

# 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: <b>21</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ASHISH</b>	MI
	NICKNAME	LAST <b>AJURVAL</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>6714 ARSLBY CREEK LN SUGAR LAND, TX 77479</b>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(832) 786-9138</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ALMA</b>	MI
	NICKNAME	LAST <b>MERLE</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>DEW BRIDGE LT SUGARLAND TX 77479</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 224-4549</b>		
9 REPORT TYPE	<input 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 checked="" 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    THROUGH    Month Day Year <b>03 / 24 / 2021    04 / 22 / 2021</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <b>05 / 01 / 2021    <u>SCHOOL BOARD</u></b> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>---</b>	13 OFFICE SOUGHT (if known) <b>FBI SD BOT POSITION #2</b>	
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

RECEIVED

APR 23 2021

BY: GDR

---

Date Hand-delivered or Date Postmarked

---

Receipt #	Amount \$

---

Date Processed

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Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

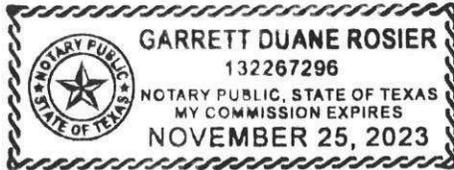
<b>15 C/OH NAME</b> <u>Ashish Agrawal</u>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>11,719</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,639.23</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>751.00</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>11,582.50</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 Ashish Agrawal this the 23 day of April, 2021, to certify which, witness my hand and seal of office.

Garrett Duane Rosier Signature of officer administering oath  
Garrett Duane Rosier Printed name of officer administering oath  
Executive Assistant to the BOT Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,719/-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,000/-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,639.23
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/24/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>P PARMARSWARAN</b>	7 Amount of contribution (\$) <b>\$50/-</b>
6 Contributor address; City; State; Zip Code <b>SUGARLAND TX 77479</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SONU AND GURDIP SALLJA</b>	Amount of contribution (\$) <b>\$300/-</b>
Contributor address; City; State; Zip Code <b>SUGARLAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/26/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIRAN RASATA</b>	Amount of contribution (\$) <b>\$100/-</b>
Contributor address; City; State; Zip Code <b>SUGARLAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/26/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAMESH SHAH</b>	Amount of contribution (\$) <b>\$500/-</b>
Contributor address; City; State; Zip Code <b>HOUSTON TX 77083</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/28/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KAPIL MITTAL</b>	7 Amount of contribution (\$) <b>\$100/-</b>
6 Contributor address; City; State; Zip Code <b>RICHMOND TX 77407</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/30/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GAURAV JHAVERI</b>	Amount of contribution (\$) <b>\$101/-</b>
Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HARSH KANGAL</b>	Amount of contribution (\$) <b>\$25/-</b>
Contributor address; City; State; Zip Code <b>RICHMOND TX 77407</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARIF MAKNOSTIA</b>	Amount of contribution (\$) <b>\$1,500/-</b>
Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FORT BOND UNITED</b>	7 Amount of contribution (\$) <b>\$1,000/-</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 420811 Houston TX 77242</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAADMA SRINIVASAN</b>	Amount of contribution (\$) <b>\$50/-</b>
Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AREITA ALI</b>	Amount of contribution (\$) <b>\$500/-</b>
Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77478</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK ALAN HARRISON CAMPAIGN</b>	Amount of contribution (\$) <b>\$250/-</b>
Contributor address; City; State; Zip Code <b>HOUSTON TX 77074</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OSCAR M TELFAIR</b>	7 Amount of contribution (\$) <b>\$100/-</b>
6 Contributor address; City; State; Zip Code <b>MISSOURI CITY TX 77459</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PANKAJ MAMTORA</b>	Amount of contribution (\$) <b>\$250/-</b>
Contributor address; City; State; Zip Code <b>41861 DEQUINDB, TROY MI 48085</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SOURABH SANDUJA</b>	Amount of contribution (\$) <b>\$250/-</b>
Contributor address; City; State; Zip Code <b>SUGARLAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRIENDS OF JOHN HERMANN</b>	Amount of contribution (\$) <b>\$200/-</b>
Contributor address; City; State; Zip Code <b>SUGARLAND TX 77498</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIRIT SHAH</b>	7 Amount of contribution (\$) <b>\$150/-</b>
6 Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/5/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TOMMY PHILIPS</b>	Amount of contribution (\$) <b>\$500/-</b>
Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/5/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SURAJ SINGH</b>	Amount of contribution (\$) <b>\$500/-</b>
Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/5/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAMAKRISHNA SARABU</b>	Amount of contribution (\$) <b>\$10/-</b>
Contributor address; City; State; Zip Code <b>LINCOLNSHIRE, IL</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/5/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MURALI MARATHI</b> 6 Contributor address; City; State; Zip Code <b>PLANO TX</b>	7 Amount of contribution (\$) <b>\$10/-</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/5/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MAHEKISHAN KORUKONDA</b> Contributor address; City; State; Zip Code <b>SANTA CLARA, CA</b>	Amount of contribution (\$) <b>\$10/-</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/6/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NAVEEN SAJJA</b> Contributor address; City; State; Zip Code <b>SUGAR LAND, TX 77479</b>	Amount of contribution (\$) <b>\$100/-</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FERREL BONNER</b> Contributor address; City; State; Zip Code <b>MISSOURI CITY TX 77459</b>	Amount of contribution (\$) <b>\$26/-</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/7/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PANITEE CHARDENPATTANARUK</b>	7 Amount of contribution (\$) <b>\$10/-</b>
6 Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>YOGESH THARKAR</b>	Amount of contribution (\$) <b>\$100/-</b>
Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAGAT KAMDAR</b>	Amount of contribution (\$) <b>\$250/-</b>
Contributor address; City; State; Zip Code <b>HOUSTON TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FB AMERICA FEDERATION OF TEANING</b>	Amount of contribution (\$) <b>\$3,000/-</b>
Contributor address; City; State; Zip Code <b>12621 W AIRPORT SUGARLAND, TX 77478</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **10**

2 FILER NAME **ASHISH AGRAWAL**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**4/11/21**

**FERRER BONNOR**

**\$25/-**

6 Contributor address; City; State; Zip Code

**MUSKOGEE CITY TX 77459**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

**4/12/21**

**PRADYUP AGRAWAL**

**\$250/-**

Contributor address; City; State; Zip Code

**CYPRESS TX 77429**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**4/13/21**

**ASWIN MEHTA**

**\$50/-**

Contributor address; City; State; Zip Code

**SUGAR LAND TX 77479**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**4/13/21**

**NEEL PATEL**

**\$250/-**

Contributor address; City; State; Zip Code

**PEARLAND TX 77584**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/13/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AMBRISH KAMDAR</b>	7 Amount of contribution (\$) <b>\$500/-</b>
6 Contributor address; City; State; Zip Code <b>SUGAR LAND, TX 77479</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/13/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NEENA SANB</b>	Amount of contribution (\$) <b>\$100/-</b>
Contributor address; City; State; Zip Code <b>MISSOURI CITY, TX 77459</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PARTHA CHATTERJEE</b>	Amount of contribution (\$) <b>\$101/-</b>
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77077</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ABHINAV BANERJEE</b>	Amount of contribution (\$) <b>\$301/-</b>
Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/22/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN DOMON</b>	7 Amount of contribution (\$) <b>\$200/-</b>
6 Contributor address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# LOANS

# SCHEDULE E

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 E: <b>①</b>
2 FILER NAME <b>ASHISH AGRAWAL</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4/4/21</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ASHISH AGRAWAL</b>	9 Loan Amount (\$) <b>\$4,000/-</b>
6 Is lender a financial Institution?  Y <b>①</b> N	8 Lender address; City; State; Zip Code <b>SUGAR LAND TX 77479</b>	10 Interest rate _____
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7</b>	2 FILER NAME <b>ASHISH AGRAWAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/24/21</b>	5 Payee name <b>MR. JI CONNECTIONS</b>	
6 Amount (\$) <b>\$48/-</b>	7 Payee address; City; State; Zip Code <b>P.O. BOX 2082 MISSOURI CITY TX 77459</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXP</b>	(b) Description <b>CAMPAIGN ADVISOR</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/29/21</b>	Payee name <b>MR. JI CONNECTIONS</b>	
Amount (\$) <b>\$120.72</b>	Payee address; City; State; Zip Code <b>P.O. BOX 2082 MISSOURI CITY TX 77459</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADV. EXP</b>	Description <b>MEDIA</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/30/21</b>	Payee name <b>MR. JI CONNECTIONS</b>	
Amount (\$) <b>\$33.27</b>	Payee address; City; State; Zip Code <b>P.O. BOX 2082 MISSOURI CITY TX 77459</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADV. EXP</b>	Description <b>MEDIA</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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: <b>7</b>	2 FILER NAME <b>ASHISH AGRAWAL</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/30/21</b>	5 Payee name <b>JAMES THOMAS</b>
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6 Amount (\$) <b>\$25/-</b>	7 Payee address; City; State; Zip Code <b>MISSOURI CITY TX 77459</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>NOTARY</b>
	(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
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Date <b>4/1/21</b>	Payee name <b>BANK OF AMERICA</b>
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Amount (\$) <b>\$16/-</b>	Payee address; City; State; Zip Code <b>SUGAR LAND TX 77478</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING / BANKING</b>	Description <b>BANK FEES</b>
	<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
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Date <b>4/2/21</b>	Payee name <b>BANK CARD, BOBA</b>
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Amount (\$) <b>\$46.95</b>	Payee address; City; State; Zip Code <b>SUGARLAND TX 77478</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING / BANKING</b>	Description <b>FEES</b>
	<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
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>①</b>	2 FILER NAME <b>ASHISH AGRAWAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/21</b>	5 Payee name <b>HOT COFFEE DIGITAL MARKETING</b>	
6 Amount (\$) <b>\$150/-</b>	7 Payee address; City; State; Zip Code <b>MISSOURI CITY TX</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADV EXP</b>	(b) Description <b>CAMPAIGN MATERIAL</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>4/4/21</b>	Payee name <b>HOMES DEPOT</b>	
Amount (\$) <b>\$140.36</b>	Payee address; City; State; Zip Code <b>SUGAR LAND TX 77458</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADV EXP</b>	Description <b>CAMPAIGN (SIGN) MATERIAL</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>4/5/21</b>	Payee name <b>MINUTEMAN PRESS</b>	
Amount (\$) <b>\$7,050/-</b>	Payee address; City; State; Zip Code <b>1324 PIN OAK RD KATY TX 77494</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXP</b>	Description <b>CAMPAIGN MATERIAL</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: ⑦	<b>2</b> FILER NAME ASHISH AGRAWAL	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/7/21	<b>5</b> Payee name HAZEL LUNDY SERVICES	
<b>6</b> Amount (\$) \$1,515/-	<b>7</b> Payee address; City; State; Zip Code 17022 QUAIL BOND, MISSOURI CITY TX 77489	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADV EXP	
	<b>(b)</b> Description OUTREACH	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 4/8/21	<b>Payee name</b> FORT BOND INDEPENDENT	
<b>Amount (\$)</b> \$150/-	<b>Payee address; City; State; Zip Code</b> P.O. Box 623 SUGAR LAND TX 77487	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> ADV EXP	
	<b>Description</b> MEDIA	
	<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
<b>Date</b> 4/8/21	<b>Payee name</b> HOME DEPOT	
<b>Amount (\$)</b> \$161.10	<b>Payee address; City; State; Zip Code</b> SUGAR LAND TX 77478	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> ADV. EXP	
	<b>Description</b> CAMPAIGN (SIGN) MATERIAL	
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7</b>	2 FILER NAME <b>ASHISH AGRAWAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/10/21</b>	5 Payee name <b>BUTLER WISEMAN PUBLISHER</b>	
6 Amount (\$) <b>\$200/-</b>	7 Payee address; City; State; Zip Code <b>4107 INKBERRY VALLEY LN, HOUSTON, TX 77045</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADV EXP</b>	(b) Description <b>MEDIA</b>
	(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 <b>4/12/21</b>	Payee name <b>TEXAS CAMPAIGNS</b>	
Amount (\$) <b>\$700/-</b>	Payee address; City; State; Zip Code <b>9600 GLENFIELD CT HOUSTON TX 77096</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXP</b>	Description <b>ADVISOR</b>
	<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 <b>4/12/21</b>	Payee name <b>MR. JI CONNECTIONS</b>	
Amount (\$) <b>\$300/-</b>	Payee address; City; State; Zip Code <b>P.O. BOX 2082 MISSOURI CITY TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXP</b>	Description <b>ADVISOR</b>
	<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

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>ASHISH AGRAWAL</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/14/21</b>	5 Payee name <b>MINUTEMAN PRESS</b>	
6 Amount (\$) <b>\$3,500/-</b>	7 Payee address; City; State; Zip Code <b>1324 PIN OAK RD KATY TX 77494</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXP</b>	(b) Description <b>CAMPAIGN MATERIAL</b>
	(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 <b>4/20/21</b>	Payee name <b>HOMES DEPOT</b>	
Amount (\$) <b>\$57.83</b>	Payee address; City; State; Zip Code <b>SUGARLAND TX 77478</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADV EXP</b>	Description <b>CAMPAIGN (SIGN) MATERIAL</b>
	<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 <b>4/20/21</b>	Payee name <b>TEXAS CAMPAIGNS</b>	
Amount (\$) <b>\$125/-</b>	Payee address; City; State; Zip Code <b>9600 GLENFIELD CT HOUSTON TX 77096</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADV EXP</b>	Description <b>CAMPAIGN MATERIAL</b>
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>ASHISH AGRAWAL</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/20/21</b>	5 Payee name <b>GREETANJALI RADIO</b>
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6 Amount (\$) <b>\$100/-</b>	7 Payee address; City; State; Zip Code <b>HOUSTON TX 77056</b>
------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADV EXP</b>	(b) Description <b>MEDIA</b>
	(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
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Date <b>4/22/21</b>	Payee name <b>DATT PERFORMING ARTS</b>
---------------------	--

Amount (\$) <b>\$200/-</b>	Payee address; City; State; Zip Code <b>HOUSTON TX 77063</b>
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADV EXP</b>	Description <b>MEDIA</b>
	<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
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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 sought	Office held
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