

# 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 <b>Manik</b>	MI
	NICKNAME	LAST <b>Wadhawan</b>	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received  <b>JAN 19 2022 RUCVD</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <b>4310 Oak Forest Dr.</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Missouri City, Texas 77459</b>
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(281 )</b>	PHONE NUMBER <b>813-0052</b>	EXTENSION
Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Cynthia</b>	MI
	NICKNAME	LAST <b>Lenton-Gary</b>	SUFFIX
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
(Residence or Business)	<b>4003 Royal Plantation Lane</b>		<b>Missouri City, Texas 77459</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(281 )</b>	PHONE NUMBER <b>650-6832</b>	EXTENSION
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<b>7</b>	<b>16</b>	<b>21</b>
	THROUGH		Month
			Day
			Year
			<b>1 / 18 / 22</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<b>3</b>	<b>1</b>	<b>22</b>
	<input checked="" 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)	13 OFFICE SOUGHT (if known)	
		<b>Fort Bend County Court of Law #2</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>07/16/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code <b>abashadi@gmail.com</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>07/16/2021</b>	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code <b>knagarsheth@gmail.com</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/25/2021</b>	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code <b>chittaluru@gmail.com</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/31/2021</b>	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code <b>bhojaniff@yahoo.com</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/25/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Gabriela Desai</b> 6 Contributor address; City; State; Zip Code <b>gabriela_desai@hotmail.com</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/25/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Raj Parikh</b> Contributor address; City; State; Zip Code <b>rajmparikh@gmail.com</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/25/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nick Patel</b> Contributor address; City; State; Zip Code <b>nickpatel50@yahoo.com</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/26/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>nvb1977@gmail.com</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

**Manik (Tony) Wadhawan**

3 Filer ID (Ethics Commission Filers)

4 Date

09/26/2021

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

**sandynbobo@gmail.com**

7 Amount of contribution (\$)

**25.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/27/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**jalenemack@aol.com**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**venu\_77478@yahoo.com**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**dmaruboyina@gmail.com**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/2021</b>	5 Full name of contributor _____ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <b>jamesldrew@gmail.com</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/21/2021</b>	Full name of contributor _____ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>tc@tcthompkins.com</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/22/2021</b>	Full name of contributor _____ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>apatel@subhiaxmigrocers.com</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/22/2021</b>	Full name of contributor _____ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>shabina13@gmail.com</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/16/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code <b>bobbythomas33@hotmail.com</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code <b>rick_barrbera@gmail.com</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code <b>edwalgomz@yahoo.com</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code <b>al.tailor@gmail.com</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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

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2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) ..... 6 Contributor address; City; State; Zip Code <b>prital.patel@gmail.com</b>	7 Amount of contribution (\$) <b>99.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code <b>adeelakhtar780@gmail.com</b>	Amount of contribution (\$) <b>30.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code <b>dipulpatel18@gmail.com</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code <b>khalilghorbani@gmail.com</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) ..... 6 Contributor address; City; State; Zip Code <b>dyonnebrowder@gmail.com</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code <b>joneskingmom4@gmail.com</b>	Amount of contribution (\$)  <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code <b>frank@fylawfirm.com</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code <b>amber@amboydllaw.com</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/2021</b>	5 Full name of contributor <b>t.abraham@juno.com</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor <b>saumeen@gmail.com</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>251.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2021</b>	Full name of contributor <b>surajks15@hotmail.com</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/27/2021</b>	Full name of contributor <b>matt@mattberg4texas.org</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/31/2021</b>	5 Full name of contributor: _____ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <b>jain.1@hotmail.com</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/05/2021</b>	Full name of contributor _____ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>neil.jay.patel@gmail.com</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/05/2021</b>	Full name of contributor _____ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>Quang Le</b> <b>3435 Ashlock Dr. Houston, TX. 77082</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/05/2021</b>	Full name of contributor _____ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>DeVaugh Douglas</b> <b>8525 Hearth Dr. #2 Houston, Tx. 77054</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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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 <b>01/07/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Divjyot Singh</b> <hr/> 6 Contributor address; City; State; Zip Code <b>14003 Windover Park Ln Cypress, Tx. 77429</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/07/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ronak Patel</b> <hr/> Contributor address; City; State; Zip Code <b>2218 Azure Spring Dr. Missouri City, Tx. 77459</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/07/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tuhina Sharma</b> <hr/> Contributor address; City; State; Zip Code <b>4812 Wedgewood Dr. Bellaire, Tx. 77401</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/07/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Misty Nicole</b> <hr/> Contributor address; City; State; Zip Code <b>2 Cotton Iron Dr. Missouri City, Tx. 77459</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

**Manik (Tony) Wadhawan**

3 Filer ID (Ethics Commission Filers)

4 Date

01/07/2022

5 Full name of contributor

**Ricky Oberoi**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

**112 Tall Trail Missouri City, Tx. 77459**

City;

State;

Zip Code

7 Amount of contribution (\$)

**250.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/07/2022

Full name of contributor

**Saeed Tellawi**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**827 W 19th St. Houston, Tx. 77008**

City;

State;

Zip Code

Amount of contribution (\$)

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/07/2022

Full name of contributor

**Dhruv Sansdesara**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**17026 N. Aliana Rd. Richmond, Tx. 77407**

City;

State;

Zip Code

Amount of contribution (\$)

**251.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/07/2022

Full name of contributor

**Parin Shah**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**13719 Culloden Ct. Richmond, Tx. 77407**

City;

State;

Zip Code

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/07/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Van Shotwell</b>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>5922 CR 172 Alvin, Tx. 77511</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Manik (Tony) Wadawan</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>09/03/2021</b>	5 Payee name <b>Robo Dial</b>
-----------------------------	----------------------------------

6 Amount (\$) <b>75.00</b>	7 Payee address; <b>4601 North FairFax Dr. #1200</b>	City; <b>Arlington, VA</b>	State; <b>VA</b>	Zip Code <b>22203</b>
-------------------------------	---	-------------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Robo Calls</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>09/14/2021</b>	Payee name <b>Robo Dial</b>
---------------------------	--------------------------------

Amount (\$) <b>100.00</b>	Payee address; <b>4601 North FairFax Dr. #1200</b>	City; <b>Arlington, VA</b>	State; <b>VA</b>	Zip Code <b>22203</b>
------------------------------	---	-------------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Robo Calls</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>10/04/2021</b>	Payee name <b>Ready Go Signs</b>
---------------------------	-------------------------------------

Amount (\$) <b>100.00</b>	Payee address; <b>9825 Drysdale Ln. Suite B</b>	City; <b>Houston, Tx.</b>	State; <b>77041</b>	Zip Code <b>77041</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Website update</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: <b>2</b>		2 FILER NAME <b>Manik (Tony) Wadhawan</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/13/2021</b>		5 Payee name <b>Total Wine and More</b>			
6 Amount (\$) <b>75.40</b>		7 Payee address; City; State; Zip Code <b>14762 B Southwest Fwy Sugarland, Tx. 77479</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Beverage Expense</b>		(b) Description <b>Wine for Campaign Fund Raiser</b>		
	(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 <b>10/18/2021</b>		Payee name <b>Walmart</b>			
Amount (\$) <b>54.02</b>		Payee address; City; State; Zip Code <b>5501 Hwy 6 Missouri City, Tx. 77479</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expenses</b>		Description <b>event decorations</b>		
	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 <b>10/18/2021</b>		Payee name <b>M3 Graphics Inc.</b>			
Amount (\$) <b>356.14</b>		Payee address; City; State; Zip Code <b>11730 S. Wilcrest Dr. Houston, Tx. 77099</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>Campaign literature</b>		
	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**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Manik (Tony) Wahdawan	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/18/2021	<b>5</b> Payee name GOFAN	
<b>6</b> Amount (\$) 18.00	<b>7</b> Payee address; City; State; Zip Code 5900 Windward Prkwy #250 Alpharetta, GA. 30005	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Ticket
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10/18/2021	Payee name Walmart	
Amount (\$) 86.05	Payee address; City; State; Zip Code 5501 Hwy 6 Missouri City, Tx. 77459	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> food, beverages
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10/18/2021	Payee name Ready Go Signs	
Amount (\$) 300.00	Payee address; City; State; Zip Code 9825 Drysdale Ln. Suite B Houston, Tx. 77041	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> Deposit for signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Manik (Tony) Wahdawan	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/20/2021	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) 18.39	<b>7</b> Payee address; On-line service	City:                      State:                      Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Expense	<b>(b)</b> Description office supplies
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> 10/20/2021	<b>Payee name</b> Ready Go Signs	
<b>Amount (\$)</b> 2,310.00	<b>Payee address;</b> 9825 Drysdale Suite B	<b>City; State; Zip Code</b> Houston, Tx. 77041
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> Campaign Signs
	<b>(c)</b> 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
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address;</b>	<b>City; State; Zip Code</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<b>(c)</b> 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

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/26/2021	5 Payee name Fadis Mediterranean
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6 Amount (\$) 71.45	7 Payee address; 716 Hwy 6 Sugarland, Tx. 77479	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food and Beverages
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/25/2021	Payee name State Fare
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Amount (\$) 59.00	Payee address; 15930 Citywalk Sugarland, Tx. 77479	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food and Beverages
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/01/2021	Payee name Academy
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Amount (\$) 48.70	Payee address; 16610 Southwest Frwy Sugarland, Tx. 77479	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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### 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Manik (Tony) Wahdawan		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/01/2021		<b>5</b> Payee name Lasbela Restaurant			
<b>6</b> Amount (\$) 61.61		<b>7</b> Payee address; City; State; Zip Code 13849 Southwest Fwy Sugarland, Tx. 77479			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule): Food/ Beverage Expense		<b>(b)</b> Description Food and Beverages		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 11/10/2021		Payee name Center Court Pizza			
Amount (\$) 68.42		Payee address; City; State; Zip Code 7425 Hwy 6 Missouri City, Tx. 77459			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Food and Beverages		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 11/16/2021		Payee name Amazon - online service			
Amount (\$) 66.02		Payee address; City; State; Zip Code Amazon.com			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift Expense		Description Gift		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Manik (Tony) Wahdawan	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/16/2021	<b>5</b> Payee name Halal	
<b>6</b> Amount (\$) 20.00	<b>7</b> Payee address; City; State; Zip Code 6609 S. Main Houston, Tx. 77030	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	<b>(b)</b> Description Food
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

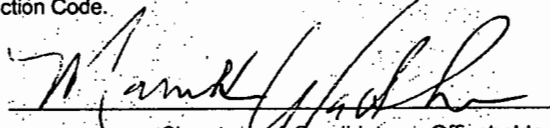
**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>Manik (Tony) Wadhawan</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>8,251.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>3,888.20</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>12,623.87</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

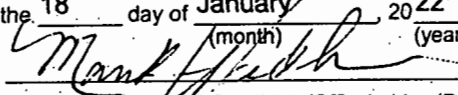
NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Manik (Tony) Wadhawan, and my date of birth is 12/18/1981  
 My address is 4310 Oak Forest Dr., Missouri City, Texas, 77459, USA  
(street) (city) (state) (zip code) (country)  
 Executed in Fort Bend County, State of Texas, on the 18 day of January, 2022  
(month) (year)  
  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Manik (Tony) Wahdawan		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,251.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,888.20
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		\$