

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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

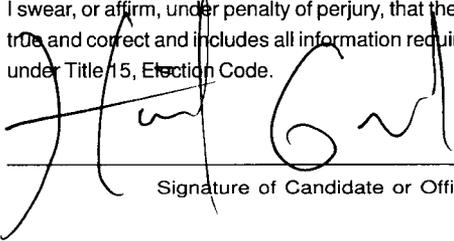
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>13,976.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,389.36</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,672.50</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,986.62</u>

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.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Himesh Gandhi, this the 5th day of April, 2018, to certify which, witness my hand and seal of office.

Mary M. Worley
Signature of officer administering oath

Mary M. Worley
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 <i>Ramesh Gandhi</i>	20 Filer ID (Ethics Commission Filers)
----------------------------------------------	-----------------------------------------------

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,389.36
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

Mimesh Gandhi

3 Filer ID (Ethics Commission Filers)

4 Date

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

BRENT AND KATHY CARPENTER

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

02/16/18

[REDACTED]

\$250.00

8 Principal occupation / Job title (See Instructions)

ATTORNEYS

9 Employer (See Instructions)

CARPENTER & CARPENTER, P.L.

Date

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

THE MULLER LAW GROUP, PLLC

Contributor address; City; State; Zip Code

77479

Amount of contribution (\$)

02/15/18

[REDACTED]

\$1000.00

Principal occupation / Job title (See Instructions)

ATTORNEYS

Employer (See Instructions)

THE MULLER LAW GROUP

Date

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

BARBARA BRESCIAN

Contributor address; City; State; Zip Code

Amount of contribution (\$)

2/15/18

[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

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

E.G. BUD FRIEDMAN

Contributor address; City; State; Zip Code

Amount of contribution (\$)

2/15/18

[REDACTED]

\$50.00

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

FORT BEND REAL ESTATE CORP.

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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

GARY BECKER

6 Contributor address; City; State; Zip Code

2/15/18

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Owner.

ACE

Date

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

Amount of contribution (\$)

ROSS ASHER

Contributor address; City; State; Zip Code

2/15/18

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney.

RMWBH LAW

Date

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

Amount of contribution (\$)

JIM RUSS

Contributor address; City; State; Zip Code

2/15/18

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

EHRA

Date

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

Amount of contribution (\$)

REPUBLIC SERVICES INC; EMPLOYEES BETTER GOVERNMENT AC

Contributor address; City; State; Zip Code

2/15/18

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

MARLENA BERGER

6 Contributor address; City; State; Zip Code

2/15/18

\$ 25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

REAL ESTATE

BETTER HOMES & GARDENS REAL ESTATE

Date

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

Amount of contribution (\$)

JAL JEMI SETHNA

Contributor address; City; State; Zip Code

2/15/18

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ENGINEER

CHEVRON

Date

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

Amount of contribution (\$)

W. A. LITTLE

Contributor address; City; State; Zip Code

2/15/18

\$ 30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

RETIRED

Date

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

Amount of contribution (\$)

JAMES D. RICE

Contributor address; City; State; Zip Code

2/15/18

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

HEMACHANDRA P. KOLLURU

6 Contributor address; City; State; Zip Code

2/15/18

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

OWNER

AMANI ENGINEERING.

Date

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

Amount of contribution (\$)

JOHN NULL

Contributor address; City; State; Zip Code

2/15/18

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

RETIRED

Date

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

Amount of contribution (\$)

J. B. BROWN

Contributor address; City; State; Zip Code

2/15/18

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MANAGER

H. C. A

Date

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

Amount of contribution (\$)

DAVID B. BLOMSTROM

Contributor address; City; State; Zip Code

2/15/18

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

C. P. A

REED, ABRASLEY, & 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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

GARY D. TUMA
 6 Contributor address; City; State; Zip Code

2/15/18

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

RETIRED

Date

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

Amount of contribution (\$)

ROCKY SAINT LET LAI
 Contributor address; City; State; Zip Code

2/15/18

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

REAL ESTATE

ROCKY LAI & ASSOCIATES, INC.

Date

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

Amount of contribution (\$)

P. E. ILAVIA
 Contributor address; City; State; Zip Code

2/15/18

\$101.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

RETIRED

Date

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

Amount of contribution (\$)

DEAN N. CARPENTER
 Contributor address; City; State; Zip Code

2/15/18

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

H.L.U SERVICES, INC.

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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

RANDY N. RANDERMANN

6 Contributor address; City; State; Zip Code

2/15/18

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

MANAGER

BGE, INC.

Date

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

Amount of contribution (\$)

LARRY W. HARRISON

Contributor address; City; State; Zip Code

2/15/18

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

HARRISON LAW FIRM

Date

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

Amount of contribution (\$)

RICHARD D. PHILLIPS

Contributor address; City; State; Zip Code

2/15/18

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

Date

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

Amount of contribution (\$)

STEVEN J. VONHOFE

Contributor address; City; State; Zip Code

2/15/18

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PRESIDENT

SITTERLE HOMES 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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

JAMES M. MORAS

6 Contributor address; City; State; Zip Code

2/15/18

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

RETIRED

Date

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

Amount of contribution (\$)

CHE SLEY CHOU DHARY

Contributor address; City; State; Zip Code

2/15/18

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

TANCHES

Date

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

Amount of contribution (\$)

JAMES A. THOMPSON CAMPAIGN ACCOUNT

Contributor address; City; State; Zip Code

2/15/18

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

Date

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

Amount of contribution (\$)

DAVID C. JOHNSTON JR.

Contributor address; City; State; Zip Code

2/15/18

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

RETIRED

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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

HUITT ZOLLARS, INC. TEXAS PAC
 6 Contributor address; City; State; Zip Code

[REDACTED]

\$1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

N/A

N/A

Date

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

Amount of contribution (\$)

GREGORY A. SCHMIDT
 Contributor address; City; State; Zip Code

[REDACTED]

\$250.00

02/28/18

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

TEXAS ENGINEERING AND MAPPING COMPANY

Date

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

Amount of contribution (\$)

STEWART A. JACOBSON
 Contributor address; City; State; Zip Code

[REDACTED]

\$100

2/28/18

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

DEARBORN CREGGS

Date

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

Amount of contribution (\$)

HOJIN LIM
 Contributor address; City; State; Zip Code

[REDACTED]

\$100

2/28/18

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MANAGER

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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

DANA C. ATKINSON

6 Contributor address; City; State; Zip Code

2/28/18

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

OWNER

ANSON AVIATION

Date

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

Amount of contribution (\$)

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

Contributor address; City; State; Zip Code

2/28/18

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

Date

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

Amount of contribution (\$)

GEORGE R. WILLY

Contributor address; City; State; Zip Code

2/28/18

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

Willy Nanayakkara & Associates

Date

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

Amount of contribution (\$)

ZARIR SETHNA

Contributor address; City; State; Zip Code

2/28/18

\$ 150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRITHVIPAL S. LIKHARI 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
2/26/18	[REDACTED]	\$ 500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM TODD THURBER Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/28/18	[REDACTED]	\$ 250.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY S. MCLENDON Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/28/18	[REDACTED]	\$ 500.00
Principal occupation / Job title (See Instructions) SURVEY / PRESIDENT		Employer (See Instructions) TEXAS SURVEYING
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NILESH J. PATEL Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/26/18	[REDACTED]	\$ 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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMINIC J. CASHIDLA 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) CLASSIC MESSAGING LLC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALE LONGER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) COBB FENDLEY.
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOSHIR CHALLA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CADENCE BANK NA PAC for CHRIS GOSSET 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 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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOME PAC GREATER HOUSTON BUILDERS ASSOC. 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
2/28/18	[REDACTED]	\$250.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEAN A HRBACEK Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/28/18	[REDACTED]	\$500.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) DEAN A HRBACEK PC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R.S. 6600 S.W. FWY, LP Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/8/18	[REDACTED]	\$ 250.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) R.S. Realty of Texas
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER F. TED NELSON Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/28/18	[REDACTED]	\$ 500.00
Principal occupation / Job title (See Instructions) REGIONAL PRESIDENT OF CENTRAL REGION		Employer (See Instructions) NEWLAND COMMUNITIES LLC
<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>		

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 M. GANDHI		3 Filer ID (Ethics Commission Filers)	
4 Date 01/03/18		5 Payee name VOC*CONTACTEMAIL			
6 Amount (\$) 34.64		7 Payee address; City; State; Zip Code [REDACTED]			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	ADVERTISING EXPENSE		<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	
Date 01/31/18		Payee name WELLS FARGO			
Amount (\$) 14.00		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	BANKING		<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	
Date 02/02/18		Payee name VOC*CONTACTEMAIL			
Amount (\$) 34.64		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	ADVERTISING EXPENSE		<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 HIMESH M. GANDHI	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------------	---------------------------------------

4 Date 02/28/18	5 Payee name NEWS FARGO
--------------------	----------------------------

6 Amount (\$) 12.00	7 Payee address; City; State; Zip Code [REDACTED]
------------------------	------------------------------------------------------

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
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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 03/01/18	Payee name NEWS FARGO
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Amount (\$) 100	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 03/01/18	Payee name JAYME CASCO
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Amount (\$) 250	Payee address; City; State; Zip Code [REDACTED]
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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
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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 Expense | 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 M. GANDHI	3 Filer ID (Ethics Commission Filers)
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4 Date 03/02/18	5 Payee name VOC*CONTACTEMAIL
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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.	(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 03/05/18	Payee name HOUSTON MUSEUM OF NATURAL SCIENCES
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Amount (\$) 560.00	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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
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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 03/20/18	Payee name ANGE HILL
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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) 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 ONLY 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
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 HIMESH M. GANDHI	3 Filer ID (Ethics Commission Filers)
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4 Date 03/21/18	5 Payee name NELSON & CO.
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6 Amount (\$) 324.75	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 03/21/18	Payee name REPUBLICAN PARTY
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Amount (\$) 1750.00	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATIONS	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 03/21/18	Payee name PAMELA PRINTING
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Amount (\$) 1674.43	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 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
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 HIMESH M. GANDHI	3 Filer ID (Ethics Commission Filers)
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4 Date 03/22/18	5 Payee name POSTNET SUGAR LAND
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6 Amount (\$) 159.00	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) PRINTING 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 04/03/18	Payee name VOC* CONTACTEMAIL
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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	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 04/03/18	Payee name HIMESH GANDHI
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Amount (\$) 2966.62	Payee address; City; State; Zip Code [REDACTED]
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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