

# 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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">MANISHA</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">GANDHI</div>	<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;">           Date Received  <div style="font-size: 1.5em; font-weight: bold; color: blue;">RECEIVED</div> <div style="color: red; font-weight: bold;">APR 09 2024</div> <div style="color: blue;">BY: <u>lyraque</u></div> </div> <div style="border: 1px solid black; padding: 5px;">           Date Hand-delivered or Date Postmarked  <div style="text-align: right; font-weight: bold;">11:01 AM</div> </div> <div style="border: 1px solid black; padding: 5px;">           Receipt # Amount \$         </div> <div style="border: 1px solid black; padding: 5px;">           Date Processed         </div> <div style="border: 1px solid black; padding: 5px;">           Date Imaged         </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6410 Hidden Coast Way Sugar Land, TX-77479</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(832) 876-2142</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">HEENA</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">VENKATSUBRAMANIAN</div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4611 Lake Knoll Ct, Sugar Land, TX 77479</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(210) 882-9751</div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month Day Year  <div style="font-size: 1.2em;">03 / 26 / 2024</div> </div> <div>THROUGH</div> <div>           Month Day Year  <div style="font-size: 1.2em;">04 / 04 / 2024</div> </div> </div>										
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month Day Year  <div style="font-size: 1.2em;">05 / 04 / 2024</div> </div> <div style="flex: 1;">           ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">FBISD Trustee Pos. 2</div>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<div style="font-size: 0.8em;">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.</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>FBISD Trustee Pos. 2</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>7052.00</u> MG
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,052.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>735.63</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>735.63</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6,416.37</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>100.00</u>

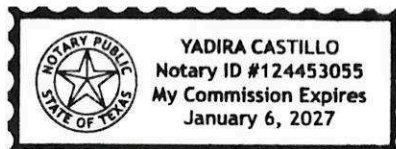
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Manisha C. Gandhi

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Manisha C. Gandhi this the 9th day of April, 2024, to certify which, witness my hand and seal of office.

Yadira Castillo Yadira Castillo Notary  
Signature of officer administering oath Printed name of officer administering oath 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

MANISHA GANDHI

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

- |     |                                                                                                             |           |
|-----|-------------------------------------------------------------------------------------------------------------|-----------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 7,052  |
| 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                                                       | \$ 100.00 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 735.63 |
| 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             | \$ 313.82 |
| 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

**RECEIVED**  
APR 09 2024  
BY: Manisha Gandhi  
11:01 AM

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: <u>1 of 5</u>
2 FILER NAME <u>MANISHA GANDHI</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/1/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Niranjan Patel</u>	7 Amount of contribution (\$) <u>500.00/100</u>
	6 Contributor address; City; State; Zip Code <u>7039 Greenwood Oaks Ct. Sugar Land TX-77479</u>	
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <u>3/26/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Sundaresan Bale</u>	Amount of contribution (\$) <u>500.00/100</u>
	Contributor address; City; State; Zip Code <u>310 Kingfisher Dr, Sugar Land, TX 77478</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>3/26/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Sabera chowdary</u>	Amount of contribution (\$) <u>100.00/100</u>
	Contributor address; City; State; Zip Code <u>3535 Sage Rd #708, Houston, TX-77056</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>4/1/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Bal Sharan</u>	Amount of contribution (\$) <u>150.00/100</u>
	Contributor address; City; State; Zip Code <u>719 Maywood Chase, Houston, TX-77079</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 of 5
2 FILER NAME MANISHA GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) VIJAY PALLOD	7 Amount of contribution (\$) 750.00
6 Contributor address; City; State; Zip Code 1306 Cole ridge st, Sugar Land, TX-77479		
8 Principal occupation / Job title (See Instructions) MANAGER		9 Employer (See Instructions) STAR PIPE PRODUCTS
Date 4/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HAKUMAT ISRAHI	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 2600 Gessner Rd #116, Houston, TX-77080		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 4/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) VISH BHASKARAN	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 814 Skimmer Ct, Sugar Land, TX-77478		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ranjiv Sahni	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 10 Pine Tree Ln, Houston, TX-77024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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>3 of 5</b>
2 FILER NAME <b>MANISHA GANDHI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/1/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gagandeep Gupta</b> 6 Contributor address; City; State; Zip Code <b>3720 W. Alabama St # 4303, Houston TX-77027</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/1/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Subodh Bhuchar</b> Contributor address; City; State; Zip Code <b>3720 4306 Reating Ct, Sugar Land TX-77479</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Physician</b>		Employer (See Instructions) <b>Self employed</b>
Date <b>4/1/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tajet Kamdar</b> Contributor address; City; State; Zip Code <b>14314 Verde Mar Ln, Houston, TX-77095</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>4/1/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Parul Fernandes</b> Contributor address; City; State; Zip Code <b>3701 Varona Ct, Missouri City, TX</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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>4 AS</b>
2 FILER NAME <b>MANISHA GANDHI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/18/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ASHISH AGRAWAL</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>6714 APSLEY CREEK LN, Sugar Land TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>SOFTWARE ENGR</b>		9 Employer (See Instructions) <b>IBM</b>
Date <b>4/1/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ANURADHA NICHAM</b>	Amount of contribution (\$) <b>101.00</b>
Contributor address; City; State; Zip Code <b>6915 Mistyleat Ln, Sugar Land, TX-77479</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>4/2/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Subhash Gupta</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>Ret 40 Harbor View Dr Sugar Land TX-77479</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>4/1/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SWAPAN DHARYANAN</b>	Amount of contribution (\$) <b>\$ 300.00</b>
Contributor address; City; State; Zip Code <b>706 Overdell Dr. Sugar Land, TX-77479</b>		
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions) <b>MD Associates, CPAs</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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>5</b>
2 FILER NAME <b>Manisha Gandhi</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/1/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amrit Raina</b>	7 Amount of contribution (\$) <b>150.00</b>
6 Contributor address; City; State; Zip Code <b>3411 Antelope Creek Ln, Katy, TX-77494</b>		
8 Principal occupation / Job title (See Instructions) <b>Refused Software</b>		9 Employer (See Instructions) <b>Self employed</b>
Date <b>4/2/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Balwant Khurana</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>121 N. Post oak Ln, #1202, Houston, TX 77024</b>		
Principal occupation / Job title (See Instructions) <b>Refused</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**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>MANISHA GANDHI</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>100.00</b>
5 Date of loan <b>3/26/24</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MANISHA GANDHI</b>	9 Loan Amount (\$) <b>100.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <b>6410 Hidden Crestway, Sugar Land, TX 77479</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Financial Services</b>		13 Employer (See Instructions) <b>Self employed.</b>
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 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:		2 FILER NAME <b>MANISHA GANDHI</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/29/24</b>		5 Payee name <b>Texas Campaigns</b>			
6 Amount (\$) <b>700.00</b>		7 Payee address; City; State; Zip Code <b>9600 Glenfield Ct #148 Houston, TX-77096</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Campaign manager</b>		(b) Description <b>Campaign</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>4/4/24</b>		Payee name <b>Bank of America</b>			
Amount (\$) <b>35.63</b>		Payee address; City; State; Zip Code <b>1212 S.H-6 S, Sugar Land, TX-77478</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Supplies</b>		Description <b>checks</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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G:		2 FILER NAME <b>MANISHA GANDHI</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/1/24</b>		5 Payee name <b>BIRYANI FACTORY</b>			
6 Amount (\$) <b>80.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>5711 Hilcoast Ave, Houston, TX-77036</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD</b>		(b) Description <b>Appetizers for kick off event</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>3/26/24</b>		Payee name <b>WIX.COM</b> <b>\$ 233.82</b>			
Amount (\$) <b>233.82</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>100 Gransewood St, New York, NY-10014</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Website</b>		Description <b>Website hosting for campaign</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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
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