the <u>6</u> day of <u>February</u> , <u>2026</u> , by <u>Khanh Windham</u><br>(day) (month) (year) (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| Signature of Officer Authorized to Administer Oath <sup>4</sup><br><u>Susan W. Mayes</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                             | Printed Name of Officer Authorized to Administer Oath<br><u>SUSAN W. MAYES</u>                                          |                                                                                                     |            |
| Title of Officer Authorized to Administer Oath<br><u>Notary</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                             | My Notary ID # <u>7185878</u><br>Expires <u>November 10, 2026</u>                                                       |                                                                                                     |            |
| <b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| This document and \$_____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                             |                                                                                                                         |                                                                                                     |            |
| <u>2/6/2026</u> <u>2/9/2026</u> (See Section 1.007) <u>Carol K. Smith</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                             |                                                                                                                         |                                                                                                     |            |

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

NICKNAME

LAST

SUFFIX

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9026 SILVERDOLLAR TRL IRVING TX 75063

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 5209315

5 OFFICE  
HELD  
(if any)

6 OFFICE  
SOUGHT  
(if known)

COPELL ISD BOARD OF TRUSTEES PLAKE 5

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs

JULIA

K

A

ALBRIGHT

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS

(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

820 DEFOREST RD

COPELL

TX

75019

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

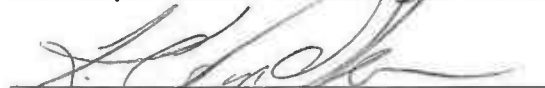
(972) 467 5018

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
Signature of Candidate

2-6-2016  
Date Signed

GO TO PAGE 2

OFFICE USE ONLY

Filer ID #

RECEIVED  
FEB 09 2026

BY: 

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

## OFFICE USE ONLY

RECEIVED  
FEB 09 2026  
BY: [Signature]

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER  
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

If filing as a candidate, complete boxes 3 - 6,  
then read and sign page 2.

If filing for a political committee, complete  
boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MRS

KHANH

L

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

WINDHAM

4 TELEPHONE NUMBER  
OF CANDIDATE  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(936) 520 9315

5 ADDRESS OF CANDIDATE  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9026 SILVERDOLLAR TRL IRVING TX 75063

6 OFFICE SOUGHT  
BY CANDIDATE  
(PLEASE TYPE OR PRINT)

COPPELL ISD BOARD OF TRUSTEES PLACE 5

7 NAME OF COMMITTEE  
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN  
TREASURER  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature

FEBRUARY 6, 2026

Date

# 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

NICKNAME

LAST

SUFFIX

NICKNAME

LAST

SUFFIX

Windham

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9026 Silverdollar Trail

Irving, TX 75063

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 520-9315

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

NICKNAME

LAST

SUFFIX

Albright

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

820 DeForest Rd

Coppell, TX 75019

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 459-0221

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

2 / 6 / 2026 THROUGH

Month

Day

Year

3 / 23 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 2 / 2026

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Coppell ISD Board of Trustees Plc 5

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

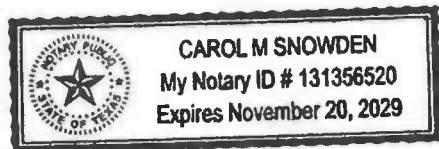
|                                         |                                                                                                                                       |                                        |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME<br><u>Khanh Le Windham</u> |                                                                                                                                       | 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) | \$ <u>156.12</u>                       |
|                                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>2,369.73</u>                     |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE                                                                                             | \$ <u>145.73</u>                       |
|                                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>3,117.43</u>                     |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>1,072.76</u>                     |
| OUTSTANDING LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ <u>850.00</u>                       |

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.

*Khanh Le Windham*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Khanh Windham this the 31 day of March, 2026 to certify which, witness my hand and seal of office.

*Carol M Snowden* Carol M Snowden Notary public  
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**

Khanh Le Windham

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |                                     |                                                                                    |            |
|-----|-------------------------------------|------------------------------------------------------------------------------------|------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 2251.00 |
| 2.  | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 156.12  |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$         |
| 4.  | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS                                                                  | \$ 850.00  |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 1978.24 |
| 6.  | <input checked="" type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ 659.24  |
| 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                                      | \$ 145.23  |
| 9.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 334.22  |
| 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: <b>7</b>           |
| 2 FILER NAME<br><b>Khanh Le Windham</b>                                                                                                                                          |                                                                                                            | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>2/19/26</b>                                                                                                                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Julia Albright</b> | 7 Amount of contribution (\$)<br><b>\$200</b> |
| 6 Contributor address; City; State; Zip Code<br><b>820 DeForest Rd Coppell TX 75019</b>                                                                                          |                                                                                                            |                                               |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                            |                                                                                                            | 9 Employer (See Instructions)                 |
| Date<br><b>2/23/26</b>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Julia Albright</b>   | Amount of contribution (\$)<br><b>\$20</b>    |
| Contributor address; City; State; Zip Code<br><b>820 DeForest Rd Coppell TX 75019</b>                                                                                            |                                                                                                            |                                               |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                            | Employer (See Instructions)                   |
| Date<br><b>2/25/26</b>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jennifer Newton</b>  | Amount of contribution (\$)<br><b>\$200</b>   |
| Contributor address; City; State; Zip Code<br><b>134 Clover Meadow Ln Coppell TX 75019</b>                                                                                       |                                                                                                            |                                               |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                            | Employer (See Instructions)                   |
| Date<br><b>3/5/26</b>                                                                                                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lian Loop</b>        | Amount of contribution (\$)<br><b>\$200</b>   |
| Contributor address; City; State; Zip Code<br><b>617 Villawood Ln Coppell TX 75019</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.

|                                                                                                  |                                                                                                           |                                               |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| The Instruction Guide explains how to complete this form.                                        |                                                                                                           | 1 Total pages Schedule A1: <b>7</b>           |
| 2 FILER NAME<br><b>Khanh Le Withdham</b>                                                         |                                                                                                           | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>3/5/2026</b>                                                                        | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rosie Stevens</b> | 7 Amount of contribution (\$)<br><b>\$206</b> |
| 6 Contributor address; City; State; Zip Code<br><b>122 Natches Trace Coppell TX 75019</b>        |                                                                                                           |                                               |
| 8 Principal occupation / Job title (See Instructions)                                            |                                                                                                           | 9 Employer (See Instructions)                 |
| Date<br><b>3/6/2026</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Wayne Fellers</b>   | Amount of contribution (\$)<br><b>\$50</b>    |
| Contributor address; City; State; Zip Code<br><b>4204 Rosita Ct Coppell TX 75019</b>             |                                                                                                           |                                               |
| Principal occupation / Job title (See Instructions)                                              |                                                                                                           | Employer (See Instructions)                   |
| Date<br><b>3/9/2026</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Khue Pham</b>       | Amount of contribution (\$)<br><b>\$250</b>   |
| Contributor address; City; State; Zip Code<br><b>400 S Congress Ave West Palm Beach FL 33409</b> |                                                                                                           |                                               |
| Principal occupation / Job title (See Instructions)                                              |                                                                                                           | Employer (See Instructions)                   |
| Date<br><b>3/10/2026</b>                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Della Royston</b>   | Amount of contribution (\$)<br><b>\$100</b>   |
| Contributor address; City; State; Zip Code<br><b>109 Meadowglen Cir Coppell TX 75019</b>         |                                                                                                           |                                               |
| Principal occupation / Job title (See Instructions)                                              |                                                                                                           | Employer (See Instructions)                   |

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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: <b>7</b>           |
| 2 FILER NAME<br><b>Khanh Le Windham</b>                                                     |                                                                                                              | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>3/10/26</b>                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jennifer Sandlin</b> | 7 Amount of contribution (\$)<br><b>\$100</b> |
| 6 Contributor address; City; State; Zip Code<br><b>427 Burns St Coppel TX 75019</b>         |                                                                                                              |                                               |
| 8 Principal occupation / Job title (See Instructions)                                       |                                                                                                              | 9 Employer (See Instructions)                 |
| Date<br><b>3/10/26</b>                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tiffany Tran</b>       | Amount of contribution (\$)<br><b>\$100</b>   |
| Contributor address; City; State; Zip Code<br><b>4614 Center St Houston TX 77007</b>        |                                                                                                              |                                               |
| Principal occupation / Job title (See Instructions)                                         |                                                                                                              | Employer (See Instructions)                   |
| Date<br><b>3/10/26</b>                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Paul Desh</b>          | Amount of contribution (\$)<br><b>\$75</b>    |
| Contributor address; City; State; Zip Code<br><b>15870 Chandelle Pl Wellington FL 33414</b> |                                                                                                              |                                               |
| Principal occupation / Job title (See Instructions)                                         |                                                                                                              | Employer (See Instructions)                   |
| Date<br><b>3/10/26</b>                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Shelby Williams</b>    | Amount of contribution (\$)<br><b>\$25</b>    |
| Contributor address; City; State; Zip Code<br><b>5201 Amesbury Dr #4134 Dallas TX 75206</b> |                                                                                                              |                                               |
| Principal occupation / Job title (See Instructions)                                         |                                                                                                              | Employer (See Instructions)                   |

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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: <b>7</b>              |
| 2 FILER NAME                                              |                                                                                                                                                                                                                     | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>3/11/2026</b>                                | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Albert Pannone</b><br><hr/> 6 Contributor address; City; State; Zip Code<br><b>6708 Jenny Leigh Ct Centreville VA 20121</b> | 7 Amount of contribution (\$)<br><br><b>\$50</b> |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                     | 9 Employer (See Instructions)                    |
| Date<br><b>3/11/26</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Leigh Boggs</b><br><hr/> Contributor address; City; State; Zip Code<br><b>10712 Emerald Park Ln Haslet TX 76052</b>           | Amount of contribution (\$)<br><br><b>\$100</b>  |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                     | Employer (See Instructions)                      |
| Date<br><b>3/11/26</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Breona Herring</b><br><hr/> Contributor address; City; State; Zip Code<br><b>481 Catenary Aly Mableton GA 30126</b>           | Amount of contribution (\$)<br><br><b>\$100</b>  |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                     | Employer (See Instructions)                      |
| Date<br><b>3/11/26</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Amanda Mahan</b><br><hr/> Contributor address; City; State; Zip Code<br><b>9452 Abbey Rd Irving TX 75063</b>                  | Amount of contribution (\$)<br><br><b>\$100</b>  |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                     | Employer (See Instructions)                      |
|                                                           |                                                                                                                                                                                                                     |                                                  |

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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: 7

2 FILER NAME

Khawh Le Windham

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/26

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jamie Chapinski

7 Amount of contribution (\$)

\$25

6 Contributor address;

City;

State;

Zip Code

4725 Vaux Rd Duluth MN 55811

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/12/26

Full name of contributor

☐ out-of-state PAC (ID#)

Theresa Pham

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

15432 Revere St Garden Grove CA 92843

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/26

Full name of contributor

☐ out-of-state PAC (ID#)

James McClatchy

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

353 Highland Ln Bryn Mawr PA 19010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/26

Full name of contributor

☐ out-of-state PAC (ID#)

Lucretia Reynolds

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

512 Rosewood Cr Winder GA 30680

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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: <b>7</b>          |
| 2 FILER NAME<br><b>Khanh Le Windham</b>                                                         |                                                                                                            | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>3/12/2026</b>                                                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Craig Phillips</b> | 7 Amount of contribution (\$)<br><b>\$25</b> |
| 6 Contributor address; City; State; Zip Code<br><b>811 W. Slaughter Ln #901 Austin TX 78748</b> |                                                                                                            |                                              |
| 8 Principal occupation / Job title (See Instructions)                                           |                                                                                                            | 9 Employer (See Instructions)                |
| Date<br><b>3/12/26</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sharon Kay Hill</b>  | Amount of contribution (\$)<br><b>\$25</b>   |
| Contributor address; City; State; Zip Code<br><b>3234th St NE #202 Atlanta GA 30308</b>         |                                                                                                            |                                              |
| Principal occupation / Job title (See Instructions)                                             |                                                                                                            | Employer (See Instructions)                  |
| Date<br><b>3/13/26</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brad Robinson</b>    | Amount of contribution (\$)<br><b>\$25</b>   |
| Contributor address; City; State; Zip Code<br><b>4208 E 104th St Tulsa OK 74137</b>             |                                                                                                            |                                              |
| Principal occupation / Job title (See Instructions)                                             |                                                                                                            | Employer (See Instructions)                  |
| Date<br><b>3/15/26</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jessica Scott</b>    | Amount of contribution (\$)<br><b>\$100</b>  |
| Contributor address; City; State; Zip Code<br><b>4275 Deer Run Dr Medina OH 44256</b>           |                                                                                                            |                                              |
| Principal occupation / Job title (See Instructions)                                             |                                                                                                            | Employer (See Instructions)                  |

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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: <b>7</b>          |
| 2 FILER NAME<br><b>Khanh Le Windham</b>                                                       |                                                                                                           | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>3/16/26</b>                                                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Anthea Wright</b> | 7 Amount of contribution (\$)<br><b>\$50</b> |
| 6 Contributor address; City; State; Zip Code<br><b>5775 Blairview St #233 Frisco TX 75034</b> |                                                                                                           |                                              |
| 8 Principal occupation / Job title (See Instructions)                                         |                                                                                                           | 9 Employer (See Instructions)                |
| Date<br><b>3/21/26</b>                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cecilia Wong</b>    | Amount of contribution (\$)<br><b>\$50</b>   |
| Contributor address; City; State; Zip Code<br><b>4050 McEwen Rd #9407 Dallas TX 75244</b>     |                                                                                                           |                                              |
| Principal occupation / Job title (See Instructions)                                           |                                                                                                           | Employer (See Instructions)                  |
| 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)                  |
| 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)                  |
|                                                                                               |                                                                                                           |                                              |

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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:<br><div style="text-align: center; font-size: 1.5em;">1</div> |                                    |
| 2 FILER NAME<br><div style="font-family: cursive; font-size: 1.2em;">Khanh Le Windham</div>                                                                           |                                                                                                                                      | 3 Filer ID (Ethics Commission Filers)                                                    |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                                                                                                 |                                                                                                                                      | \$ 156.12                                                                                |                                    |
| 5 Date                                                                                                                                                                | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$                                                              | 9 In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                                                                       |                                                                                                                                      |                                                                                          |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                                                                                             |                                                                                                                                      | 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# _____)<br><br>Contributor address; City; State; Zip Code     | Amount of Contribution \$                                                                | In-kind contribution description   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                                                                       |                                                                                                                                      |                                                                                          |                                    |
| 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)                                                                                              |                                                                                                                                      |                                                                                          |                                    |
|                                                                                                                                                                       |                                                                                                                                      |                                                                                          |                                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                      |                                                                                          |                                    |

## SCHEDULE A2

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

Revised 1/1/2026

**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:<br><b>1</b>                                                                        |
| 2 FILER NAME<br><b>Khanh Le Windham</b>                                                    |                                                                                                   | 3 Filer ID (Ethics Commission Filers)                                                                        |
| 4 TOTAL OF UNITEMIZED LOANS                                                                |                                                                                                   | \$                                                                                                           |
| 5 Date of loan<br><b>3/9/20</b>                                                            | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Khanh Le Windham</b> | 9 Loan Amount (\$)<br><b>\$850</b>                                                                           |
| 6 Is lender a financial institution?<br><b>Y</b> <input checked="" type="radio"/> <b>N</b> | 8 Lender address; City; State; Zip Code<br><b>9026 Silverdollar Tr Irving TX 75063</b>            | 10 Interest rate<br><b>0.0%</b>                                                                              |
|                                                                                            |                                                                                                   | 11 Maturity date<br><b>5/30/20</b>                                                                           |
| 12 Principal occupation / Job title (See Instructions)                                     |                                                                                                   | 13 Employer (See Instructions)                                                                               |
| 14 Description of Collateral<br><input type="checkbox"/> none                              |                                                                                                   | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                    | 17 Name of guarantor                                                                              | 19 Amount Guaranteed (\$)                                                                                    |
|                                                                                            | 18 Guarantor address; City; State; Zip Code                                                       |                                                                                                              |
| 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?<br><b>Y</b> <b>N</b>                                    | Lender address; City; State; Zip Code                                                             | Interest rate                                                                                                |
|                                                                                            |                                                                                                   | Maturity date                                                                                                |
| Principal occupation / Job title (See Instructions)                                        |                                                                                                   | Employer (See Instructions)                                                                                  |
| Description of Collateral<br><input type="checkbox"/> none                                 |                                                                                                   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                       | Name of guarantor                                                                                 | Amount Guaranteed (\$)                                                                                       |
|                                                                                            | Guarantor address; City; State; Zip Code                                                          |                                                                                                              |
| Principal Occupation (See Instructions)                                                    |                                                                                                   | Employer (See Instructions)                                                                                  |

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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                        | 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:                                   |                                                                                                | 2 FILER NAME<br><b>Khanh Le Windham</b>                                                                                                                            |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>3/4/20</b>                                      |                                                                                                | 5 Payee name<br><b>Marni G Designs</b>                                                                                                                             |                                                                           |                                       |  |
| 6 Amount (\$)<br><b>119.08</b>                               |                                                                                                | 7 Payee address: City; State; Zip Code<br><b>602 Hood Dr<br/>Coppell, TX 75019</b><br><input checked="" type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |                                                                                                                                                                    | (b) Description<br><b>Banner</b>                                          |                                       |  |
|                                                              | (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<br><b>3/6/20</b>                                      |                                                                                            | Payee name<br><b>Texas Shirt Shop</b>                                                                                                                               |                                                                           |             |  |
| Amount (\$)<br><b>\$872.71</b>                             |                                                                                            | Payee address: City; State; Zip Code<br><b>203 Richmond Ct<br/>Coppell TX 75019</b><br><input checked="" type="checkbox"/> Check if individual's residence address. |                                                                           |             |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |                                                                                                                                                                     | Description<br><b>T-shirts</b>                                            |             |  |
|                                                            | <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<br><b>3/12/20</b>                                     |                                                                                            | Payee name<br><b>Super Cheap Signs</b>                                                                                                                                       |                                                                           |             |  |
| Amount (\$)<br><b>\$934.18</b>                             |                                                                                            | Payee address: City; State; Zip Code<br><b>12800 Anderson Mill Rd Bldg D-1<br/>Cedar Park, TX 78613</b><br><input type="checkbox"/> Check if individual's residence address. |                                                                           |             |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |                                                                                                                                                                              | Description<br><b>Yard Signs</b>                                          |             |  |
|                                                            | <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

# 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 FILER NAME<br><b>Khanh Le Windham</b>                                                                                                                      |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>3/15/20</b>                                     |                                                                                           | 5 Payee name<br><b>Squarespace, Inc</b>                                                                                                                      |                                                                           |                                       |  |
| 6 Amount (\$)<br><b>45.26</b>                                |                                                                                           | 7 Payee address; City; State; Zip Code<br><b>225 Varick St, 12th floor NY, NY 10014</b><br><input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>Acct / Banking</b> |                                                                                                                                                              | (b) Description<br><b>Credit Card Processing</b>                          |                                       |  |
|                                                              | (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<br><b>3/16/20</b>                                       |                                                                                           | Payee name<br><b>Squarespace, Inc</b>                                                                                                                        |                                                                           |                                       |  |
| Amount (\$)<br><b>2.06</b>                                   |                                                                                           | Payee address; City; State; Zip Code<br><b>225 Varick St, 12th fl NY, NY 10014</b><br><input type="checkbox"/> Check if individual's residence address.      |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>Acct / Banking</b>     |                                                                                                                                                              | Description<br><b>Credit Card Processing</b>                              |                                       |  |
|                                                              | <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<br><b>3/17/20</b>                                       |                                                                                           | Payee name<br><b>Squarespace, Inc</b>                                                                                                                        |                                                                           |                                       |  |
| Amount (\$)                                                  |                                                                                           | Payee address; City; State; Zip Code<br><b>225 Varick St, 12th fl NY, NY 10014</b><br><input type="checkbox"/> Check if individual's residence address.      |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>Acct / Banking</b>     |                                                                                                                                                              | Description<br><b>Credit Card Processing</b>                              |                                       |  |
|                                                              | <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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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.

|                                                                                                                                           |                                                                                                                                                                                   |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F2:<br>1                                                                                                    | <b>2</b> FILER NAME<br>Khanh Le Windham                                                                                                                                           | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS                                                                                  |                                                                                                                                                                                   | \$ <del>659.24</del>                         |
| <b>5</b> Date<br>3/23/26                                                                                                                  | <b>6</b> Payee name<br>Wooten Printing                                                                                                                                            |                                              |
| <b>7</b> Amount (\$)<br>659.24                                                                                                            | <b>8</b> Payee address;<br>1100 Valwood Rkway #104      City: Carrollton      State: TX      Zip Code: 75006<br><input type="checkbox"/> Check if individual's residence address. |                                              |
| <b>9</b> TYPE OF EXPENDITURE                                                                                                              | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                                                              |                                              |
| <b>10</b> PURPOSE OF EXPENDITURE                                                                                                          | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising                                                                                            |                                              |
|                                                                                                                                           | <b>(b)</b> Description<br>Signs                                                                                                                                                   |                                              |
|                                                                                                                                           | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense              |                                              |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name      Office sought      Office held |                                                                                                                                                                                   |                                              |
| Date                                                                                                                                      | Payee name                                                                                                                                                                        |                                              |
| Amount (\$)                                                                                                                               | Payee address;      City;      State;      Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                          |                                              |
| TYPE OF EXPENDITURE                                                                                                                       | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                                                                         |                                              |
| 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<br>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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4:

2 FILER NAME

Khanh Le Windham

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 145.73

5 CREDIT CARD  
ISSUER

Name of financial institution

Citibank

6 PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address

8 PURPOSE OF  
EXPENDITURE

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

(b) Description

☐ Political

☐ Non-Political

(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

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

PURPOSE OF  
EXPENDITURE

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

(b) Description

☐ Political

☐ Non-Political

(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

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

PURPOSE OF  
EXPENDITURE

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

(b) Description

☐ Political

☐ Non-Political

(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

# 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.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule G:<br><div style="text-align: center;">1</div>                                                                                                                                                    | <b>2</b> FILER NAME<br><div style="text-align: center;">Khanh Le Windham</div>                                                                                                                                                                                                                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><div style="text-align: center;">2/5/26</div>                                                                                                                                                                  | <b>5</b> Payee name<br><div style="text-align: center;">Squarespace, Inc</div>                                                                                                                                                                                                                                                                                     |                                              |
| <b>6</b> Amount (\$)<br><div style="text-align: center;">\$334.22</div><br><input type="checkbox"/> Reimbursement from political contributions intended                                                                         | <b>7</b> Payee address;<br><div style="text-align: center;">225 Varick St, 12th floor</div><br><div style="display: flex; justify-content: space-between;"><div>City:<br/><div style="text-align: center;">NY</div></div><div>State:<br/><div style="text-align: center;">NY</div></div><div>Zip Code<br/><div style="text-align: center;">10014</div></div></div> |                                              |
| <b>8</b><br><div style="text-align: center;">PURPOSE<br/>OF<br/>EXPENDITURE</div>                                                                                                                                               | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Other</div>                                                                                                                                                                                                                                            |                                              |
|                                                                                                                                                                                                                                 | <b>(b)</b> Description<br><div style="text-align: center;">Website/domain</div>                                                                                                                                                                                                                                                                                    |                                              |
|                                                                                                                                                                                                                                 | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense                                                                                                                                                                                               |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div> |                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| Date                                                                                                                                                                                                                            | Payee name                                                                                                                                                                                                                                                                                                                                                         |                                              |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended                                                                                                                                 | Payee address;<br><br><div style="display: flex; justify-content: space-between;"><div>City;</div><div>State;</div><div>Zip Code</div></div><br><input type="checkbox"/> Check if individual's residence address.                                                                                                                                                  |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                                                                                                                           | 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<br><div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>          |                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| Date                                                                                                                                                                                                                            | Payee name                                                                                                                                                                                                                                                                                                                                                         |                                              |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended                                                                                                                                 | Payee address;<br><br><div style="display: flex; justify-content: space-between;"><div>City;</div><div>State;</div><div>Zip Code</div></div><br><input type="checkbox"/> Check if individual's residence address.                                                                                                                                                  |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                                                                                                                           | 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<br><div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>          |                                                                                                                                                                                                                                                                                                                                                                    |                                              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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

MRS

K HANH

LE

NICKNAME

LAST

SUFFIX

WINDHAM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9026 SILVERDOLLAR TRAIL

IRVING, TX 75063

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 520-9315

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MS

JULIA

KATE

NICKNAME

LAST

SUFFIX

ALBRIGHT

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

820 DEFOREST RD

COPPELL, TX 75019

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 459-6221

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

3 / 24 / 2026 THROUGH 4 / 22 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 2 / 2026

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COPPELL ISD BOARD OF TRUSTEES 5

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 KHANH LE WINDHAM

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) | \$ 187.80  |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 1762.80 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 52.01   |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 2534.01 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 1645.87 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 1800.00 |

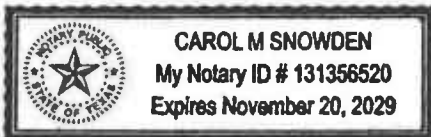
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Khanh Windham this the 22 day of April

2026 to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Carol M Snowden

Printed name of officer administering oath

Notary Public

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<br><b>KHANH LE WINDHAM</b>  |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1575.00                             |
| 2.                                        | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 187.80                              |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ —                                   |
| 4.                                        | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$ 1,000.00                            |
| 5.                                        | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 1,807.04                            |
| 6.                                        | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 541.85                              |
| 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                           | \$ 133.11                              |
| 9.                                        | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ —                                   |
| 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:                   |
| 2 FILER NAME<br><b>KHAN H LE WINDHAM</b>                                                  |                                                                                                            | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>3/25/26</b>                                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KAYLEA SCHULTZ</b> | 7 Amount of contribution (\$)<br><b>\$25</b> |
| 6 Contributor address; City; State; Zip Code<br><b>150 Washington Ct Coppell TX 75019</b> |                                                                                                            |                                              |
| 8 Principal occupation / Job title (See Instructions)                                     |                                                                                                            | 9 Employer (See Instructions)                |

|                                                                                           |                                                                                                           |                                             |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Date<br><b>3/25/26</b>                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jennifer Harper</b> | Amount of contribution (\$)<br><b>\$100</b> |
| Contributor address; City; State; Zip Code<br><b>1031 Gibbs Crossing Coppell TX 75019</b> |                                                                                                           |                                             |
| Principal occupation / Job title (See Instructions)                                       |                                                                                                           | Employer (See Instructions)                 |

|                                                                                               |                                                                                                        |                                            |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date<br><b>3/26/26</b>                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Amanda Davis</b> | Amount of contribution (\$)<br><b>\$25</b> |
| Contributor address; City; State; Zip Code<br><b>533 E. Bethel School Rd Coppell TX 75019</b> |                                                                                                        |                                            |
| Principal occupation / Job title (See Instructions)                                           |                                                                                                        | Employer (See Instructions)                |

|                                                                                     |                                                                                                           |                                             |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Date<br><b>3/30/26</b>                                                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Maria Froemming</b> | Amount of contribution (\$)<br><b>\$100</b> |
| Contributor address; City; State; Zip Code<br><b>972 Parker Dr Coppell TX 75019</b> |                                                                                                           |                                             |
| Principal occupation / Job title (See Instructions)                                 |                                                                                                           | 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.

|                                                                                                                                                                       |                                                                                                            |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                             |                                                                                                            | 1 Total pages Schedule A1: _____             |
| 2 FILER NAME<br><b>KITAH LE WINDHAM</b>                                                                                                                               |                                                                                                            | 3 Filer ID (Ethics Commission Filers) _____  |
| 4 Date<br><b>4/1/26</b>                                                                                                                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Nicholas Rothe</b> | 7 Amount of contribution (\$)<br><b>\$25</b> |
| 6 Contributor address; City; State; Zip Code<br><b>508 Briarglen Dr Coppell TX 75019</b>                                                                              |                                                                                                            |                                              |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                            | 9 Employer (See Instructions)                |
| Date<br><b>4/1/26</b>                                                                                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Martha Thomas</b>    | Amount of contribution (\$)<br><b>\$100</b>  |
| Contributor address; City; State; Zip Code<br><b>715 Cambridge Manor Ln Coppell TX 75019</b>                                                                          |                                                                                                            |                                              |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                            | Employer (See Instructions)                  |
| Date<br><b>4/1/26</b>                                                                                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Dylana MacDonald</b> | Amount of contribution (\$)<br><b>\$250</b>  |
| Contributor address; City; State; Zip Code<br><b>749 Armstrong Blvd Coppell, TX 75019</b>                                                                             |                                                                                                            |                                              |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                            | Employer (See Instructions)                  |
| Date<br><b>4/2/26</b>                                                                                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Gautam Sircar</b>    | Amount of contribution (\$)<br><b>\$50</b>   |
| Contributor address; City; State; Zip Code<br><b>331 Copperstone Tr Coppell TX 75019</b>                                                                              |                                                                                                            |                                              |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                            | Employer (See Instructions)                  |
|                                                                                                                                                                       |                                                                                                            |                                              |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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<br><b>Khanh Windham</b>                                                                                                                                             |                                                                                                                 | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>4/2/26</b>                                                                                                                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Carrie Minch</b>        | 7 Amount of contribution (\$)<br><b>\$50</b> |
| 6 Contributor address; City; State; Zip Code<br><b>580 Lake Forest Dr Coppell TX 75019</b>                                                                                       |                                                                                                                 |                                              |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                            |                                                                                                                 | 9 Employer (See Instructions)                |
| Date<br><b>4/3/26</b>                                                                                                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Elise Pruett</b>          | Amount of contribution (\$)<br><b>\$50</b>   |
| Contributor address; City; State; Zip Code<br><b>153 Glendale Dr Coppell TX 75019</b>                                                                                            |                                                                                                                 |                                              |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                 | Employer (See Instructions)                  |
| Date<br><b>4/3/26</b>                                                                                                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mary Deborah Schaefer</b> | Amount of contribution (\$)<br><b>\$100</b>  |
| Contributor address; City; State; Zip Code<br><b>611 Meadowview Ln Coppell TX 75019</b>                                                                                          |                                                                                                                 |                                              |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                 | Employer (See Instructions)                  |
| Date<br><b>4/3/26</b>                                                                                                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rebecca Bailey</b>        | Amount of contribution (\$)<br><b>\$25</b>   |
| Contributor address; City; State; Zip Code<br><b>600 Meadowview Cr Coppell TX 75019</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.

|                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                             |                                                                                                                                                                                                                       | 1 Total pages Schedule A1:                        |
| 2 FILER NAME<br><b>Khanh Le Windham</b>                                                                                                                               |                                                                                                                                                                                                                       | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>4/13/26</b>                                                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Steven Sandlin</b><br><hr/> 6 Contributor address; City; State; Zip Code<br><b>472 Burns St Coppell TX 75019</b>              | 7 Amount of contribution (\$)<br><br><b>\$200</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                                                                                                                       | 9 Employer (See Instructions)                     |
| Date<br><b>4/18/26</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rebecca Robertson</b><br><hr/> Contributor address; City; State; Zip Code<br><b>608 Briarglen Dr Coppell Tx 75019</b>           | Amount of contribution (\$)<br><br><b>\$50</b>    |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                       | Employer (See Instructions)                       |
| Date<br><b>4/18/26</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Michelle LaFountain</b><br><hr/> Contributor address; City; State; Zip Code<br><b>411 Rolling Hills Circle Coppell TX 75019</b> | Amount of contribution (\$)<br><br><b>\$200</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                       | Employer (See Instructions)                       |
| Date<br><b>4-12-26</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kimberly Hill</b><br><hr/> Contributor address; City; State; Zip Code<br><b>905 Cypress Ct Coppell TX 75019</b>                 | Amount of contribution (\$)<br><br><b>\$25</b>    |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                       | Employer (See Instructions)                       |
|                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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<br><b>Khanh Le Wintham</b>                   |                                                                                                                                                                                                           | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>4-15-26</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Courtney Rogers</b><br>6 Contributor address; City; State; Zip Code<br><b>233 East Bethel Rd Coppell TX 75019</b> | 7 Amount of contribution (\$)<br><b>\$100</b> |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                           | 9 Employer (See Instructions)                 |
| Date<br><b>4-15-26</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jo Patel</b><br>Contributor address; City; State; Zip Code<br><b>144 Shady Dale Ln Coppell TX 75019</b>             | Amount of contribution (\$)<br><b>\$50</b>    |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                           | Employer (See Instructions)                   |
| Date<br><b>4-7-26</b>                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Karen Reed</b><br>Contributor address; City; State; Zip Code<br><b>261 Lyndsie Dr Coppell TX 75019</b>              | Amount of contribution (\$)<br><b>\$50</b>    |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                           | Employer (See Instructions)                   |
| Date                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code                                                                         | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                           | 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.

## 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:<br><div style="text-align: center;">1</div>          |                                    |
| 2 FILER NAME<br><div style="font-size: 1.2em; font-family: cursive;">Khanh Le Windham</div>                                                                           |                                                                                                                                      | 3 Filer ID (Ethics Commission Filers)                                           |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                                                                                                 |                                                                                                                                      | \$187.80                                                                        |                                    |
| 5 Date                                                                                                                                                                | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$                                                     | 9 In-kind contribution description |
|                                                                                                                                                                       |                                                                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                                                                                             |                                                                                                                                      | 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# _____)<br><br>Contributor address; City; State; Zip Code     | Amount of Contribution \$                                                       | In-kind contribution description   |
|                                                                                                                                                                       |                                                                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 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)                                                                                              |                                                                                                                                      |                                                                                 |                                    |
|                                                                                                                                                                       |                                                                                                                                      |                                                                                 |                                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:<br><b>1</b>                                                                        |
| 2 FILER NAME<br><b>Khanh Le Windham</b>                                          |                                                                                                   | 3 Filer ID (Ethics Commission Filers)                                                                        |
| 4 TOTAL OF UNITEMIZED LOANS                                                      |                                                                                                   | \$                                                                                                           |
| 5 Date of loan<br><b>4/7/26</b>                                                  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Khanh Le Windham</b> | 9 Loan Amount (\$)<br><b>\$1000</b>                                                                          |
| 6 Is lender a financial Institution?<br><br>Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code<br><b>9026 Silverdollar</b>                               | 10 Interest rate<br><b>0.02%</b>                                                                             |
|                                                                                  |                                                                                                   | 11 Maturity date<br><b>5/30/26</b>                                                                           |
| 12 Principal occupation / Job title (See Instructions)                           |                                                                                                   | 13 Employer (See Instructions)                                                                               |
| 14 Description of Collateral<br><br><input type="checkbox"/> none                |                                                                                                   | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable          | 17 Name of guarantor                                                                              | 19 Amount Guaranteed (\$)                                                                                    |
|                                                                                  | 18 Guarantor address; City; State; Zip Code                                                       |                                                                                                              |
| 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?<br><br>Y N                                    | Lender address; City; State; Zip Code                                                             | Interest rate                                                                                                |
|                                                                                  |                                                                                                   | Maturity date                                                                                                |
| Principal occupation / Job title (See Instructions)                              |                                                                                                   | Employer (See Instructions)                                                                                  |
| Description of Collateral<br><br><input type="checkbox"/> none                   |                                                                                                   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable             | Name of guarantor                                                                                 | Amount Guaranteed (\$)                                                                                       |
|                                                                                  | Guarantor address; City; State; Zip Code                                                          |                                                                                                              |
| Principal Occupation (See Instructions)                                          |                                                                                                   | Employer (See Instructions)                                                                                  |

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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 FILER NAME<br><b>Khanh Le Windham</b>                                                                                                                        |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>3/26/26</b>                                     |                                                                                          | 5 Payee name<br><b>Loues</b>                                                                                                                                   |                                                                           |                                       |  |
| 6 Amount (\$)<br><b>\$172.55</b>                             |                                                                                          | 7 Payee address; City; State; Zip Code<br><b>1051 N. Stemmans Hwy Louisville TX 75067</b><br><input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | 8 (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b> |                                                                                                                                                                | (b) Description<br><b>Stakes for large signs</b>                          |                                       |  |
|                                                              | (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<br><b>4/6/26</b>                                        |                                                                                          | Payee name<br><b>Wooten Printing Co</b>                                                                                                                        |                                                                           |                                       |  |
| Amount (\$)<br><b>\$659.24</b>                               |                                                                                          | Payee address; City; State; Zip Code<br><b>PO Box 3578 Coppell TX 75019</b><br><input type="checkbox"/> Check if individual's residence address.               |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>       |                                                                                                                                                                | Description<br><b>Large Signs</b>                                         |                                       |  |
|                                                              | <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<br><b>4/12/26</b>                                       |                                                                                          | Payee name<br><b>Costco</b>                                                                                                                                    |                                                                           |                                       |  |
| Amount (\$)<br><b>\$855.25</b>                               |                                                                                          | Payee address; City; State; Zip Code<br><b>851 State Hwy 121 Louisville TX 75067</b><br><input type="checkbox"/> Check if individual's residence address.      |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>       |                                                                                                                                                                | Description<br><b>Stamps</b>                                              |                                       |  |
|                                                              | <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   |                                                                                          |                                                                                                                                                                |                                                                           |                                       |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

|                                                                                                                                |                                                                                                                                                                      |                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                                                                              | <b>2</b> FILER NAME<br><i>Khanh Le Wintham</i>                                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><i>4/15/26</i>                                                                                                | <b>5</b> Payee name<br><i>Meta</i>                                                                                                                                   |                                              |
| <b>6</b> Amount (\$)<br><i>\$70</i>                                                                                            | <b>7</b> Payee address; City; State; Zip Code<br><i>1 Meta way Menlo Park CA 94025</i><br><input type="checkbox"/> Check if individual's residence address.          |                                              |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>                                                                        |                                              |
|                                                                                                                                | <b>(b)</b> Description<br><i>Social media Ads</i>                                                                                                                    |                                              |
|                                                                                                                                | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                                      |                                              |

|                                                                                                                       |                                                                                                                                                           |  |                                        |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|
| Date<br><i>4/20/28</i>                                                                                                | Payee name<br><i>Meta</i>                                                                                                                                 |  |                                        |
| Amount (\$)<br><i>50</i>                                                                                              | Payee address; City; State; Zip Code<br><i>1 meta way Menlo Park CA 94025</i><br><input type="checkbox"/> Check if individual's residence address.        |  |                                        |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                          | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>                                                                        |  | Description<br><i>Social Media Ads</i> |
|                                                                                                                       | <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<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                           |  |                                        |

|                                                                                                                       |                                                                                                                                                           |  |             |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|
| Date                                                                                                                  | Payee name                                                                                                                                                |  |             |
| Amount (\$)                                                                                                           | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                 |  |             |
| PURPOSE<br>OF<br>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<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                           |  |             |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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            | 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)  |

The Instruction Guide explains how to complete this form.

|                                                               |                                                                                                                                                               |  |                                       |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| 1 Total pages Schedule F2:                                    | 2 FILER NAME                                                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |                                                                                                                                                               |  | \$                                    |
| 5 Date<br>4/17/26                                             | 6 Payee name<br>Intense Printing                                                                                                                              |  |                                       |
| 7 Amount (\$)<br>\$541.88                                     | 8 Payee address; City; State; Zip Code<br>2015 McKenzie Dr Suite 115 Carrollton TX 75006<br><input type="checkbox"/> Check if individual's residence address. |  |                                       |
| 9 TYPE OF EXPENDITURE                                         | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                                          |  |                                       |
| 10 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)                                                                                              |  | (b) Description                       |
|                                                               | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |
| 11 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<br><input type="checkbox"/> Check if individual's residence address.                                                     |  |                                       |
| TYPE OF EXPENDITURE                                           | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political                                                                                     |  |                                       |
| 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4: 1

2 FILER NAME

Khanh Le Windham

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 133.11

5 CREDIT CARD  
ISSUER

Name of financial institution

Citibank

6 PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

8 PURPOSE OF  
EXPENDITURE

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

(b) Description

☐ Political

☐ Non-Political

(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

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

PURPOSE OF  
EXPENDITURE

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

(b) Description

☐ Political

☐ Non-Political

(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

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

PURPOSE OF  
EXPENDITURE

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

(b) Description

☐ Political

☐ Non-Political

(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

# 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:<br><div style="text-align: center; font-size: 2em;">11</div>                                                                                                                                           |                                                                                                 |                                                                                                                              |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                                 | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>MRS</b></div> <div>FIRST<br/><b>KHANH</b></div> <div>MI<br/><b>LE</b></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>WINDHAM</b></div> <div>SUFFIX</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | <b>OFFICE USE ONLY</b><br><br>Date Received<br><div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div><br><div style="color: red; font-weight: bold;">MAY 22 2026</div><br>BY <b>C. Snowden</b> |                                                                                                 |                                                                                                                              |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address    | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX:<br/><b>9026 SILVERDOLLAR TRAIL</b></div> <div>APT / SUITE #:</div> <div>CITY:<br/><b>IRVING, TX</b></div> <div>STATE:<br/><b>TX</b></div> <div>ZIP CODE:<br/><b>75063</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                                | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/><b>(936)</b></div> <div>PHONE NUMBER<br/><b>520 - 9315</b></div> <div>EXTENSION</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 6 CAMPAIGN TREASURER NAME                                                                       | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>MS</b></div> <div>FIRST<br/><b>JULIA</b></div> <div>MI<br/><b>KATE</b></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>ALBRIGHT</b></div> <div>SUFFIX</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                     | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE):<br/><b>820 DEFOREST RD</b></div> <div>APT / SUITE #:</div> <div>CITY:<br/><b>COPPELL</b></div> <div>STATE:<br/><b>TX</b></div> <div>ZIP CODE:<br/><b>75019</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 8 CAMPAIGN TREASURER PHONE                                                                      | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/><b>(972)</b></div> <div>PHONE NUMBER<br/><b>459 - 0221</b></div> <div>EXTENSION</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 9 REPORT TYPE                                                                                   | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>                                                                                                                 |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 10 PERIOD COVERED                                                                               | <div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year<br/> <b>4 / 23 / 2026</b> </div> <div>THROUGH</div> <div> Month      Day      Year<br/> <b>5 / 22 / 2026</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 11 ELECTION                                                                                     | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE<br/> Month      Day      Year<br/> <b>5 / 2 / 2026</b> </div> <div> ELECTION TYPE<br/> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 12 OFFICE                                                                                       | <div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)<br/><b>COPPELL ISD - BOARD PLACES</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                                                           | <p style="font-size: 0.8em;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px; vertical-align: top;"> COMMITTEE TYPE<br/><br/> <input type="checkbox"/> GENERAL<br/><br/> <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME<br/><br/> COMMITTEE ADDRESS<br/><br/> COMMITTEE CAMPAIGN TREASURER NAME<br/><br/> COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table> |                                       |                                                                                                                                                                                                                             | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                              |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

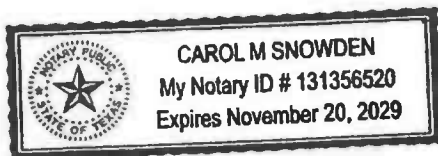
|                         |                                                                                                                                       |                                        |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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) | \$ 220.00                              |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 1805.00                             |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ —                                   |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 1134.62                             |
| 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                                         | \$ 0.00                                |

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.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Khanh Windham this the 22 day of May, 2026 to certify which, witness my hand and seal of office.  
Carol M Snowden Carol M Snowden Notary public  
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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |                                                                                    |            |
|-----|-------------------------------------|------------------------------------------------------------------------------------|------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 950     |
| 2.  | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 855     |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ 0       |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$ 0       |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 1134.62 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ 0       |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0       |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0       |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0       |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0       |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0       |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0       |

# 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:<br><div style="text-align: center; font-size: 2em;">3</div> |
| 2 FILER NAME<br><div style="font-size: 1.2em;">KHANH LE WINDHAM</div>                                                   |                                                                                                                                          | 3 Filer ID (Ethics Commission Filers)                                                  |
| 4 Date<br><div style="font-size: 1.2em;">5/4/26</div>                                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><div style="font-size: 1.2em;">KAYLEA SCHULTZ</div> | 7 Amount of contribution (\$)<br><div style="font-size: 1.5em;">\$75</div>             |
| 6 Contributor address; City; State; Zip Code<br><div style="font-size: 1.2em;">150 WASHINGTON CT COPPELL TX 75049</div> |                                                                                                                                          |                                                                                        |
| 8 Principal occupation / Job title (See Instructions)                                                                   |                                                                                                                                          | 9 Employer (See Instructions)                                                          |

|                                                                                                                       |                                                                                                                                      |                                                                           |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Date<br><div style="font-size: 1.2em;">5/4/26</div>                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><div style="font-size: 1.2em;">DANA STARNER</div> | Amount of contribution (\$)<br><div style="font-size: 1.5em;">\$100</div> |
| Contributor address; City; State; Zip Code<br><div style="font-size: 1.2em;">134 WASHINGTON CT COPPELL TX 75019</div> |                                                                                                                                      |                                                                           |
| Principal occupation / Job title (See Instructions)                                                                   |                                                                                                                                      | Employer (See Instructions)                                               |

|                                                                                                                      |                                                                                                                                   |                                                                           |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Date<br><div style="font-size: 1.2em;">5/4/26</div>                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><div style="font-size: 1.2em;">LIAN LOOP</div> | Amount of contribution (\$)<br><div style="font-size: 1.5em;">\$150</div> |
| Contributor address; City; State; Zip Code<br><div style="font-size: 1.2em;">617 VILLAWOOD LN COPPELL TX 75019</div> |                                                                                                                                   |                                                                           |
| Principal occupation / Job title (See Instructions)                                                                  |                                                                                                                                   | Employer (See Instructions)                                               |

|                                                                                                                   |                                                                                                                                         |                                                                           |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Date<br><div style="font-size: 1.2em;">5/4/26</div>                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><div style="font-size: 1.2em;">MARIA FROEMMING</div> | Amount of contribution (\$)<br><div style="font-size: 1.5em;">\$100</div> |
| Contributor address; City; State; Zip Code<br><div style="font-size: 1.2em;">972 PARKER DR COPPELL TX 75019</div> |                                                                                                                                         |                                                                           |
| Principal occupation / Job title (See Instructions)                                                               |                                                                                                                                         | 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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

KIM H LE WINDHAM

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/26

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

SANDY WILLIAMSON

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

659 GLEN LAKES DR COPPELL TX 75019

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/4/26

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

ZARIN PATHAN

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

135 TENNYSON COPPELL TX 75019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/26

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

MAUREEN PRANSKE

Amount of contribution (\$)

\$75

Contributor address;

City;

State;

Zip Code

761 CRANE CIR COPPELL TX 75019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/26

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LISA JOHNSON

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

618 ST JAMES PL COPPELL TX 75019

Principal occupation / Job title (See Instructions)

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.

|                                                                                                                                              |                                                                                                                                                                   |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                    |                                                                                                                                                                   | 1 Total pages Schedule A1:<br><div style="text-align: center; font-size: 1.5em;">3</div>         |
| 2 FILER NAME<br><div style="font-size: 1.2em; font-family: cursive;">KHANH LE WINDHAM</div>                                                  |                                                                                                                                                                   | 3 Filer ID (Ethics Commission Filers)                                                            |
| 4 Date<br><div style="font-size: 1.2em; font-family: cursive;">5/5/26</div>                                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><div style="font-size: 1.2em; font-family: cursive;">REBECCA ROBERTSON</div> | 7 Amount of contribution (\$)<br><div style="font-size: 1.2em; font-family: cursive;">\$50</div> |
| 6 Contributor address; City; State; Zip Code<br><div style="font-size: 1.2em; font-family: cursive;">608 BRIARGLEN DR COPPELL TX 75019</div> |                                                                                                                                                                   |                                                                                                  |
| 8 Principal occupation / Job title (See Instructions)                                                                                        |                                                                                                                                                                   | 9 Employer (See Instructions)                                                                    |

|                                                                                                                                            |                                                                                                                                                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Date<br><div style="font-size: 1.2em; font-family: cursive;">5/7/26</div>                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><div style="font-size: 1.2em; font-family: cursive;">JULIE MCCONNELL</div> | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code<br><div style="font-size: 1.2em; font-family: cursive;">2719 FOUNTAIN DR COPPELL TX 75019</div> |                                                                                                                                                               |                             |
| Principal occupation / Job title (See Instructions)                                                                                        |                                                                                                                                                               | Employer (See Instructions) |

|                                                                                                                                          |                                                                                                                                                             |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Date<br><div style="font-size: 1.2em; font-family: cursive;">5/7/26</div>                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><div style="font-size: 1.2em; font-family: cursive;">ROSIE STEVENS</div> | Amount of contribution (\$)<br><div style="font-size: 1.2em; font-family: cursive;">\$150</div> |
| Contributor address; City; State; Zip Code<br><div style="font-size: 1.2em; font-family: cursive;">122 NATCHES TR COPPELL TX 75019</div> |                                                                                                                                                             |                                                                                                 |
| Principal occupation / Job title (See Instructions)                                                                                      |                                                                                                                                                             | Employer (See Instructions)                                                                     |

|                                                     |                                                                                 |                             |
|-----------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| 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) |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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:<br><b>1</b>                                          |                                                          |
| 2 FILER NAME<br><b>KHANH LE WINDHAM</b>                                             |                                                                                                      | 3 Filer ID (Ethics Commission Filers)                                           |                                                          |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                               |                                                                                                      | \$ <b>220</b>                                                                   |                                                          |
| 5 Date<br><b>5/1/27</b>                                                             | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>JENNIFER NEWTON</b> | 8 Amount of Contribution \$<br><b>\$150</b>                                     | 9 In-kind contribution description<br><b>Advertising</b> |
| 7 Contributor address; City; State; Zip Code<br><b>603 PHOENIX CIR COPPER 75019</b> |                                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                          |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)           |                                                                                                      | 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<br><b>5/19/26</b>                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>KHANH LE WINDHAM</b> | Amount of Contribution \$<br><b>\$485</b>                                       | In-kind contribution description<br><b>LOAN CONVERTED TO DONATION FOR FORGIVEN</b> |
| Contributor address; City; State; Zip Code<br><b>9026 SILVERDOLLAR TR IRVING TX 75063</b> |                                                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                    |
| 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.

### 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.

|                                                                                                                                                                                                                                                         |                                                                                                                                                     |                                                                                                                                                                                                                                                                 |                                                                                                    |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| <b>1</b> Total pages Schedule F1<br><div style="font-size: 2em; margin-left: 100px;">3</div>                                                                                                                                                            |                                                                                                                                                     | <b>2</b> FILER NAME<br><div style="font-size: 1.5em; margin-left: 20px;">KHANH LE WINDHAM</div>                                                                                                                                                                 |                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br><div style="font-size: 1.5em; margin-left: 20px;">4/29/26</div>                                                                                                                                                                        |                                                                                                                                                     | <b>5</b> Payee name<br><div style="font-size: 1.5em; margin-left: 20px;">META</div>                                                                                                                                                                             |                                                                                                    |                                              |  |
| <b>6</b> Amount (\$)<br><div style="font-size: 1.5em; margin-left: 20px;">\$28.65</div>                                                                                                                                                                 |                                                                                                                                                     | <b>7</b> Payee address; <span style="float: right;">City; State; Zip Code</span><br><div style="font-size: 1.5em; margin-left: 20px;">1 Meta way Menlo Park CA 94025</div> <input type="checkbox"/> Check if individual's residence address                     |                                                                                                    |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                                                                                                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="font-size: 1.5em; margin-left: 20px;">Advertising Exp.</div> |                                                                                                                                                                                                                                                                 | <b>(b)</b> Description<br><div style="font-size: 1.5em; margin-left: 20px;">Social media Ads</div> |                                              |  |
|                                                                                                                                                                                                                                                         | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                                          |                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Check if Austin, TX, officeholder living expense                          |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div> |                                                                                                                                                     |                                                                                                                                                                                                                                                                 |                                                                                                    |                                              |  |
| <b>Date</b><br><div style="font-size: 1.5em; margin-left: 20px;">4/30/26</div>                                                                                                                                                                          |                                                                                                                                                     | <b>Payee name</b><br><div style="font-size: 1.5em; margin-left: 20px;">META</div>                                                                                                                                                                               |                                                                                                    |                                              |  |
| <b>Amount (\$)</b><br><div style="font-size: 1.5em; margin-left: 20px;">\$52</div>                                                                                                                                                                      |                                                                                                                                                     | <b>Payee address;</b> <span style="float: right;"><b>City;</b> <b>State;</b> <b>Zip Code</b></span><br><div style="font-size: 1.5em; margin-left: 20px;">1 META WAY Menlo Park CA 94025</div> <input type="checkbox"/> Check if individual's residence address. |                                                                                                    |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                                                                                                                                                   | <b>Category</b> (See Categories listed at the top of this schedule)<br><div style="font-size: 1.5em; margin-left: 20px;">Advertising Exp.</div>     |                                                                                                                                                                                                                                                                 | <b>Description</b><br><div style="font-size: 1.5em; margin-left: 20px;">Social media Ads</div>     |                                              |  |
|                                                                                                                                                                                                                                                         | <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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>          |                                                                                                                                                     |                                                                                                                                                                                                                                                                 |                                                                                                    |                                              |  |
| <b>Date</b><br><div style="font-size: 1.5em; margin-left: 20px;">5/1/26</div>                                                                                                                                                                           |                                                                                                                                                     | <b>Payee name</b><br><div style="font-size: 1.5em; margin-left: 20px;">META</div>                                                                                                                                                                               |                                                                                                    |                                              |  |
| <b>Amount (\$)</b><br><div style="font-size: 1.5em; margin-left: 20px;">\$52</div>                                                                                                                                                                      |                                                                                                                                                     | <b>Payee address;</b> <span style="float: right;"><b>City;</b> <b>State;</b> <b>Zip Code</b></span><br><div style="font-size: 1.5em; margin-left: 20px;">1 meta way Menlo Park CA 94025</div> <input type="checkbox"/> Check if individual's residence address. |                                                                                                    |                                              |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                                                                                                                                                   | <b>Category</b> (See Categories listed at the top of this schedule)<br><div style="font-size: 1.5em; margin-left: 20px;">Advertising Exp.</div>     |                                                                                                                                                                                                                                                                 | <b>Description</b><br><div style="font-size: 1.5em; margin-left: 20px;">Social Media Ads</div>     |                                              |  |
|                                                                                                                                                                                                                                                         | <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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>          |                                                                                                                                                     |                                                                                                                                                                                                                                                                 |                                                                                                    |                                              |  |

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                        | 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<br><b>KHANTLE WINDHAM</b>                            |                                                                           | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>5/1/26</b>                                      |                                                                                            | 5 Payee name<br><b>WOOTEN PRINTING</b>                            |                                                                           |                                       |                     |
| 6 Amount (\$)<br><b>\$251.14</b>                             |                                                                                            | 7 Payee address;<br><b>PO BOX 3578</b>                            |                                                                           | City;<br><b>Coppell</b>               | State;<br><b>TX</b> |
|                                                              |                                                                                            |                                                                   |                                                                           | Zip Code<br><b>75019</b>              |                     |
|                                                              |                                                                                            | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |                     |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Exp</b> |                                                                   | (b) Description<br><b>Signs</b>                                           |                                       |                     |
|                                                              | (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<br><b>5/9/26</b>                                      |                                                                                    | Payee name<br><b>Intense Printing</b>                             |                                                                           |                          |                     |
| Amount (\$)<br><b>\$730</b>                                |                                                                                    | Payee address;<br><b>2015 McKenzie Dr Suite 115 Carrollton TX</b> |                                                                           | City;<br><b>TX</b>       | State;<br><b>TX</b> |
|                                                            |                                                                                    |                                                                   |                                                                           | Zip Code<br><b>75006</b> |                     |
|                                                            |                                                                                    | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                          |                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b> |                                                                   | Description<br><b>Poor Hangers</b>                                        |                          |                     |
|                                                            | <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<br><b>5/5/26</b>                                      |                                                                                       | Payee name<br><b>Square Space</b>                                 |                                                                           |                          |                     |
| Amount (\$)<br><b>\$15.88</b>                              |                                                                                       | Payee address;<br><b>225 Varick St 12th fl</b>                    |                                                                           | City;<br><b>NY</b>       | State;<br><b>NY</b> |
|                                                            |                                                                                       |                                                                   |                                                                           | Zip Code<br><b>10014</b> |                     |
|                                                            |                                                                                       | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                          |                     |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)<br><b>Acct / Banking</b> |                                                                   | Description<br><b>CC Processing</b>                                       |                          |                     |
|                                                            | <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

# 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: <u>3</u>                          |                                                                                             | 2 FILER NAME<br><u>Khanh Le Wintham</u>                           |                                                                           | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><u>5/16/26</u>                                     |                                                                                             | 5 Payee name<br><u>Square Space</u>                               |                                                                           |                                       |                     |
| 6 Amount (\$)<br><u>\$1.75</u>                               |                                                                                             | 7 Payee address;<br><u>225 Varick St 12th fl</u>                  |                                                                           | City;<br><u>NY</u>                    | State;<br><u>NY</u> |
|                                                              |                                                                                             |                                                                   |                                                                           | Zip Code<br><u>10014</u>              |                     |
|                                                              |                                                                                             | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | 8 (a) Category (See Categories listed at the top of this schedule)<br><u>Acct / Banking</u> |                                                                   | (b) Description<br><u>CC Processing</u>                                   |                                       |                     |
|                                                              |                                                                                             |                                                                   |                                                                           |                                       |                     |
|                                                              | (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<br><u>5/11/26</u>                                       |                                                                                             | Payee name<br><u>Square Space</u>                                 |                                                                           |                                       |                     |
| Amount (\$)<br><u>\$3.20</u>                                 |                                                                                             | Payee address;<br><u>225 Varick St 12th fl</u>                    |                                                                           | City;<br><u>NY</u>                    | State;<br><u>NY</u> |
|                                                              |                                                                                             |                                                                   |                                                                           | Zip Code<br><u>10014</u>              |                     |
|                                                              |                                                                                             | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><u>Acct / Banking</u>       |                                                                   | Description<br><u>CC Processing</u>                                       |                                       |                     |
|                                                              |                                                                                             |                                                                   |                                                                           |                                       |                     |
|                                                              | <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                              |                     |
|                                                              |                                                                                             | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | 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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

KHANH LE WINDHAM

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder