

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

1 2 F E 4 M 5

ZAIN SHAITO FOR CONGRESS

ADDRESS (number and street)

8012 ROSEMONT DR.



Check if different than previously reported. (ACC)

PLANO

TX

75025

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00900878

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

TX

32

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2025

through

M M / D D / Y Y Y Y

09 / 30 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Shaito, Zain, , ,

Signature of Treasurer

Shaito, Zain, , ,

Date

M M / D D / Y Y Y Y

10 / 08 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

ZAIN SHAITO FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	8987.80	8987.80
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8987.80	8987.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	0.00
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	8987.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ZAIN SHAITO FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than
Political Committees****(i) Itemized (use Schedule A).....**

8520.50

8520.50

(ii) Unitemized

467.30

467.30

**(iii) TOTAL of contributions
from individuals**

8987.80

8987.80

(b) Political Party Committees.....

0.00

0.00

**(c) Other Political Committees
(such as PACs)**

0.00

0.00

(d) The Candidate

0.00

0.00

**(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**

8987.80

8987.80

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the
Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

**(c) TOTAL LOANS
(add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

0.00

0.00

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....**

8987.80

8987.80

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8987.80
25. SUBTOTAL (add Line 23 and Line 24).....	8987.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8987.80

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 8

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ZAIN SHAITO FOR CONGRESS

Full Name (Last, First, Middle Initial)

ANSARI, TAHA, , ,

A.

Mailing Address 9416 PATAGONIA LN

City
PLANOState
TXZip Code
75025FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTOR OFFICE VAOccupation
PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 04 2025

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CHECK

Full Name (Last, First, Middle Initial)

FRAZ, HAMZA, , ,

B.

Mailing Address 3128 grandview dr

City
wylieState
TXZip Code
75098FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2025

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Chase Zelle

Full Name (Last, First, Middle Initial)

Hashem, Dr Robbie, , ,

C.

Mailing Address 2501 Kensington Place

City
ColleyvilleState
TXZip Code
76034FEC ID number of contributing
federal political committee.

C

Name of Employer
Hashem OrthodonticsOccupation
dentist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

M M / D D / Y Y Y Y Y
08 25 2025

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

260.25

☐ Memo Item
Earmarked through WinRed**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

4760.25

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 8

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ZAIN SHAITO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Muhanna, Mariam, , ,

A. Mailing Address 3414 Leameadow DriveCity
SachseState
TXZip Code
75048FEC ID number of contributing
federal political committee.

C

Name of Employer
LanternOccupation
Proposal Manager

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

M M / D D / Y Y Y Y Y
08 20 2025

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

260.25

☐ Memo Item
Earmarked through WinRed

Full Name (Last, First, Middle Initial)

ROSTAMIZADEH, MAHDI, , ,

B. Mailing Address 11500 state hwy 121 unit 720City
friscoState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer

LONE STAR EYE SPECIALIST

Occupation
EYE SURGEON

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 06 2025

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period

500.00

☐ Memo Item
Chase Zelle

Full Name (Last, First, Middle Initial)

ROSTAMIZADEH, MAHDI, , ,

C. Mailing Address 11500 state hwy 121 unit 720City
friscoState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer

LONE STAR EYE SPECIALIST

Occupation
EYE SURGEON

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 07 2025

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period

500.00

☐ Memo Item
Chase Zelle

1260.25

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 8

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ZAIN SHAITO FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROSTAMIZADEH, MAHDI, , ,

A.

Mailing Address 11500 state hwy 121 unit 720

City
friscoState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer
LONE STAR EYE SPECIALISTOccupation
EYE SURGEON

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 11 2025

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

500.00

☐ Memo Item
Chase Zelle**B.**

Full Name (Last, First, Middle Initial)

ROSTAMIZADEH, MAHDI, , ,

Mailing Address 11500 state hwy 121 unit 720

City
friscoState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer
LONE STAR EYE SPECIALISTOccupation
EYE SURGEON

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 12 2025

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

500.00

☐ Memo Item
Chase Zelle**C.**

Full Name (Last, First, Middle Initial)

ROSTAMIZADEH, MAHDI, , ,

Mailing Address 11500 state hwy 121 unit 720

City
friscoState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer
LONE STAR EYE SPECIALISTOccupation
EYE SURGEON

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 13 2025

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

500.00

☐ Memo Item
Chase Zelle**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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PAGE 8 OF 8

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

ZAIN SHAITO FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROSTAMIZADEH, MAHDI, , ,

A.

Mailing Address 11500 state hwy 121 unit 720

City
friscoState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer
LONE STAR EYE SPECIALISTOccupation
EYE SURGEON

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

500.00

☐ Memo Item
Chase Zelle**B.**

Full Name (Last, First, Middle Initial)

ROSTAMIZADEH, MAHDI, , ,

Mailing Address 11500 state hwy 121 unit 720

City
friscoState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer
LONE STAR EYE SPECIALISTOccupation
EYE SURGEON

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

500.00

☐ Memo Item
Chase Zelle**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1000.00

8520.50