

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 Mr. HIMESH NICKNAME LAST SUFFIX GANDHI	OFFICE USE ONLY Date Received <h2 style="margin: 0;">RECEIVED</h2> JUL 16 2018 Office of City Secretary City of Sugar Land, TX @ 3:45pm. JTH Date Hand-delivered or Date Postmarked 07/16/18	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. HARRIS NICKNAME LAST SUFFIX "SONNY" JOHNSON	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2018 THROUGH 6 / 30 / 2018		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) SUGAR LAND CITY COUNCIL AT LARGE POSITION 1.	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME HIMESH GANDHI **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

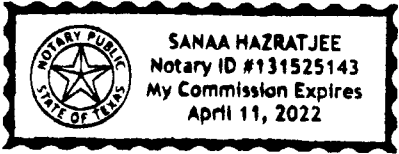
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

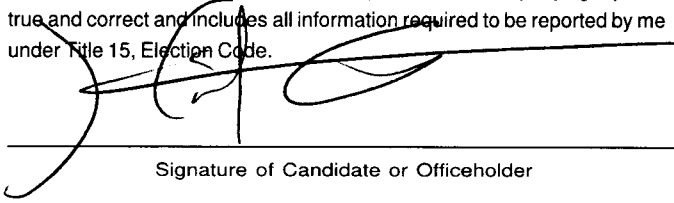
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,976.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,461.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,514.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.

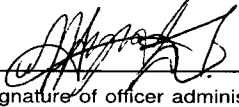


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said HIMESH GANDHI, this the 16th day of JULY, 2019, to certify which, witness my hand and seal of office.



Signature of officer administering oath

SANAA HAZRATJEE

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

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	\$ 13,976.00
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	\$ 8461.64
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENT AND KATHY CARPENTER 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) CARPENTER & CARPENTER, P.C.
Date 2/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE MULLER LAW GROUP Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 1000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) THE MULLER LAW GROUP
Date 2/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA BRESCIAN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 2/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E.G. BUD FRIEDMAN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) FORT BEND REAL ESTATE CORP.
<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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HIMESH GANDHI

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/18

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

GARY BECKER

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

ACE

Date

2/15/18

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

ROSS ASHER

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

RMWBH LAW

Date

2/15/18

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

JIM RUSS

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

EHRA

Date

2/15/18

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

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HIMESH GANDHI

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/18

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

MARLENA BERGER

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

REAL ESTATE

9 Employer (See Instructions)

BETTER HOMES & GARDENS REAL ESTATE

Date

2/15/18

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

JAL JEMI SETHNA

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

CHEVRON

Date

2/15/18

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

W. A. LITTLE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

2/15/18

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

JAMES D. RICE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

RICE AND GARDNER CONSULTANTS

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 2-15-2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEMACHANDRA P. KOWRU 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) AMANI ENGINEERING
Date 2-15-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN NUU Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2-15-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. B. BROWN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) H. C. A
Date 2-15-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID B. BLOMSTROM Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) C.P.A		Employer (See Instructions) REED, ABRASELY & BLOMSTROM, PLLC, CPAs

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 2-15-2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY D. TUMA 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 2-15-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROCKY SAINT LET LAI Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) ROCKY LAI & ASSOCIATES, INC.
Date 2-15-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) P. E. TLAVIA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$101.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2-15-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEAN N. CARPENTER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) I.T.V. SERVICES, INC.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 2-15-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY RANDERMANNS 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) MANAGER		9 Employer (See Instructions) BGE, INC.
Date 2-15-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY W. HARRISON Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HARRISON LAW FIRM
Date 2-15-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD D. PHILLIPS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 2-15-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN J. VONHOFE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SITTER HOMER HOUSTON, LLC
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HIMESH GANDHI

3 Filer ID (Ethics Commission Filers)

4 Date

2-15-2018

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

JAMES M. MORRIS

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

2-15-2018

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

GELSEY CHOUDHARY

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

TANCHES

Date

2-15-2018

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

JAMES THOMPSON CAMPAIGN ACCT

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2-15-2018

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

DAVID C. JOHNSON

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUIT ZOLLARS INC TEXAS PAC 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$ 1000.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 2-28-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY A. SCHMIDT Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) TEXAS ENGINEERING & MAPPING COMPANY
Date 2-28-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART A. JACOBSON Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) DEAR BOON AND CREGGS
Date 2-28-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSIN LIM Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) RPS.
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANA G ATKINSON 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) ATKINSON AVIATIONS
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINE BARGER GOGGAN BLAIR & SAMPSON, LLP. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE R. WILLY Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) WILLY NAMAY AKKARA & ASSOCIATES
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIE SETHNA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SETHNA FINANCIAL GROUP

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRITHVIPAL S. LIKHARI 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM TODD THURBER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY S MCLENDON Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) SURVEY PRESIDENT		Employer (See Instructions) TEXAS SURVEYING
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NILESH J. PATEL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMINIC	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) CLASSIC MASSAGING, INC
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALE LONGER	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) COBB FENDLEY
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOSHIR CHALLA	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date 2-28-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CADENCE BANK N/A PAC 40 CHRIS GOSSET	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

AMISHA GANDHI

3 Filer ID (Ethics Commission Filers)

4 Date

2-28-2018

5 Full name of contributor

out-of-state PAC (ID#: _____)

HOME PAC GREATER HOUSTON BUILDERS ASSOCIATION

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

2-28-2018

Full name of contributor

out-of-state PAC (ID#: _____)

DEAN A. HRBALEK

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

DEAN A. HRBALEK

Date

2-28-2018

Full name of contributor

out-of-state PAC (ID#: _____)

R.S. 6600 S.W. HWY, LP

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

R.S. REALTY OF TEXAS

Date

2-28-2018

Full name of contributor

out-of-state PAC (ID#: _____)

WALTER F. TED NELSON

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

REGIONAL PRESIDENT - CENTRAL REGION

Employer (See Instructions)

NEWLAND COMMUNITIES, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME HIMESH GANDHI	3 Filer ID (Ethics Commission Filers)
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4 Date 1-03-2018	5 Payee name VOC * ICONTACT EMAIL
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6 Amount (\$) 34.64	7 Payee address; City; State; Zip Code [REDACTED]
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-31-2018	Payee name WELLS FARGO
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Amount (\$) 14.00	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-2-2018	Payee name VOC * ICONTACT EMAIL
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Amount (\$) 34.64	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 HIMESH GANDHI	3 Filer ID (Ethics Commission Filers)
4 Date 2-28-2018	5 Payee name WELLS FARGO	
6 Amount (\$) 12.00	7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING	(b) Description <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 2-28-2018	Payee name WELLS FARGO	
Amount (\$) 100.00	Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING.	Description <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 2-01-2018	Payee name JAIME CALLO	
Amount (\$) 250.00	Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <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: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Himesh Gandhi	3 Filer ID (Ethics Commission Filers)
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4 Date 3-2-2018	5 Payee name VOC * I CONTACT EMAIL
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6 Amount (\$) 34.64	7 Payee address; City; State; Zip Code [REDACTED]
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-5-2018	Payee name HOUSTON MUSEUM OF NATURAL SCIENCE
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Amount (\$) 580.00	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-20-2018	Payee name ANGIE HILLZ
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Amount (\$) 400.00	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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 HIMESH GANDHI	3 Filer ID (Ethics Commission Filers)
4 Date 3.21.2018	5 Payee name NELSON & CO.	
6 Amount (\$) 324.75	7 Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <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 3-21-2018	Payee name REPUBLICAN PARTY	
Amount (\$) 1750.00	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS	Description <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 3-21-2018	Payee name PAMELA PRINTING	
Amount (\$) 1674.43	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <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: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 HIMESH GANDHI	3 Filer ID (Ethics Commission Filers)
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4 Date 3-22-2018	5 Payee name POST NET
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6 Amount (\$) 159.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-3-2018	Payee name VOC A CONTACT EMAIL
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Amount (\$) 34.64	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-3-2018	Payee name HIMESH GANDHI
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Amount (\$) 2986.62	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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 HIMESH GANDHI	3 Filer ID (Ethics Commission Filers)
4 Date 5.2-2018	5 Payee name VOC * ICONTACT EMAIL	
6 Amount (\$) 34.64	7 Payee address; City; State; Zip Code 	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <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 5-8-2018	Payee name WELLS FARGO	
Amount (\$) 3.00	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description <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 6-4-2018	Payee name VOC * ICONTACT EMAIL	
Amount (\$) 34.64	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <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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