

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 Filer)	2 Total pages filed.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. HINESH NICKNAME LAST SUFFIX GANDHI		RECEIVED JUL 15 2020 OFFICE OF CITY SECRETARY CITY OF SUGARLAND, TX 5:04 @ 5:03 p.m. E-mailed 7/15/2020
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. HARRIS NICKNAME LAST SUFFIX SUNNY JOHNSON		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 		
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 Month Day Year 01 / 01 / 2020 THROUGH 6 / 30 / 2020		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 5 / 5 / 18 ☒ General ☐ Special		
12 OFFICE	13 OFFICE SOUGHT (If known) OFFICE HELD (If any) SUGARLAND CITY COUNCIL AT-LARGE, POSITION 1.		

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)

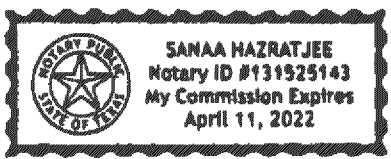
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 603.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 818.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said HIMESH GANDHI, this the 15th day of JULY, 2020, to certify which, witness my hand and seal of office.

[Signature]
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**

HIMESH GANDHI

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 603.46

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

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: 1 of 5		2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)	
4 Date 1/03/20		5 Payee name iCONTACT			
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) ADVERTISING EXPENSE		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 1/31/20		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) BANKING		Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/04/20		Payee name iCONTACT			
Amount (\$) 38.97		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 of 15		2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/20		5 Payee name WELLS FARGO			
6 Amount (\$) 14.00		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		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/23/20		Payee name CONTACT			
Amount (\$) 38.97		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/31/20		Payee name WELLS FARGO			
Amount (\$) 14.00		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 3 of 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 4/02/20	5 Payee name CONTACT
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6 Amount (\$) 38.97	7 Payee address; [REDACTED]	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
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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Date 4/30/20	Payee name WEWS FARGO
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Amount (\$) 14.00	Payee address; [REDACTED]	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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Date 5/04/20	Payee name CONTACT
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Amount (\$) 38.97	Payee address; [REDACTED]	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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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: 4 of 5		2 FILER NAME HIMESH GANDHI		3 Filer ID (Ethics Commission Filers)	
4 Date 5/29/20		5 Payee name WELLS FARGO			
6 Amount (\$) 14.00		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		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
8 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/02/20		Payee name iCONTACT			
Amount (\$) 38.97		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/25/20		Payee name ALEX KAMKAR CAMPAIGN			
Amount (\$) 251.00		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION		Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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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)

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1 Total pages Schedule F1: 5 of 5		2 FILER NAME HIMESH GADHI		3 Filer ID (Ethics Commission Filers)	
4 Date 6/30/20		5 Payee name NEWS FARGO			
6 Amount (\$) 14.00		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		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 7/03/20		Payee name 1 CONTACT			
Amount (\$) 38.97		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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