CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 26
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mr. Shenghao	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST Daniel Wang	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ustin TX 78720	RECEIVED By Travis Central Appraisal District at 4:35 pm, Apr 26, 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 806-1734	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MS. Mingfei NICKNAME LAST Alice Yi	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 11900 Jollyville Rd. 2015	,	STATE; ZIP CODE TX 78759
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 806-1734	EXTENSION	
9 REPORT TYPE	January 15 30th day before e July 15 8th day before ele	Circulad Madified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3 / 26 / 24	THROUGH 4	Day Year / 24 / 24
11 ELECTION	ELECTION DATE Month Day Year 5 4 24 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Travis Central Appraisal	District Board of Directors, Place 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE TYPE COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Shenghao "Daniel" W	/ang		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS (OTHER THAI GUARANTEES OF LOANS, OR E ELECTRONICALLY)	N \$	100.00
	2. TOTAL POLITICAL CO	DNTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS	\$	10,230.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EX	(PENDITURES	\$	5,692.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON' OF REPORTING PERIOR	TRIBUTIONS MAINTAINED AS OF THE LA D	ST DAY \$	30,170.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP	UNT OF ALL OUTSTANDING LOANS AS CONTING PERIOD	F THE \$	0.00
	swear, or affirm, under penalty of pe quired to be reported by me under Titl	erjury, that the accompanying report is trulle 15, Election Code.	ie and correct	and includes all information
		Shenghao	"Danie	el" Wang
		Signature of Ca	andidate or Of	ficeholder
	Please c	complete either option below	w:	
(1) Affidavit				
NOTARY STAMP/SEA				
		this the	da	y of,
20, to certify	which, witness my hand and seal of o	ffice.		
Signature of officer administe	ering oath Printed nam	ne of officer administering oath	Title	of officer administering oath
		OR		
(2) Unsworn Declarati	on			
My name is		, and my date of birth is	3	
My address is				·
	(street)	, ,,	(state) (zip o	, (),
Executed in	County, State of	, on theday of (mont	h) , 20	O (year)
		Signature of Candi	idate/Officeholo	ler (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME 20 Filer ID (Ethics Co Shenghao "Daniel" Wang					
	ULE SUBTOTALS DF SCHEDULE			SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	C. 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 CONTRIBUT TO FILER	TIONS RETURNED	\$			

SCHEDULE A1

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

The	Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1: 20
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Shenghao	"Daniel" Wang			
4 Date	Full name of contributor Songta Wo	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
03/26/2024	6 Contributor address;	City;	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA0	C (ID#:)	Amount of contribution (\$)
03/26/2024	Justin Wei			05.00
00/20/2024	Contributor address;	City;	State; Zip Code	25.00
		Aus	stin TX 78717	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
00/00/0004	Ling Wang			40000
03/26/2024	Contributor address;	City;	State; Zip Code	100.00
		Austin ⁻	ΓX 78759	100100
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/26/2024	Hua Chen			400.00
00/20/2021	Contributor address;	City;	State; Zip Code	100.00
		New '	York NY 10016	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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				_
The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao'	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Wenjin Wang	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/26/2024	6 Contributor address;	City;	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)	narassii i	9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/27/2024	Haojun Wang Contributor address;	city;	State; Zip Code 77004-7111	5.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Hong Yang	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/27/2024	Contributor address;	City;	State; Zip Code TX 78750	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/27/2024	Contributor address;	City;	State; Zip Code	25.00
		Sugar la	and TX 77479	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Lei Ge		: (ID#:)	7 Amount of contribution (\$)
03/27/2024	6 Contributor address;	City;	State; Zip Code tin TX 78750	300.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
03/28/2024	Amy Zhang Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	711041	Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
03/28/2024	Catherine Garza Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Eric Vormelker	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
03/28/2024	Contributor address;	City; Aust	State; Zip Code in TX 78752	50.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao '	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Haibo You	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/31/2024	6 Contributor address;	City;	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/31/2024	Contributor address;	City;	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/01/2024	Xiao bai Tarr Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Xinmiao Zhao	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/01/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao '	'Daniel" Wang	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/01/2024	6 Contributor address; City; State; Zip Code Austin TX 78759	250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/01/2024	Youqin Cui Contributor address; City; State; Zip Code Austin TX 7872	100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	 structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/02/2024	Mary Kahle Contributor address; City; State; Zip Code Austin TX 78731	25.00
Principal occup	eation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:	
04/02/2024	Meghan Liu Contributor address; City; State; Zip Code	100.00
Principal occup	New York NY 1001 Pation / Job title (See Instructions) Employer (See In	
	l	

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SCHEDULE A1

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The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao	"Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Richard Lowerre	out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
04/02/2024	6 Contributor address;	City;	State; Zip Code UStin TX 78703	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
04/02/2024	Steven Weintraub			
04/03/2024	Contributor address;	City;	State; Zip Code	50.00
		Aus	stin TX 78757	
Principal occup	vation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
04/04/2024	Harrison Okun			F00 00
04/04/2024	Contributor address;	City;	State; Zip Code	500.00
		New Y	ork NY 10023	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
04/06/2024	Eugene Chen			F00 00
0 1,00,202 1	Contributor address;	City;	State; Zip Code	500.00
	Mai	nhattan	NY 10018	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Shenghao '	'Daniel" Wang			
4 Date	5 Full name of contributor Scott Daigle	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
04/07/2024	6 Contributor address;	City;	State; Zip Code stin TX 78726	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
0.4.10.7.10.00.4	Eric Schenk			
04/07/2024	Contributor address;	City;	State; Zip Code	25.00
		Austi	n TX 78751	20.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/08/2024	Sean Hassan			75.00
04/00/2024	Contributor address;	City;	State; Zip Code	75.00
		Aust	in TX 78757	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/00/2024	Weilian Chu			- 0.00
04/09/2024	Contributor address;	City;	State; Zip Code	50.00
	San Fra	ncisco	CA 94103	00100
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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The	Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao '	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor of Tom Davis	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/09/2024		city;	State; Zip Code MA 01810	250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/09/2024		City;	State; Zip Code	150.00
Principal occup	ation / Job title (See Instructions)	Cambri	dge MA 02141 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/09/2024		City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/11/2024		City;	State; Zip Code	50.00
	So	mervil	le MA 02143	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao'	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Janis W Pinnelli	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/11/2024	6 Contributor address;	city;	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/11/2024	Hugh Li Contributor address;	city; Austin	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Lijie Zhang		(ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address;	City;	State; Zip Code r TX 78641-2795	25.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Xiaoan Zhang	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/11/2024	Contributor address;	City;	State; Zip Code	5.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
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SCHEDULE A1

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The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao	Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Melissa Nobles			7 Amount of contribution (\$)
04/12/2024	6 Contributor address;	city;	State; Zip Code //A 02119	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/12/2024	QiFang Zheng Contributor address;	City; Austin	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	<u> </u>	Employer (See Instruct	ions)
Date	Full name of contributor Jean Shaw	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/12/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Feng Xu	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/12/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Aus	Employer (See Instruct	ions)
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SCHEDULE A1

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The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao '	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Jianfang Xie			7 Amount of contribution (\$)
04/12/2024	6 Contributor address;	City;	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/12/2024	Mingqing Jin Contributor address;	City;	State; Zip Code	300.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Yong Tang		C (ID#:)	Amount of contribution (\$)
04/12/2024	Contributor address;	City;	State; Zip Code	50.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Stephanie Pace Smith	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/12/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	A	ustin TX 78745 Employer (See Instruct	ions)

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SCHEDULE A1

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The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Joshua Wu	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
04/13/2024	6 Contributor address;	City; Ma	State; Zip Code	200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/13/2024	Wei Shan Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Austin	TX 78759-6822 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/13/2024	Alberto Vasquez Contributor address;	City;	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Wei Huang	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/13/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
			,	

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SCHEDULE A1

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The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao '	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Zhemin Tu	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
04/13/2024	6 Contributor address;	_{City;} West Lake H	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/13/2024	Chaoxin Qiu Contributor address;	City;	State; Zip Code	200.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor Helen Gu	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/13/2024	Contributor address;	City; Austin T	State; Zip Code X 78726-1357	50.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Yan Zhou	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/13/2024	Contributor address;	City;	State; Zip Code	150.00
Principal occup	ation / Job title (See Instructions)	Au	ustin TX 78726 Employer (See Instruct	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao'	Daniel" Wang		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Chaoxin Qiu	(ID#:)	7 Amount of contribution (\$)
04/13/2024	6 Contributor address; City;	State; Zip Code tin TX 78730	200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
04/13/2024	Clay Li Contributor address; City; AUSTIN 7	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC John McGhee	(ID#:)	Amount of contribution (\$)
04/13/2024	Contributor address; City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC Dan Hu	(ID#:)	Amount of contribution (\$)
04/13/2024	Contributor address; City;	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ions)

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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Diana Spain	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/14/2024	6 Contributor address;	c _{ity;} Austin TX	State; Zip Code 78751	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/14/2024	Lubing Zhang Contributor address;	City;	State; Zip Code	250.00
		Aus	tin TX 78759	200.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Burgess Jackson			Amount of contribution (\$)
04/15/2024	Contributor address;	City; State; Zip Code		42.00
		Au	stin TX 78757	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/16/2024	Kathryne Tovo Contributor address;	City;	State; Zip Code	50.00
			tin TX 78705	30.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how t	o complete th	is form.	1 Total pages Schedule A1: 20
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Shenghao	"Daniel" Wang			
4 Date	5 Full name of contributor Iris Lin	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
04/16/2024	6 Contributor address;	City;	State; Zip Code	150.00
			Bronx NY 10461	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
04/17/2024	Victor Yodaiken			050.00
04/11/2024	Contributor address;	City;	State; Zip Code	250.00
		A	Austin TX 78733	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Frank Cooksey	out-of-state PAC (ID#:)		Amount of contribution (\$)
04/18/2024	Contributor address;	City; State; Zip Code		50.00
			stin TX 78703	00.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
04/19/2024	Yijin Shi Contributor address:	City;	State; Zip Code	100 00
	Contributor address,			100.00
		Austi	n TX 78746	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			1	

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SCHEDULE A1

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

The	Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao '	Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor o	ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/19/2024		city; stin TX	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date		ut-of-state PAC	(ID#:)	Amount of contribution (\$)
04/19/2024	Myron Hess Contributor address;	City;	State; Zip Code	35.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor o	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
04/21/2024		ustin T	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor o	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
04/21/2024		City;	State; Zip Code	250.00
		Aus	stin TX 78756	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)

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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 f	orm.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao'	Daniel" Wang		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
04/21/2024	6 Contributor address; City;	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)		ons)
Date	· ·	ID#:)	Amount of contribution (\$)
04/22/2024	Phuong Chung Contributor address; City; Austin TX	State; Zip Code 78754-5538	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	James DiCarlo	ID#:)	Amount of contribution (\$)
04/22/2024	Contributor address; City;	State; Zip Code	10.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
04/23/2024	Contributor address; City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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

'	,			•
The	Instruction Guide explains how to o	complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Ellen Franzen	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/24/2024	6 Contributor address;	city; Berkelev	State; Zip Code / CA 94710	8.33
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/01/2024	Haksoon Low Contributor address;	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	A	Employer (See Instruct	ions)
Date	Full name of contributor Lloyd Doggett for Congre	,		Amount of contribution (\$)
04/08/2024	Contributor address;	City;	State; Zip Code 1, TX 78702	250.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/15/2024	Connelia Freeman Contributor address;	City;	State; Zip Code	1,000.00
Principal occup	eation / Job title (See Instructions)	Aus	Employer (See Instruct	ions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 20
2 FILER NAME Shenghao	"Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	4 Date 5 Full name of contributor out-of-state PAC (ID#:) Katherine McIntyre		7 Amount of contribution (\$)	
04/15/2024	6 Contributor address;	City;	State; Zip Code stin, TX 78731	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	NC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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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 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Shenghao "Daniel" Wang		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2024	5 Payee name ActBlue			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
343.04	PO Box 441146	West Son	nerville, MA 02144	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE Fees Online Contribution Processing Fe				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/29/2024	Frost Bank			
Amount (\$)	Payee address;	City;	State; Zip Code	
10.00	P.O. Box 34746 San A	Antonio, ⁻	ΓX 78265	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Service Charg	ge	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/04/2024	Forthright Cafe			
Amount (\$)	Payee address;	City;	State; Zip Code	
14.11	35 Brazos St, Aust	in, TX 7	8701	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting Refres	shments	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	EDED	

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/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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 Shenghao "Daniel" Wang 4 Date 5 Payee name						
3 Shenghao "Daniel" Wang						
4 Date 5 Payee name	3 Filer ID (Ethics Commission Filers)					
04/08/2024 Asian Real Estate Association of America - Austin	Asian Real Estate Association of America - Austin					
6 Amount (\$) 7 Payee address; City; State;	Zip Code					
25.00 1801 S Mo Pac Expy , Austin, TX						
8 (a) Category (See Categories listed at the top of this schedule) (b) Description						
PURPOSE OF EXPENDITURE Event Expense Event Ticket						
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder liv	ving expense					
9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH	Office held					
Date Payee name						
04/10/2024 Worley Printing						
Amount (\$) Payee address; City; State;	Zip Code					
995.90 3217 N Interstate 35 Frontage Rd, Austin	, TX 78722					
995.90 3217 N Interstate 35 Frontage Rd, Austin Category (See Categories listed at the top of this schedule) Description	, TX 78722					
o_	, TX 78722					
Category (See Categories listed at the top of this schedule) PURPOSE OF Printing Expense Pushcard Printing						
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Pushcard Printing Pushcard Printing						
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Candidate / Office sought	ving expense					
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought	ving expense					
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name OALAS (COO A.	ving expense					
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Payee name O4/15/2024 Travis County Democratic Party	ving expense Office held Zip Code					
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Candidate / Officeholder name Office sought Payee name O4/15/2024 Travis County Democratic Party Amount (\$) Payee address; City; State;	ving expense Office held Zip Code					
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Candidate / Officeholder name O4/15/2024 Travis County Democratic Party Amount (\$) Payee address; City; State; PO Box 684263 Austin, Texas 787	ving expense Office held Zip Code					
Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Candidate / Officeholder name Office sought Payee name O4/15/2024 Travis County Democratic Party Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Purpose OF Donations Made By Candidate TCDP Donation	ving expense Office held Zip Code 768-4263					
Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder in Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Candidate / Officeholder name O4/15/2024 Payee name Travis County Democratic Party Amount (\$) Payee address; City; State; PO Box 684263 Austin, Texas 787 Category (See Categories listed at the top of this schedule) Description Description Purpose OF Category (See Categories listed at the top of this schedule) Donations Made By Candidate TCDP Donation	ving expense Office held Zip Code 768-4263					

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Shenghao "Daniel" Wang		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
04/19/2024	Kelly Graphics printing			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4,563.33	3605 Airport Way S, Bldg B Seattle, WA 98134			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Mailer Printing)	
	(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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	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
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	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 NEE	EDED	