

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

MANISHA

NICKNAME

LAST

SUFFIX

GANDHI

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6410 HIDDEN CREST WAY
SUGAR LAND, TX 77479

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 876-2142

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

HEMA

NICKNAME

LAST

SUFFIX

VENKATSUBRAMANIAN

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4611 LAKE KNOLL ST, SUGAR LAND, TX - 77479

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 882-9751

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

04 / 05 / 2024

THROUGH

Month

Day

Year

04 / 25 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 2024

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD TRUSTEE POS. 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

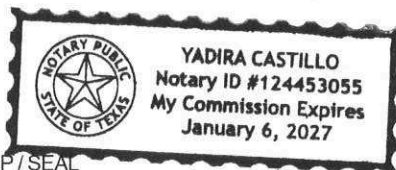
| | | |
|---------------------------------------|---|--|
| 15 C/OH NAME MANISHA GANDHI | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5,553.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 9,703.58 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,115.79 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 100.00 |

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]
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 24th day of April,

20 24, 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 | \$ 5,553.00 |
| 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 | \$ 9,703.58 |
| 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: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 4/17/24 HIMANSHU UPADHYAY | 7 Amount of contribution (\$) 25000 |
| | 6 Contributor address; City; State; Zip Code 5133 MEMOSA Dr. Bellaire, TX-77401 | |
| 8 Principal occupation / Job title (See Instructions) Psychiatrist | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 04/08/24 Rakesh Shah | Amount of contribution (\$) 10100 |
| | Contributor address; City; State; Zip Code 10906 Caldwell Water Bridge Ct. Sugar Land, TX-77479 | |
| Principal occupation / Job title (See Instructions) Router | | Employer (See Instructions) Self employed |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 04/19/24 Dr. Dakshesh Parikh | Amount of contribution (\$) 25000 |
| | Contributor address; City; State; Zip Code 414 Alkire Lake Dr. Sugar Land, TX-77479 | |
| Principal occupation / Job title (See Instructions) Cardiologist | | Employer (See Instructions) Self employed |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 04/17/24 MONA PARIKH | Amount of contribution (\$) 25000 |
| | Contributor address; City; State; Zip Code 414 Alkire Lake Dr. Sugar Land, TX-77479 | |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self employed |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 FILER NAME MANISHA CHANDH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/17/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harish Tejoo | 7 Amount of contribution (\$) 200⁰⁰/100 |
| 6 Contributor address; City; State; Zip Code 62 Bradford Cir, Sugar Land, TX-77479 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 04/08/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bal Saseen | Amount of contribution (\$) 500⁰⁰/100 |
| Contributor address; City; State; Zip Code 2115 Glen Haven Blvd, Houston, TX 77030 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/15/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIRENDRA AMIN | Amount of contribution (\$) 501⁰⁰/100 |
| Contributor address; City; State; Zip Code 27 Riverstone Island, Sugar Land, TX 77479 | | |
| Principal occupation / Job title (See Instructions) Real estate agent | | Employer (See Instructions) Amin Realty |
| Date 04/12/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RISHI BHUTADA | Amount of contribution (\$) 1,000⁰⁰/100 |
| Contributor address; City; State; Zip Code 1518 WHITFIELD ST, Sugar Land, TX-77489 | | |
| Principal occupation / Job title (See Instructions) Bus Owner | | Employer (See Instructions) Star Pipe Products |
| | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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 FILER NAME

MANISHA GANDHI

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

CHETAN PATEL

7 Amount of contribution (\$)

500⁰⁰/₁₀₀

6 Contributor address;

City;

State;

Zip Code

17519 ASTRACHAN RD, RICHMOND, TX

8 Principal occupation / Job title (See Instructions)

BUS OWNER

9 Employer (See Instructions)

SELF EMPLOYED

Date

4/17/24

Full name of contributor

☐ out-of-state PAC (ID#:

George Willy

Amount of contribution (\$)

250⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

14141 Southwest Fwy #110, Sugar Land TX-77478

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

George Willy PC

Date

04/17/24

Full name of contributor

☐ out-of-state PAC (ID#:

Stewart Jacobson

Amount of contribution (\$)

100⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

3323 Wimboboo Ct, Sugar Land TX-77478

Principal occupation / Job title (See Instructions)

Councilman, City of Sugar Land

Employer (See Instructions)

-

Date

04/17/24

Full name of contributor

☐ out-of-state PAC (ID#:

Harish Ratharani

Amount of contribution (\$)

1,000⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

918 Alkise Lake Dr. Sugar Land, TX-77478

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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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 FILER NAME MANISHA GANDHI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 04/25/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRON KEITH PARR | 7 Amount of contribution (\$) 50⁰⁰/100 | |
| 6 Contributor address; City; State; Zip Code 15607 Emparada Dr, Houston, TX-77083 | | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 4/25/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohu Subramanian | Amount of contribution (\$) 50⁰⁰/100 | |
| Contributor address; City; State; Zip Code 10303 Manderson Lane, Richmond, TX-77407 | | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) | |
| Date 04/09/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendra ETI | Amount of contribution (\$) 100⁰⁰/100 | |
| Contributor address; City; State; Zip Code 5126 Calhoun Rd, Houston, TX-77021 | | | |
| Principal occupation / Job title (See Instructions) IT Professional | | Employer (See Instructions) Self employed | |
| 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) | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|--|---|---------------------------------------|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>MANISHA GANDHI</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>04/12/24</i> | | 5 Payee name <i>WIX.COM</i> | | | |
| 6 Amount (\$) <i>32.53</i> | | 7 Payee address; City; State; Zip Code <i>100 Gainesvoot St, New York, NY-10014</i> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Bank charges</i> | | (b) Description <i>Credit Card Expenses</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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>04/19/23</i> | | Payee name <i>WIX.COM</i> | | | |
| Amount (\$) <i>3.20</i> | | Payee address; City; State; Zip Code <i>100 hainesvoot st, new york, NY-10014</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Bank charges</i> | | Description <i>Credit Card expenses</i> | | |
| | <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 <i>04/23/24</i> | | Payee name <i>WIX.COM</i> | | | |
| Amount (\$) <i>15.10</i> | | Payee address; City; State; Zip Code <i>100 Gainesvoot st, New York, NY-10014</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Bank charges</i> | | Description <i>credit Card expenses</i> | | |
| | <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 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 MANISHA GANDHI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 04/15/24 | | 5 Payee name Tam Printing | | | |
| 6 Amount (\$) 854.09 | | 7 Payee address; City; State; Zip Code 13910 Murphy Rd, Stafford, TX-77477 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing | | (b) Description Yard signs, push cards & Bus cards | | |
| | (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 | | | | | |
| Date 04/17/24 | | Payee name Tam Printing | | | |
| Amount (\$) 3098.66 | | Payee address; City; State; Zip Code 13910 Murphy Rd, Stafford, TX-77477 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING | | Description street signs | | |
| | <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 | | | | | |
| Date 04/24/24 | | Payee name DIBRELL ASSOCIATES | | | |
| Amount (\$) 5,700 | | Payee address; City; State; Zip Code 4203 Glade Shadow Ct, Katy, TX-77494 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) mailing & Brokery | | Description mailex | | |
| | <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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