CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 29	
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR Mr.	FIRST Shenghao		MI	OFFICE	USE ONLY
NAME	NICKNAME Daniel	LAST Wang		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	_	city; state; ustin TX	ZIP CODE 78720	RECEIVED By Travis Central Appraisal D	istrict at 4:35 pm, Apr 04, 2024
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSI	ON	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(512)	806-1734				
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
NAME	Ms. NICKNAME	Mingfei LAST		SUFFIX	Date Processed	
	Alice	Yi			Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO	,		in	STATE;	ZIP CODE
ADDRESS (Residence or Business)	11900 Jollyville	Rd. 201	563 Aust	.111	TX	78759
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO	DN		
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exce	eeded Modified	15th day afte treasurer ap (Officeholder Final Report	pointment
10 PERIOD COVERED	Month 2	Day Year 26 / 24	THROUGH	Month 3	Day Year / 25 / 24	
11 ELECTION	ELECTION DATE Month Day 5 4	Year Primary 24 General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	·		OUGHT (if known) District Board of I	Directors, Place 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHO	POLITICAL CONTRIBUTIONS LDER. THESE EXPENDITURE OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE V	VITHOUT THE CAN	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
00	COMMITTEE TYPE CO	DMMITTEE NAME				
Additional Pages	GENERAL	DMMITTEE ADDRESS				
_	SPECIFIC CO	OMMITTEE CAMPAIGN TRE	EASURER NAME			
	C	OMMITTEE CAMPAIGN TR	EASURER 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)
Shenghao "Daniel" W	/ang			
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OF	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$	19,940.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL E	XPENDITURES	\$	1,213.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO	NTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	19,940.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS O PORTING PERIOD	F THE \$	100.00
	swear, or affirm, under penalty of p quired to be reported by me under Ti	nerjury, that the accompanying report is truitle 15, Election Code.	e and correct	and includes all information
		Shenghao	"Danie	el" Wang
		Signature of Ca	andidate or O	fficeholder
	Diagram			
	Please (complete either option belov	V:	
(4) Affidovit				
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by	this the	da	v of
				,,,
20, to certify	which, witness my hand and seal of	onice.		
Signature of officer administe	ering oath Printed na	me of officer administering oath	Title	of officer administering oath
		OR		
(2) Unsworn Declarati	on			
(2) Onsworn Deciarati	Oli			
My name is		, and my date of birth is	;	
	(street)	(city)		
Executed in	County, State of	, on the day of (month	, 2	0
		(month	n)	(year)
		Signature of Candi	date/Officeholo	der (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	er NAME ghao "Daniel" Wang	20 Filer ID (Ethics Con	mmiss	ion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	19,940.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			1,213.49
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.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	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 CONTRIBUTO 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	o complete thi	s form.	1 Total pages Schedule A1: 22	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Shenghao '	"Daniel" Wang				
4 Date	5 Full name of contributor Bhaduri,Swayamdipta	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
03/19/2024	6 Contributor address;	City;	State; Zip Code	15.00	
		Α	ustin TX 78723	10.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions	
• Timolpai coca	pation / tob title (oce manuolions)		3 Employer (See marde	uona)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
02/44/2024	Boswell , Lynn			40000	
03/11/2024	Contributor address;	City;	State; Zip Code	100.00	
		Austi	n TX 78703	.00100	
Dringing coour	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
FППСІраї ОССИ _Р	ation / Job title (See Instructions)		Employer (See instruc	uons)	
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
00/00/0004	Callioni , Gianpaolo				
03/09/2024	Contributor address;	City;	State; Zip Code	500.00	
		Redwood	l City CA 94061		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	.C (ID#-	Amount of contribution (\$)	
	Carranza , Susana	out or state 17	,	, and an element (4)	
03/14/2024	Contributor address;	City;	State; Zip Code	100 00	
	,	,,	<u> </u>	100.00	
			Austin TX 78701		
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.**

'	7		•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	'Daniel" Wang		3 Filer ID (Ethics Commission Filers)
4 Date	Chan , Sophia	(ID#:)	7 Amount of contribution (\$)
03/01/2024	6 Contributor address; City;	State; Zip Code	5.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
03/13/2024	Contributor address; City;	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/22/2024	Contributor address; City;	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC Cheng , Zhengang	(ID#:)	Amount of contribution (\$)
03/21/2024	Contributor address; City;	State; Zip Code	5.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ons)
	,		

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'		•		•
The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Chiao , Alan		C (ID#:)	7 Amount of contribution (\$)
03/14/2024	6 Contributor address;	City;	State; Zip Code	400.00
8 Principal occu	pation / Job title (See Instructions)	_	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/13/2024	Contributor address;	city;	State; Zip Code 78756	500.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/08/2024	Contributor address;	City;	State; Zip Code	250.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Dong,Mark	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/14/2024	Contributor address;	City;	State; Zip Code	500.00
Principal occup	pation / 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: 22
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Ellinger , Hunter			7 Amount of contribution (\$)
03/14/2024	6 Contributor address;	City;	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/25/2024	Flannigan , Jimmy Contributor address;	city; Austin	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/13/2024	Goodfriend , Sarah Contributor address;	c _{ity;}	State; Zip Code n TX 78703	25.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Hakimi,Alexis	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/14/2024		city; odland F	State; Zip Code	5.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
		,		

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The	Instruction Guide explains ho	w to complete this	form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Hall , Rob		(ID#:)	7 Amount of contribution (\$)
03/03/2024	6 Contributor address;	city; Menlo Pa	State; Zip Code rk CA 94025	500.00
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 (\$)
03/05/2024	Hancock , Shannon Contributor address;	city; Carrollto	State; Zip Code n TX 75006	15.00
Principal occup	eation / Job title (See Instructions))	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/16/2024	Contributor address;	City;	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Hart,Julia	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/16/2024	Contributor address;	City; Austin	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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		page a.e.	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	'Daniel" Wang		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/12/2024	6 Contributor address; City; Sugar L	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 He , Wendy	C (ID#:)	Amount of contribution (\$)
03/24/2024	Contributor address; City;	State; Zip Code n TX 78726	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Hecker , Marvin	C (ID#:)	Amount of contribution (\$)
03/06/2024	Contributor address; City;	State; Zip Code Jetin TX 78746	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Hou , David	C (ID#:)	Amount of contribution (\$)
03/24/2024	Contributor address; City;	State; Zip Code Rouge LA 70817	250.00
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 for	·m.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	Daniel" Wang		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	f:)	7 Amount of contribution (\$)
02/29/2024	6 Contributor address; City; S Austin TX 7	State; Zip Code	200.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	f:)	Amount of contribution (\$)
03/13/2024		State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		::)	Amount of contribution (\$)
03/10/2024		State; Zip Code	250.00
	Austin	TX 78726	200:00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	f:)	Amount of contribution (\$)
03/19/2024		State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

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The	Instruction Guide explains ho	w to complete this	s form.	1 Total pages Schedule A1: 22	
2 FILER NAME Shenghao	"Daniel" Wang			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor King, Sterling		C (ID#:)	7 Amount of contribution (\$)	
03/12/2024	6 Contributor address;	city; Justin TX 78	State; Zip Code	25.00	
8 Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
03/12/2024	Contributor address;	City;	State; Zip Code	100.00	
		Aus	tin TX 78756		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
03/15/2024	Liang , Jason Contributor address;	City;	State; Zip Code	100.00	
	W	ashingtor	DC 20003		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
03/16/2024	Liang , Min-min Contributor address;	City;	State; Zip Code	50.00	
Somerville MA 2144					
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	to complete this	form.	1 Total pages Schedule A1: 22
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Shenghao '	'Daniel" Wang			
4 Date	5 Full name of contributor Liu,Wei	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/13/2024	6 Contributor address;	city; Austin T	State; Zip Code	50.00
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 (\$)
03/17/2024	Lu , Shawn			000 00
03/17/2024	Contributor address;	City; Austir	State; Zip Code TX 78724	200.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
03/12/2024	MacDougal , Vanessa	City;	State; Zip Code	50.00
		1	X 78757	00.00
Principal occup	pation / Job title (See Instructions)	•	Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/00/2024	MacGown , Andrea			
03/09/2024	Contributor address;	City;	State; Zip Code	25.00
		West	ford MA 01886	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			<u> </u>	

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SCHEDULE A1

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		orado uno pago in uro	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao '	'Daniel" Wang		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG Mar , Lilian	7 Amount of contribution (\$)	
03/09/2024	6 Contributor address; City; San Francis	100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
03/17/2024	Melendrez , Eli Contributor address; City;	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)	Austin TX 78751 Employer (See Instruct	ions)
			,
Date	Full name of contributor out-of-state PAG Mendiola , Lino	Amount of contribution (\$)	
03/06/2024	Contributor address; City; Austin T	State; Zip Code	500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG Millard , Robert	C (ID#:)	Amount of contribution (\$)
03/13/2024	Contributor address; City;	State; Zip Code	3,000.00
Principal occup	nation / 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: 22
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Shenghao '	'Daniel" Wang			
4 Date	5 Full name of contributor Nguyen , Duc		C (ID#:)	7 Amount of contribution (\$)
03/19/2024	6 Contributor address;	City;	State; Zip Code	250.00
	1	Herndon '	VA 20170	200.00
		TOTTIGOTT		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/10/2024	Nobles , Melissa			400.00
03/10/2024	Contributor address;	City;	State; Zip Code	100.00
		Roxbury	MA 02119	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	iions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/02/2024	Obi , Kenechukwu			450.00
03/02/2024	Contributor address;	City;	State; Zip Code	150.00
		Houst	on TX 77047	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
00/05/0004	Oliver , Julie			4.0.0.0.0
03/25/2024	Contributor address;	City;	State; Zip Code	100.00
		Austi	n TX 78704	100100
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 to complete this forn	n.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	'Daniel" Wang		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_Pace Smith, Stephanie)	7 Amount of contribution (\$)
03/04/2024		ate; Zip Code n TX 78745	25.00
8 Principal occu		Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_ Paniza , Rodrigo)	Amount of contribution (\$)
03/12/2024	Contributor address; City; St	ate; Zip Code	3,000.00
Principal occup	ation / Job title (See Instructions)	 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
03/15/2024		ate; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
03/14/2024		ate; Zip Code	50.00
Principal occup		Employer (See Instruction	ons)

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SCHEDULE A1

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The	Instruction Guide explains how	v to complete th	is form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) Powell , Adam			7 Amount of contribution (\$)
03/20/2024	6 Contributor address;	City;	State; Zip Code	15.00
8 Principal occu	pation / Job title (See Instructions		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/11/2024	Przybocki , Kevin			050.00
03/11/2024	Contributor address;	City;	State; Zip Code	250.00
		Aus	tin TX 78746	
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 (\$)
00/04/0004	Qu , Hengrui			40000
03/21/2024	Contributor address;	City;	State; Zip Code	100.00
		Allen TX	75013	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/11/2024	Reynolds , Joseph			400.00
00/11/2024	Contributor address;	City;	State; Zip Code	100.00
		Austin ⁻	ΓX 78731	
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 to o	complete this	form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Rong , Julie			7 Amount of contribution (\$)
03/07/2024	6 Contributor address;	_	State; Zip Code Ork NY 10028	50.00
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 (\$)
03/04/2024	Sethi , Pooja Contributor address;	City;	State; Zip Code n TX 78730	100.00
Principal occup	ation / Job title (See Instructions)	_	Employer (See Instructi	ions)
Date		out-of-state PAC	: (ID#:)	Amount of contribution (\$)
03/22/2024	Shone , Jason Contributor address;	City;	State; Zip Code	100.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Stephens , Nancy	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
03/19/2024	Contributor address;	City;	State; Zip Code	50.00
Principal occup	pation / 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.

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	"Daniel" Wang	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Sun , Evelyn	7 Amount of contribution (\$)
03/13/2024	6 Contributor address; City; State; Zip Code San Jose CA 95125	50.00
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 (\$)
03/16/2024	Contributor address; City; State; Zip Code Pflugerville TX 78660	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/22/2024	Teng , Junwei Contributor address; City; State; Zip Code Austin TX 78730	10.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/08/2024	Thomas , Evan Contributor address; City; State; Zip Code Mountain View CA 94041	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	l	

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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	s form.	1 Total pages Schedule A1: 22
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Shenghao	'Daniel" Wang			
4 Date	5 Full name of contributor Vo , Melissa		C (ID#:)	7 Amount of contribution (\$)
03/20/2024	6 Contributor address;	City;	State; Zip Code	500.00
		Cedar	Park TX 78613	00.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Walker , Nancy			
03/18/2024	Contributor address;	City;	State; Zip Code	50.00
		Austi	n TX 78749	00.00
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 (\$)
03/13/2024	Wei , Wendy			000 00
03/13/2024	Contributor address;	City;	State; Zip Code	200.00
		Austin T	X 78728	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/04/2024	Wei , Chunyan			
03/24/2024	Contributor address;	City;	State; Zip Code	250.00
		Aus	stin TX 78750	
Principal occup	nation / 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.**

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The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	"Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Welch , Spencer		AC (ID#:)	7 Amount of contribution (\$)
03/02/2024	6 Contributor address;	City;	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/14/2024	Willingham , Jian			100.00
	Contributor address;	city;	stin TX 78746	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Wu,Shuguang	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/16/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	7 to	Employer (See Instruc	tions)
Date	Full name of contributor Wu,Joshua	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/20/2024	Contributor address;	City;	State; Zip Code	200.00
		Ma	nor TX 78653	200.00
Principal occup	pation / 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	to complete this	s form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	"Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Wu , Xiaoyu		C (ID#:)	7 Amount of contribution (\$)
03/22/2024	6 Contributor address;	City;	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor Xia,King	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/24/2024	Contributor address;	City;	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Yajun , Wu		C (ID#:)	Amount of contribution (\$)
03/13/2024	Contributor address;	City;	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA0	C (ID#:)	Amount of contribution (\$)
03/13/2024	Contributor address;	City;	State; Zip Code Austin TX 78750	100.00
Principal occu	pation / Job title (See Instructions)	Austin TX	Employer (See Instruct	tions)

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SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 22
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 (\$)
03/23/2024	6 Contributor address; City; State; Zig	100.00
8 Principal occu		r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/24/2024	Yong , Lucy Contributor address; City; State; Zil	50.00 78628
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/13/2024	Contributor address; City; State; Zig Austin TX 78	1,000.00 8759
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/13/2024	Zeng , Jenny Contributor address; City; State; Zip	100.00
Principal occup	Dation / Job title (See Instructions) Austin TX 7	78732 r (See Instructions)

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SCHEDULE A1

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

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The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 22
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Shenghao '	'Daniel" Wang			
4 Date	5 Full name of contributor Zhang , Kevin		(ID#:)	7 Amount of contribution (\$)
03/22/2024	6 Contributor address;	City;	State; Zip Code	100.00
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 (\$)
03/25/2024	Zhang , James			400.00
03/23/2024	Contributor address;	City;	State; Zip Code	100.00
		Austir	n TX 78759	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Zhao , Lijing			
03/13/2024	Contributor address;	City;	State; Zip Code	500.00
		Austin	TX 78750	000.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/25/2024	Zheng , Chun			400 00
03/23/2024	Contributor address;	City;	State; Zip Code	100.00
		Austi	n TX 78759	
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	to complete thi	s form.	1 Total pages Schedule A1: 22
2 FILER NAME Shenghao	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Zhou,Ding	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/12/2024	6 Contributor address;	City; Brookly	State; Zip Code yn NY 11238	250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/24/2024	Zhou , Dayong Contributor address;	City;	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Austin	TX 78738 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/15/2024	Roberto Garcia			100.00
	Contributor address;	Pfluge	rville, TX 78660	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/20/2024	Gueon Wang Contributor address;	City;	State; Zip Code	1,000.00
Principal occur	pation / Job title (See Instructions)	Aus	tin TX 78750 Employer (See Instruc	tions)
- Tillopai Good	(See mandonolis)		Z.mp.eyer (Gee mande	

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 22		
2 FILER NAME Shenghao'	'Daniel" Wang			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Central Austin Democrats		7 Amount of contribution (\$)			
03/25/2024	6 Contributor address;	City;	State; Zip Code tin, TX 78731	300.00		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
Date	Full name of contributor Haksoon Andrea Low			Amount of contribution (\$)		
03/25/2024	Contributor address;	City;	State; Zip Code	200.00		
Principal occupation / Job title (See Instructions) Employer (See		Employer (See Instruct	ructions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)		
Date	Full name of contributor	contributor out-of-state PAC (ID#:)		Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instruct	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 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			
03/03/2024	ActBlue			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
35.20	PO Box 441146	West Somerville, MA 02144		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Online Contribution Processing Fees		
	(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/Ol	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
03/10/2024	ActBlue			
Amount (\$)	Payee address;	City;	State; Zip Code	
86.60	PO Box 441146	West Somerville, MA 02144		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Online Contribution Processing Fees		
	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			
03/17/2024	ActBlue			
Amount (\$)	Payee address;	City;	State; Zip Code	
470.20	PO Box 441146	West Somerville, MA 02144		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Online Contrib	ution Processing Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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/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)

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers	
4	Shenghao "Daniel" Wang		`		
Date	5 Payee name	'			
03/25/2024	ActBlue				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
137.60	PO Box 441146 West Somerville		nerville, MA 0	e, MA 02144	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Online Contribution Processing Fees			
	(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/Ol	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
03/06/2024	Squarespace				
				7:- 01-	
Amount (\$)	Payee address;	City;	State;	Zip Code	
Amount (\$) 192.67	8 Clarkson St New York	-	•	Zip Code	
		-	•	Zip Code	
	8 Clarkson St New Yo	ork NY 10	0014	Zip Code	
192.67	8 Clarkson St New Your Category (See Categories listed at the top of this schedule)	ork NY 10 Description Website Hostin	0014		
192.67	8 Clarkson St New Your Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	ork NY 10 Description Website Hostin	ng		
192.67 PURPOSE OF EXPENDITURE Complete ONLY if direct	8 Clarkson St New Your Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Website Hostin	ng	expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	8 Clarkson St New Your Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Website Hostin	ng	expense	
192.67 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	8 Clarkson St New Young Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Website Hostin	ng	expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	8 Clarkson St New You Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Squarespace	Description Website Hostin Check if Austin Office sought	ng n, TX, officeholder living	expense Office held Zip Code	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 03/06/2024 Amount (\$)	8 Clarkson St New Young Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Squarespace Payee address;	Description Website Hostin Check if Austin Office sought	ng n, TX, officeholder living	expense Office held Zip Code	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 03/06/2024 Amount (\$)	8 Clarkson St New Young Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Squarespace Payee address; 8 Clarkson St New	Description Website Hostin Check if Austin Office sought City; Y York N	ong State;	expense Office held Zip Code	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 03/06/2024 Amount (\$) 12.00 PURPOSE OF	8 Clarkson St New Young Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Squarespace Payee address; 8 Clarkson St New Category (See Categories listed at the top of this schedule)	Description Website Hostin Check if Austin Office sought City; YORK N Description Website Domai	ong State;	expense Office held Zip Code	

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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Shenghao "Daniel" Wang		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/06/2024	Weila LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
200.00	2820-302 Avent Ferry	y Rd Rale	eigh NC 27606
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Logo Design	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/15/2024	Houndstooth Coffee		
Amount (\$)	Payee address;	City;	State; Zip Code
11.71	401 Congress Ave. #7	100c, Aus	stin, TX 78701
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting Refre	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
Date	Payee name		
03/18/2024	Austin Board of Realtors Young Profe	essional Networ	k
Amount (\$)	Payee address;	City;	State; Zip Code
12.51	1115 San Jacinto Blvd.,	Ste. 200	Austin, TX 78701
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Event Ticket	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Shenghao "Daniel" Wang		3 Filer ID (Ethics	s Commission Filers)
4 Date 03/19/2024	5 Payee name CCIM Central Texas			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
25.00	PO Box 203625	Austin, T〉	< 78720	
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 Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/22/2024	CCIM Central Texas			
Amount (\$)	Payee address;	City;	State;	Zip Code
30.00	PO Box 203625	Austin, Τλ	K 78720	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Event Ticket		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	ght 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 Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	