

# 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: **10**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Shenghao  
NICKNAME LAST SUFFIX  
Daniel Wang

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
[REDACTED] Austin TX 78720

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 512 ) 806-1734

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Ms. Mingfei  
NICKNAME LAST SUFFIX  
Alice Yi

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
11900 Jollyville Rd. 201563 Austin TX 78759  
(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 512 ) 658-7687

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  
7 / 1 / 24 THROUGH 12 / 31 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)  
Travis Central Appraisal District Board of Directors, Place 2

13 OFFICE SOUGHT (if known)

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**OFFICE USE ONLY**

Date Received



CM - 1/27/2025 7:40 AM

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Shenghao "Daniel" Wang		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1,426.78
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,966.37
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

**Shenghao "Daniel" Wang**

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

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

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

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

Shenghao "Daniel" Wang

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,426.78
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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: 1

2 FILER NAME

Shenghao "Daniel" Wang

3 Filer ID (Ethics Commission Filers)

4 Date

07/10/2024

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Melissa Nobles

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

Roxbury MA 02119

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/10/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Melissa Nobles

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

Roxbury MA 02119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

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.**

# 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.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Shenghao "Daniel" Wang	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/12/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) 1.16	<b>7</b> Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Online Contribution Processing Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 08/14/2024	Payee name ActBlue	
Amount (\$) 0.38	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Online Contribution Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 09/16/2024	Payee name ActBlue	
Amount (\$) 0.78	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Online Contribution Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# 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			

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<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Shenghao "Daniel" Wang	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/09/2024	<b>5</b> Payee name Ashika for Austin	
<b>6</b> Amount (\$) 450.00	<b>7</b> Payee address; City; State; Zip Code PO Box 50512 Austin, TX 78763	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	<b>(b)</b> Description D10 Campaign Donation
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ashika Ganguly	Office sought Austin City Council, District 10
Date 08/14/2024	Payee name Travis County Democratic Party	
Amount (\$) 84.00	Payee address; City; State; Zip Code PO Box 684263 Austin, Texas 78768-4263	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description TCDP Donation
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 09/16/2024	Payee name Travis County Democratic Party	
Amount (\$) 84.00	Payee address; City; State; Zip Code PO Box 684263 Austin, Texas 78768-4263	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description TCDP Donation
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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			

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<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME Shenghao "Daniel" Wang	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/15/2024	<b>5</b> Payee name Travis County Democratic Party	
<b>6</b> Amount (\$) <b>84.00</b>	<b>7</b> Payee address; City; State; Zip Code PO Box 684263 Austin, Texas 78768-4263	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	<b>(b)</b> Description TCDP Donation
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 11/14/2024	Payee name Travis County Democratic Party	
Amount (\$) <b>84.00</b>	Payee address; City; State; Zip Code PO Box 684263 Austin, Texas 78768-4263	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description TCDP Donation
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 12/16/2024	Payee name Travis County Democratic Party	
Amount (\$) <b>84.00</b>	Payee address; City; State; Zip Code PO Box 684263 Austin, Texas 78768-4263	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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			

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<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Shenghao "Daniel" Wang	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/05/2024	<b>5</b> Payee name Austin Area AFL-CIO Council	
<b>6</b> Amount (\$) 14.64	<b>7</b> Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78767	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Labor Day Fish Fry Ticket
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Liberal Austin Democrats	
Amount (\$) 50.00	Payee address; City; State; Zip Code PO Box 49712 Austin, TX 78765	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description LAD Event Sponsorship
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Texas Blue Action Democrats	
Amount (\$) 25.00	Payee address; City; State; Zip Code PO Box 41424 Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description Blue Action Donation
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME Shenghao "Daniel" Wang	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/11/2024	<b>5</b> Payee name Domino's Pizza	
<b>6</b> Amount (\$) <b>97.36</b>	<b>7</b> Payee address; City; State; Zip Code 350 N Guadalupe St 150 Ste 150, San Marcos, TX 78666	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Pizza for TXST College Dems
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 09/19/2024	Payee name Travis County Democratic Party	
Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code PO Box 684263 Austin, Texas 78768-4263	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description TCDP Event Ticket
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 09/23/2024	Payee name Texas Blue Action Democrats	
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code PO Box 41424 Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description Blue Action Donation
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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