

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: <u>8</u>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>Armin</u>	MI <u>TZ.</u>	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED FEB 07 2024 BY: <u>KPB</u> </div>		
	NICKNAME	LAST <u>Mirani</u>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 678, Keller, TX 76244</u>					
	Date Hand-delivered or Date Postmarked					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(817)</u>	PHONE NUMBER <u>743-4007</u>	EXTENSION	Receipt #	Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>SAME</u>	MI	Date Processed		
	NICKNAME	LAST <u>SAME</u>	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>SAME</u>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>()</u>	PHONE NUMBER <u>SAME</u>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year <u>7 / 15 / 23</u>		THROUGH	Month Day Year <u>1 / 15 / 24</u>		
11 ELECTION	ELECTION DATE Month Day Year <u> / /</u>		ELECTION TYPE			
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <u>MAYOR OF KELLER</u>		13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.					
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE				
		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
COMMITTEE CAMPAIGN TREASURER ADDRESS						

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Armin Mizani</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>N/A</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,893</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>N/A</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,150.56</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,048.23</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>N/A</u>

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



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 Armin Mizani, and my date of birth is [REDACTED]
 My address is PO Box 678, Keller, TX, 76244, USA
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 10th day of February, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Armin Mizani</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,893</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>646.09</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>504.47</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>.21</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Armin Mizami		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Padern	7 Amount of contribution (\$) \$ 25
6 Contributor address; City; State; Zip Code Keller TX 76248		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Keefe	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron McKinney	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code Keller TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Baird	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
SEE ATTACHMENTS		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

Donation Date	Donation Amount	First Name	Last Name	City	State	Zip	Employer	Occupation	Donor Type
12/20/23	\$2.00	Raylene	Moore	Keller	TX	76248	TAPS	Non-profit Manager	individual
12/5/23	\$100.00	PETER	PASKINS	KELLER	TX	76248	werfen	Applications Consultant	individual
11/25/23	\$100.00	Brian & Gloria	Palfrey	Keller	TX	76248	Retired	Border Patrol	individual
11/21/23	\$100.00	Mark	Miller	Keller	TX	76248	Million Air Dallas	pilot	individual
11/20/23	\$25.00	Gregory	Will	Keller	TX	76248	US Small Business Admin.	Legal	individual
11/20/23	\$3.00	Steve	White	Keller	TX	76248	Unleashed Brands	Director	individual
11/20/23	\$2.00	Raylene	Moore	Keller	TX	76248	TAPS	Non-profit Manager	individual
11/17/23	\$1.00	Ross	McMullin	Keller	TX	76248	Self	Attorney	individual
11/16/23	\$100.00	PETER	PASKINS	KELLER	TX	76248	werfen	Applications Consultant	individual
11/16/23	\$50.00	Kimberly	Cort	Keller	TX	76248	Anchor Health Properties	Property Manager	individual
11/16/23	\$250.00	Eric	Jones	Keller	TX	76248	Self	Stay at home Astronaut	individual
11/16/23	\$100.00	Jerry L	Autry	Keller	TX	76248	Retired	Retired	individual
11/16/23	\$150.00	David	Gerda	keller	TX	76248	AAMCO	worker bee	individual
11/16/23	\$50.00	Linda	Culp	Keller	TX	76248	Retired	Retired	individual
11/15/23	\$5.00	Paul	Alvarado	Keller	TX	76248	TK Airport Solutions	Head of Business Development	individual
11/15/23	\$30.00	Stephanie	Krutenat	Keller	TX	76248	Homemaker	Accountant	individual
11/14/23	\$100.00	Jay	Blakey	Keller	TX	76248	Retired	Retired	individual
11/14/23	\$100.00	Kristi	Beck	Keller	TX	76248	Texas oncology	Liaison	individual
11/14/23	\$25.00	Terry	Smith	Keller	TX	76248	Denton Fire Department	Fire Fighter	individual
11/14/23	\$150.00	William	Hamlin	Keller	TX	76248	Retired	Retired	individual
11/14/23	\$50.00	Elliot	Spoon	Birmingham	MI	48009	Retired	Retired	individual
11/14/23	\$250.00	Julie	Sizemore	Keller	TX	76248	Keller Education Foundation	Program Coordinator	individual
11/14/23	\$50.00	Joseph	McCullough	Keller	TX	76248	N/A	N/A	individual
11/14/23	\$50.00	Judith	Sether	Keller	TX	76248	Retired	Retired	individual
11/14/23	\$100.00	Vinay	Gupta	Keller	TX	76248	Childrens Lighthouse of N Tarrant Pkwy	President	individual
11/14/23	\$25.00	Sharon	McCloskey	Keller	TX	76248	DFW Airport	Vice President	individual
11/14/23	\$250.00	Kyle	McCaw	Keller	TX	76248	McCaw Property Management	business owner	individual
11/14/23	\$50.00	Dawn	Neuman	Keller	TX	76248	Retired	Retired	individual
11/12/23	\$100.00	Jeff	Chisum	Keller	TX	76248	Northpointe Bank	Loan Officer	individual
11/11/23	\$100.00	Scott	Hall	Keller	TX	76248	Venture Church	Pastor	individual

Schedule A1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Armin Mizani</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/31/23 to 1/15/24</i>	5 Payee name <i>Mailchimp</i>	
6 Amount (\$) <i>\$524.47</i>	7 Payee address; City; State; Zip Code <i>675 Ponte de Leon Ave, NE Suite 5000 Atlanta, GA 30308</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Email</i>	(b) Description <i>Email</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Armin Mizani</i>	Office sought <i>Mayor</i>
Date <i>7/31/23 to 1/17/24</i>	Payee name <i>Anedot</i>	
Amount (\$) <i>\$121.62</i>	Payee address; City; State; Zip Code <i>1920 McKinney Ave. 7th Floor Dallas, TX 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donor Platform</i>	Description <i>Donor Platform</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Armin Mizani</i>	Office held <i>Mayor</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Armin Mizani</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/31/23 to 1/15/24</i>	5 Payee name <i>Meta</i>	
6 Amount (\$) <i>\$501.47</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1 Hacker Way, Menlo Park, CA 94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad Exp.</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1
2 FILER NAME Armin Mizani		3 Filer ID (Ethics Commission Filers)
4 Date 7/31/23 to 1/15/24	5 Name of person from whom amount is received Armin Mizani	8 Amount (\$) \$.21
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest Refund		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED