

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

FIRST

MI

MANU

NICKNAME

LAST

SUFFIX

POOPARAYIL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS : PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

435 Murphy Road B1
P.O. Box 198 , Stafford, TX 77477

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 799-4247

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Brenda

NICKNAME

LAST

SUFFIX

Esene

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #

CITY

STATE

ZIP CODE

2610 Riverhollow Ln Sugarland TX 77479

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 885-7842

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Extended Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

08 / 04 / 2023 THROUGH 01 / 15 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 2024

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Fort Bend Constable Precinct 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Manu Pooparayil</u>		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)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,417.17</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,142.83</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>11,774.34</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,500.00</u>

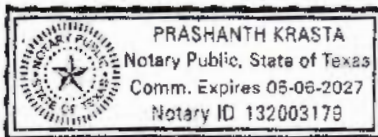
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

(Handwritten Signature)

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Manojkumar Pooparayil this the 12 day of Jan 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: (Handwritten Signature)
 Printed name of officer administering oath: Prashanth Krasta
 Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>MANU POOPARAYIL</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$21,417.17
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$21,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$26,723.86
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$4,418.97
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	\$

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME MANG POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 6,000.
5 Date of loan 8/7/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MANG KUMAR POOPARAYIL	9 Loan Amount (\$) 5,000
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 535 OAKDALE DR. STAFFORD, TX. 77477	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Police Officer		13 Employer (See Instructions) Metropolitan Transit Authority
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12/19/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MANG KUMAR POOPARAYIL	Loan Amount (\$) 1,000
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 535 OAKDALE DR. STAFFORD, TX 77477	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Metropolitan Transit Authority
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME Manu Pooparayil		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 15,500
5 Date of loan 01/08/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MANOJKUMAR POOPARAYIL	9 Loan Amount (\$) 7,500.
6 Is lender a financial institution? Y (N)	8 Lender address: City: State: Zip Code 535 Oakdale Dr. Stafford, TX 77477	10 Interest rate N/A
		11 Maturity date N/A.
12 Principal occupation / Job title (See Instructions) Police Officer		13 Employer (See Instructions) Metropolitan Transit Authority
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address: City: State: Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 01/12/24	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MANOJKUMAR POOPARAYIL	Loan Amount (\$) 8,000.
Is lender a financial institution? Y (N)	Lender address: City: State: Zip Code 535 Oakdale Dr. Stafford, TX 77477	Interest rate N/A.
		Maturity date N/A
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Metropolitan Transit Authority
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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:

17

2 FILER NAME

MANU POOPARAYIL

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/23

5 Full name of contributor

Celine Babu

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

7 Amount of contribution (\$) 1,000

6 Contributor address;

City;

State; Zip Code

3839 Grand Oak Ct MC, TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/20/23

Full name of contributor

Shaji K. John

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

Amount of contribution (\$) 1,000

Contributor address;

City;

State; Zip Code

3311 Eldorado Blvd. MC, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/23

Full name of contributor

Joy K. Varghese

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

Amount of contribution (\$) 500.

Contributor address;

City;

State; Zip Code

7819 Blazing God MC, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/23

Full name of contributor

Act Blue TX

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

Amount of contribution (\$) 96.05

Contributor address;

City;

State; Zip Code

P.O. Box 441146

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: 17
2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponnu Pilla;	7 Amount of contribution (\$) 100.
6 Contributor address; City; State; Zip Code 1826 LAKE WINDS DR. MC, TX 77459		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S.K. ChERIAN	Amount of contribution (\$) 50.
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OMANA K. THAYIL	Amount of contribution (\$) 250.
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USHA NAILKUMAR	Amount of contribution (\$) 200.
Contributor address; City; State; Zip Code		
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: 17
2 FILER NAME MANY POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOMARAJAN MAIL	7 Amount of contribution (\$) 101.
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Chako	Amount of contribution (\$) 50.
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NINAN PAUL MATHULLA	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas John Oliyankunnel	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 103 Crest Ct. Stafford, TX 77477		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Manu Pouparguil

3 Filer ID (Ethics Commission Filers)

4 Date

9/11/23

5 Full name of contributor

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

Mitchel A. Levy

7 Amount of contribution (\$) 100

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/22/23

Full name of contributor

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

Abyan Enterprise, Inc

Amount of contribution (\$) 200

Contributor address;

City;

State;

Zip Code

445 FM 1092 Rd Ste 400

Stafford, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/23

Full name of contributor

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

Ranjit Madhusoodanhan Pillai

Amount of contribution (\$) 3,000

Contributor address;

City;

State;

Zip Code

15031 Sugar Sweet Dr

Sugar Land, TX 77498

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/23

Full name of contributor

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

UNNI MANAPURATHU

Amount of contribution (\$) 250

Contributor address;

City;

State;

Zip Code

3414 Stone River Ct

Pearland, TX 77581

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: 17
2 FILER NAME MANU POOPARAGIL		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B.J. JOHNSON	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. KURIACHEN	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Cherkara	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANET DAWSON	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code		
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: 17
2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Joseph	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bride M. Kelly	Amount of contribution (\$) 75
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel K. Chako	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert L. Jacob	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
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: 12
2 FILER NAME MANU POOPARAGIL		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madhu Cherickal	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anoop John	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragagopal Pillai	Amount of contribution (\$) 501
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sini Joshy	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code		
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: 17
2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAYA PRAKASH	7 Amount of contribution (\$) 251.
6 Contributor address; City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAJAN V. NARAYANIA	Amount of contribution (\$) 250
Contributor address; City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Pillai	Amount of contribution (\$) 100
Contributor address; City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palomaresse Fernando	Amount of contribution (\$) 80
Contributor address; City: State: Zip Code		
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:

17

2 FILER NAME

MANU POOPARAYIL

3 Filer ID (Ethics Commission Filers)

4 Date

10/02/23

5 Full name of contributor

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

SASIDHARAN NAIR

7 Amount of contribution (\$) 500.

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/02/23

Full name of contributor

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

KOCHUMMAN PHILIP

Amount of contribution (\$) 200

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/02/23

Full name of contributor

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

GEORGE KOLACHERY

Amount of contribution (\$) 250

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/02/23

Full name of contributor

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

GEORGE KAKKAMATT

Amount of contribution (\$) 200

Contributor address;

City;

State;

Zip Code

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: 17
2 FILER NAME MARY POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 10/02/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gigg Olieka	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SAM Jacob	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Baby Philip	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUNNY THOMAS	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code		
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: 17
2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 10/02/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES VETTICKANAL	7 Amount of contribution (\$) 100.
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONEY VARGHESE	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE VETTICKANAL	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE KOLAMBEL	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code		
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: 17

2 FILER NAME

MANN POOPARAJI

3 Filer ID (Ethics Commission Filers)

4 Date

10/02/23

5 Full name of contributor

Shaim (Jonny silk)

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

7 Amount of contribution (\$) 250

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/02/23

Full name of contributor

Shyam Sureshwaran

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

Amount of contribution (\$) 500

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/03/23

Full name of contributor

Act Blue TX

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

Amount of contribution (\$) 118.02

Contributor address;

City;

State;

Zip Code

P.O. Box 441146

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/23

Full name of contributor

Act Blue TX

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

Amount of contribution (\$) 192.00

Contributor address;

City;

State;

Zip Code

P.O. Box 441146

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: 17
2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joy S. Thayil	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code 143 Palm Blvd. MC, TX 77459		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amutha Chandrasekaran	Amount of contribution (\$) 150
Contributor address; City; State; Zip Code 4410 Colony Glen Ct Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph James	Amount of contribution (\$) 150
Contributor address; City; State; Zip Code 3715 Blackberry Circle MC, TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vijay K. Pallod	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 1306 Coleridge St. Sugar Land, TX 77479		
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: 17
2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 10/07/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINOD VASUDEVAN	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code 4118 Ferro St. Stafford, TX 77477		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY K. RAMAN	Amount of contribution (\$) 201
Contributor address; City; State; Zip Code 6 White Pillar Lane Hou. TX. 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VENUGOPAL K. MENON	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 6962 Amie Ln. Pearland, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TGM Printing	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 13190 Murphy Rd. Stafford, TX 77479		
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:

17

2 FILER NAME

MANU POOPARAYI

3 Filer ID (Ethics Commission Filers)

4 Date

11/29/23

5 Full name of contributor

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

Madhavan K. Pilli

7 Amount of contribution (\$) 1000

6 Contributor address;

City;

State; Zip Code

8820 Stella Link Rd. Ste A
HOU, TX 77025

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/02/23

Full name of contributor

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

Grace Supply

Amount of contribution (\$) 500

Contributor address;

City;

State; Zip Code

13740 Pike Rd MC, TX 77489

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/4/23

Full name of contributor

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

VALU Liquor & Wine

Amount of contribution (\$) 250

Contributor address;

City;

State; Zip Code

502 FM 1092 Ste G
Stafford, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/23

Full name of contributor

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

Jacob George

Amount of contribution (\$) 100

Contributor address;

City;

State; Zip Code

212 Angela Ln Stafford, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 17
2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 12/2/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M.C. Geervarghese	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 5214 Riverstone Crossing Ln. Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PONNU PILLAI	Amount of contribution (\$) 101
Contributor address; City; State; Zip Code 1826 Lake Winds Dr. M.C., TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JINU THOMAS	Amount of contribution (\$) 200
Contributor address; City; State; Zip Code 4318 Creek Point Ln inc, TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUKIN KUMARAM	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code 3914 Clarestone Dr. Pearland, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 17
2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)
4 Date 12/2/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joy N. Samuel	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 2727 Saint Bernard Dr ECCENCO, TX 77545		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel CPA	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 445 Murphy Rd. Ste 100B Stafford, TX 77477		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SANTOS MUKERJI	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 5334 Riverstone Crossing Dr. SUGAR LAND, TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 10/31/23	5 Payee name AMEGY BANK OF TX.
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6 Amount (\$) 2.00	7 Payee address: P.O. BOX 26547	City: SALT LAKE CITY	State: UT	Zip Code 84126-0547
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING	(b) Description PAPER Stmt. Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/23	Payee name AMEGY BANK OF TX
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Amount (\$) 150.00	Payee address: P.O. BOX 26547	City: SALT LAKE CITY, UT	State: UT	Zip Code 84126-0547
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description DEPOSITED TRANSIT ITEM Fee
	<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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Date 11/03/21	Payee name AMAZON
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Amount (\$) 32.91	Payee address: 9829 AMZN MKTP.	City:	State: US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Meet & Greet Program
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME ANAN POOPARAYIL	3 Filer ID (Ethics Commission Filers)
4 Date 11/06/23	5 Payee name AMAZON	
6 Amount (\$) 29.26	7 Payee address; 9829 AMZN MKTN	City: State: Zip Code US.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Office Supplies
	(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 11/06/23	Payee name NAYAN Food LLC	
Amount (\$) 48.60	Payee address;	City: State: Zip Code Hou. TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description CAMPAIGN EVENT.
	<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 11/07/23	Payee name AMAZON	
Amount (\$) 53.11	Payee address;	City: State: Zip Code US.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description memorial Day Decoration
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 11/08/23	5 Payee name Hobby Lobby
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6 Amount (\$) 26.42	7 Payee address: 5744 Hwy 6	City: MC	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Decorations for Meet & Greet.
	(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
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Date 11/15/23	Payee name Felicia Moon
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Amount (\$) 1,250.	Payee address: 3311 Raleigh Row	City: MC	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Remuneration/SALARY
	<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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Date 11/16/23	Payee name AMAZON Prime
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Amount (\$) 15.73	Payee address: 9829 AMZN MKTN	City:	State: US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Office Supplies
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME MANU POOPARAYI	3 Filer ID (Ethics Commission Filers)
4 Date 11/29/23	5 Payee name Walmart	
6 Amount (\$) 27.87	7 Payee address; City: State: Zip Code 9929 Hwy 6 Mc, TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Monthly phone service
	(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 11/30/23	Payee name AMEGY BANK of TX	
Amount (\$) 2.00	Payee address; City: State: Zip Code P.O. Box 26547 Salt Lake City, UT 84126-0547	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description Paper Stmt Fee
	<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 11/14/23	Payee name Ft. Bend Democratic Party	
Amount (\$) 1,000.	Payee address; City: State: Zip Code 13515 S.W. Frwy Ste 204 Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Filing Fees
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solidation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing 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: 31		2 FILER NAME MARY POOPARAYIL		3 Filer ID (Ethics Commission Filers)	
4 Date 11/11/23		5 Payee name Ft. Bend Democratic Party			
6 Amount (\$) 1,000		7 Payee address: 13515 S.W. Fwy Ste 204 SUGARLAND, TX 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Year book participation of Democratic Party		
	(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 11/11/23		Payee name CARIBBEAN			
Amount (\$) 250.00		Payee address: 100 LOUISIANA ST. MC, TX 77489			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description CARIBBEAN Thanksgiving EVENT		
	<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 11/06/23		Payee name SONIYA RASH			
Amount (\$) 100.00		Payee address: SUGARLAND, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		Description Campaign Contribution		
	<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	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: 31	2 FILER NAME MANU POOPARHYI	3 Filer ID (Ethics Commission Filers)
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4 Date 9/11/23	5 Payee name TGM
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6 Amount (\$) 878.38	7 Payee address; 13910 Murphy Rd.	City; Stafford, TX	State; TX	Zip Code 77477
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push cards Retractable banner with artwork
	(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
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Date 9/11/23	Payee name TGM
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Amount (\$) 1,200.00	Payee address; 13910 Murphy Rd.	City; Stafford, TX	State; TX	Zip Code 77477
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard signs, T-Shirts, Business cards, Push cards
	<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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Date 9/24/23	Payee name The Watson Group.
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Amount (\$) 200.00	Payee address; 3318 Ellesborough Lane	City; Spring, TX	State; TX	Zip Code 77388
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Security
	<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	Printing Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME MANU PLOPARAYIL	3 Filer ID (Ethics Commission Filers)
4 Date 10-02-23	5 Payee name Millennial Creative Media LLC	
6 Amount (\$) 5,317.00	7 Payee address: 5211 Kirbater Ln	City: MC, State: TX Zip Code: 77459
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard signs, banners, T-shirts
	(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 11/17/23	Payee name TexAs Democrats	
Amount (\$) 1,100.00	Payee address: P.O. Box 15707	City: Austin, State: TX Zip Code: 78761
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description VAN technology
	<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 8/15/23	Payee name Amegy Bank of TX.	
Amount (\$) 34.50	Payee address: P.O. Box 26547	City: Salt Lake City State: UT Zip Code: 84126-0547
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Checks
	<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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME MANU POOPARAJI	3 Filer ID (Ethics Commission Filers)
4 Date 8/28/23	5 Payee name Office Depot	
6 Amount (\$) 29.82	7 Payee address; City; State; Zip Code 5766 Hwy 6. MC, TX 77549	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Office Supplies
	(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 09/05/23	Payee name AMAZON	
Amount (\$) 32.92	Payee address; City; State; Zip Code 9829 AMZN MKTP. US	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Supplies
	<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 09/06/23	Payee name AMAZON	
Amount (\$) 11.68	Payee address; City; State; Zip Code 9829 AMZN MKTP US	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Supplies
	<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 | 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: 31	2 FILER NAME MANY POOPRAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 09/08/23	5 Payee name Walmart Super Center
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6 Amount (\$) 18.59	7 Payee address; 4929 Hwy 6	City; MC, TX	State;	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description Platee, WANKINS, Forks
	(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
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Date 09/08/23	Payee name Hobby Lobby
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Amount (\$) 123.24	Payee address; 5744 Hwy 6	City; MC, TX	State;	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description Decorations
	<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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Date 09/11/23	Payee name AMAZON
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Amount (\$) 10.61	Payee address; 9829 AMZN MKTP	City;	State; US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Office Supplies
	<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 | Printing Expense | Travel in District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME Manu Pooparayil	3 Filer ID (Ethics Commission Filers)
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4 Date 9/11/23	5 Payee name AMAZON
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6 Amount (\$) 16.99	7 Payee address: 9829 Amzn MKTP	City: MC	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Office Supplies
	(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
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Date 9/11/23	Payee name Walmart Super Ctr.
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Amount (\$) 17.47	Payee address: 4929 Hwy 6	City: MC	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Printing Paper
	<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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Date 9/12/23	Payee name AMAZON
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Amount (\$) 37.26	Payee address: 9829 Amzn MKTP	City: MC	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Office Stamp.
	<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	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: 31	2 FILER NAME MANU POOPALAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 9/18/23	5 Payee name AMAZON
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6 Amount (\$) 29.54	7 Payee address: 9829 AMZN MKTN	City:	State: US	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description INK, Printer
	(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
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Date 9/19/23	Payee name AMAZON
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Amount (\$) 83.89	Payee address: 4829 AMZN MKTN	City:	State: US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description 2-4 pks Ink
	<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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Date 9/19/23	Payee name AMAZON
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Amount (\$) 92.03	Payee address: 9829 AMZN MKTN	City:	State: US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Decorating
	<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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME MARU POORHAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 9/20/23	5 Payee name AMAZON
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6 Amount (\$) 21.24	7 Payee address: 9829 AMZN MKTN	City:	State: US	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 BANNER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/20/23	Payee name AMAZON
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Amount (\$) 45.26	Payee address: 9829 AMZN MKTN	City:	State: US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shipping Labels Large BANNER
	<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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Date 9/20/23	Payee name AMAZON
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Amount (\$) 48.00	Payee address: 9829 AMZN MKTN	City:	State: US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT Expense	Description Forks + Labels for the EVENT
	<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.

1 Total pages Schedule F1: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 9/19/23	5 Payee name AMAZON
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6 Amount (\$) 28.99	7 Payee address: 9829 AMZN MKTA	City: 	State: US	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Supplies
	(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
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Date 9/19/23	Payee name AMAZON
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Amount (\$) 72.74	Payee address: AMAZON	City: Seattle, WA	State: 	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Helium Tank
	<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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Date 9/20/23	Payee name AMAZON
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Amount (\$) 17.29	Payee address: 9829 AMZN MKTA	City: 	State: US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ribbon
	<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)

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|--|-------------------------------|--------------------------------|--|
| 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: 31	2 FILER NAME MANY POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 9/22/23	5 Payee name AMAZON
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6 Amount (\$) 16.95	7 Payee address; 9829 AMZN MKTN	City:	State; US	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Scotch Thermal Laminating Pouch
	(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
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Date 9/22/23	Payee name AMAZON
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Amount (\$) 16.82	Payee address; 9829 AMZN MKTN	City:	State; US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Avery Name Tags Receipt Book
	<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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Date 9/22/23	Payee name AMAZON
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Amount (\$) 8.34	Payee address; 9829 AMZN MKTN	City:	State; US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Avery Name Tags
	<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	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: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 9/22/23	5 Payee name AMAZON
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6 Amount (\$) 7.43	7 Payee address; 9829 AMZN MKTN	City;	State; US	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office	(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/25/23	Payee name AMAZON
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Amount (\$) 75.32	Payee address; 9829 AMZN MKTN	City;	State; US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Wall Door Decor Wooden Letters
	<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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Date 9/25/23	Payee name AMAZON
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Amount (\$) 10.60	Payee address; 9829 AMZN MKTN	City;	State; US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description TRAY Decor Sign Board
	<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 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: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 9/25/23	5 Payee name NEB online
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6 Amount (\$) 518.56	7 Payee address: MC, TX	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description Food for Kick Off Party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name:	Office sought	Office held
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Date 9/25/23	Payee name AMAZON
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Amount (\$) 25.45	Payee address: 9829 AMZN MKTN	City:	State: US	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description SPoons + Pictures
	<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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Date 9/25/23	Payee name Walmart
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Amount (\$) 27.79	Payee address:	City: MC,	State: TX	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Other	Description Monthly phone service
	<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.

1 Total pages Schedule F1: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 9/25/23	5 Payee name AMAZON
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6 Amount (\$) 49.70	7 Payee address: 9829 AMZN MKTN	City: US	State: US	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Table Cloth
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29/23	Payee name AMEGY BANK OF TX.
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Amount (\$) 2.00	Payee address: P.O. Box 26547	City: SALT LAKE CITY, UT	State: UT	Zip Code 84126-0547
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Paper Stmt. Fee
	<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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Date 9/29/23	Payee name AMEGY BANK OF TX.
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Amount (\$) 4.00	Payee address: P.O. Box 26547	City: SALT LAKE CITY, UT	State: UT	Zip Code 84126-0547
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Deposit Transit Item Fee
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME MANU POOPRAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 8/30/23	5 Payee name FELICIA MOON
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6 Amount (\$) 1,250.00	7 Payee address: 3311 RALEIGH ROW	City: MC,	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Remuneration
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/30/23	Payee name Destiny Event Center
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Amount (\$) 1,250.00	Payee address: 1622 STAFFORD SHIRE RD	City: STAFFORD,	State: TX	Zip Code 77477
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description HALL RENTAL FOR THE KAKOFF PARTY
	<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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Date 9/15/23	Payee name FELICIA MOON
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Amount (\$) 1,250.00	Payee address: 3311 RALEIGH ROW	City: MC,	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Remuneration
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 9/30/23	5 Payee name Felicia Moon
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6 Amount (\$) 1,250.00	7 Payee address: 3311 Raleigh Row	City: MC,	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Remuneration
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/05/23	Payee name PF Changs
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Amount (\$) 132.50	Payee address: 2120 Lone Star Dr.	City: SUGARLAND,	State: TX	Zip Code 77479
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description CAMPAIGN MEETING
	<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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Date 10/10/23	Payee name Sweeties
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Amount (\$) 28.86	Payee address:	City: Spring,	State: TX.	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description CAMPAIGN MEETING
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
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: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 10/15/23	5 Payee name Felicia Moon
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6 Amount (\$) 1,250.00	7 Payee address: 3311 Raleigh Row	City: MC,	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Remuneration
	(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
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Date 10/10/23	Payee name Uber Eats
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Amount (\$) 42.82	Payee address: 7070 Knights Ct	City: MC,	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Campaign Meeting
	<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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Date 10/16/23	Payee name Uber Trip
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Amount (\$) 19.38	Payee address: 7070 Knights Ct.	City: MC,	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Campaign Meeting
	<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 | 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: 31	2 FILER NAME MARY POOPARAYI	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/23	5 Payee name Amazon Prime
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6 Amount (\$) 15.93	7 Payee address; 9829 AMZN MKTN	City; US	State; US	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/23	Payee name Uber Trip
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Amount (\$) 5.00	Payee address; 7070 Knights CT	City; mc, TX	State; TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Campaign meeting
	<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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Date 10/17/23	Payee name Uber Trip.
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Amount (\$) 31.00	Payee address; 7070 Knights Ct.	City; mc,	State; TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Campaign Purpose
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 10/23/23	5 Payee name PITARA GIFTS
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6 Amount (\$) 27.06	7 Payee address: 3311 Raleigh Row	City: MC,	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Photo Shoot
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/25/23	Payee name WALMART
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Amount (\$) 40.42	Payee address: 5501 Highway 6	City: MC,	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Office Supplies
	(c) <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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Date 10/30/23	Payee name AMAZON
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Amount (\$) 33.98	Payee address: 9829 Amzn MKTN	City:	State: US	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other.	Description Sticky Notes 8 P.K.
	(c) <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.

1 Total pages Schedule F1: 31	2 FILER NAME: MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date: 10/30/23	5 Payee name: WALMART
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6 Amount (\$): 27.87	7 Payee address: MC, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Other	(b) Description: Monthly phone services
	(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
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Date: 10/30/23	Payee name: FELICIA MOON
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Amount (\$): 1,250.00	Payee address: 3311 RALEIGH ROW	City: MC,	State: TX	Zip Code: 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Office Overhead	Description: Remuneration
	<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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Date: 10/30/23	Payee name: AVALON DINER III
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Amount (\$): 65.18	Payee address: 12810 S.W. FRWY	City: STAFFORD,	State: TX	Zip Code: 77477
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food	Description: CAMPAIGN MEETING
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME: MANU POOPARAJI	3 Filer ID (Ethics Commission Filers)
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4 Date: 10/23/23	5 Payee name: Felicia Moon/Sri Guruvayurappan Temple
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6 Amount (\$): 100.00	7 Payee address: 11620 Ormandy St.	City: Nov.	State: TX	Zip Code: 77035
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Campaign	(b) Description: Diwali Festival Tickets
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 10/10/23	Payee name: Disha (Hindu Org.)
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Amount (\$): 500.00	Payee address: GHS Event Ctr. 9550 W. Bellfort Ave.	City: Houston	State: TX	Zip Code:
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Campaign	Description: Participated Grand Diwala Dinner
	(c) <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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Date: 10/30/23	Payee name: HETB.
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Amount (\$): 24.88	Payee address: 8900 Hwy 6	City: MC	State: TX	Zip Code: 77459
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food	Description: Offic' Decoration Items
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME MANY POOPARAYIL	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/23	5 Payee name Shri Sita Ram	
6 Amount (\$) 500.00	7 Payee address: City; State; Zip Code 1200 Blalock Rd Hou. TX 77055	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Participated in the Diwala Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/23	Payee name AMAZON		
Amount (\$) 40.36	Payee address; City; State; Zip Code 9829 Amzn MktN U.S.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Portable hand streamer + treat bags for Diwala function	
	<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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Date 10/31/23	Payee name AMAZON		
Amount (\$) 38.17	Payee address; City; State; Zip Code 9829 Amzn MktN U.S.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Office Stationary	
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expenses |
| 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: 31	2 FILER NAME: MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date: 11/30/23	5 Payee name: Felicia Moon
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6 Amount (\$): 1,250	7 Payee address: 3311 Raleigh Row	City: MC, TX	State: TX	Zip Code: 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Office Overhead	(b) Description: Remuneration/SALARY
	(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
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Date: 12/04/23	Payee name: AMAZON
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Amount (\$): 31.63	Payee address: 7829 AMZN MKTN	City: US	State: US	Zip Code: US
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Other	Description:
	<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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Date: 12/07/23	Payee name: TX Democratic Party
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Amount (\$): 1,100.	Payee address: P.O. Box 15707	City: Austin, TX	State: TX	Zip Code: 78761
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Other	Description: VAN Purchase
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31		2 FILER NAME MANU POOPARAYIL		3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/23		5 Payee name FELICIA MOON			
6 Amount (\$) 1,250.		7 Payee address: 3311 RALEIGH ROW		City: MC, TX	State: TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description Remuneration/SALARY		
	<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 12/19/23		Payee name LA ESCONDIDA MEXICAN			
Amount (\$) 50.34		Payee address: 7220 HWY 6 STE 500		City: MC, TX	State: TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description CAMPAIGN MEETING		
	<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 12/22/23		Payee name AMAZON			
Amount (\$) 15.93		Payee address: 9829 AMZN MKTN		City:	State: US
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Forks, spoons NAPKINS		
	<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 | 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: 31	2 FILER NAME MARY POOPARAYI	3 Filer ID (Ethics Commission Filers)
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4 Date 12/22/23	5 Payee name Whole Food Store
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6 Amount (\$) 18.48	7 Payee address: 15900 Southwest Frwy SUGAR LAND, TX 77478
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Water for the Event
	(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
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Date 12/26/23	Payee name Starbucks
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Amount (\$) 14.34	Payee address: 7770 West Grand Pkwy Richmond, TX 77406
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Campaign Meeting
	<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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Date 12/26/23	Payee name Target
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Amount (\$) 6.01	Payee address: 6000 Hwy 6 MC, TX 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description tape purchase
	<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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 31	2 FILER NAME Manu Pooparayil	3 Filer ID (Ethics Commission Filers):
4 Date 12/28/23	5 Payee name Lupe Tortilla	
6 Amount (\$) 69.10	7 Payee address: 15801 SW Frwy City: Sugar Land, TX State: TX Zip Code: 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	
	(b) Description Campaign Meeting	
(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 12/29/23	Payee name Amegy Bank of TX	
Amount (\$) 12.00	Payee address: P.O. Box 26547 City: Salt Lake City, UT State: UT Zip Code: 84126-0547	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	
	(b) Description Deposited item return fee	
(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 12/29/23	Payee name Walmart	
Amount (\$) 27.87	Payee address: City: MC, TX State: TX Zip Code:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	
	(b) Description Monthly phone service	
(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: 31	2 FILER NAME MANU POOPARA:1	3 Filer ID (Ethics Commission Filers)
4 Date 12/29/23	5 Payee name AMEGY BANK OF TX	
6 Amount (\$) 2.00	7 Payee address: City: State: Zip Code P.O. Box 26547 SALT LAKE CITY, UT 84126-0547	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Paper Stmt. Fee
	(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 12/30/23	Payee name FELICIA MOON	
Amount (\$) 1,250.00	Payee address: City: State: Zip Code 3311 RALEIGH ROW MC, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Remuneration / salary
	<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 12/28/23	Payee name FELICIA MOON	
Amount (\$) 515.00	Payee address: City: State: Zip Code 3311 RALEIGH ROW MC, TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texting for Campaign + Books
	<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 Expenses
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift Awards/Memorabilia Expense	Printing Expense	Travel OUT Of District
Candidate/Officerholder/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: 31	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/23	5 Payee name Grady Prestage Campaign	
6 Amount (\$) 500.00	7 Payee address: P.O. Box 835	City: MC State: TX Zip Code: 77459
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertisement Expense	(b) Description Participated in Black Tie Party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held
Date 12/13/23	Payee name Millennial Creative Media LLC	
Amount (\$) 955.98	Payee address: 5211 Kirbster Ln	City: MC, State: TX Zip Code: 77459
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description Yard signs, banners, T-Shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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.

1 Total pages Schedule G: 11	2 FILER NAME MARY POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 12/7/23	5 Payee name Circle K
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6 Amount (\$) 71.08 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 2939 South Main St.	City: Stafford, TX	State: TX	Zip Code 77477
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description GAS
	(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
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Date 12/13/23	Payee name River Park (00563)
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Amount (\$) 76.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 19988 SW. Frwy.	City: River park, TX	State: TX	Zip Code 77479
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description GAS
	<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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Date 11/29/23	Payee name River Park (00563)
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Amount (\$) 79.10 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 19988 SW. Frwy	City: River park, TX	State: TX	Zip Code 77479
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description GAS
	<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 PERSONAL FUNDS

SCHEDULE G

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expenses | 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 G: 11	2 FILER NAME Manu Pooparayil	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/23	5 Payee name River Park (00563)	
6 Amount (\$) 93.43 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 19988 SW. Frwy City: River Park, TX State: TX Zip Code: 77477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description GAS
	(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 10/7/23	Payee name River Park (00563)	
Amount (\$) 89.99 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 19988 SW. Frwy City: River Park, TX State: TX Zip Code: 77477	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description GAS
	<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 10/12/23	Payee name Rays Food Store	
Amount (\$) 83.14 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2031 Fm 1092 Rd City: MC, TX State: TX Zip Code: 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description GAS
	<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 PERSONAL FUNDS

SCHEDULE G

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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 G: 11	2 FILER NAME MANU POOPARAJI	3 Filer ID (Ethics Commission Filers)
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4 Date 9/5/23	5 Payee name Rays Food Store
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6 Amount (\$) 87.09 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 2031 FM 1092 Rd.	City: MC,	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description GAS
	(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
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Date 9/13/23	Payee name River Park (00563)
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Amount (\$) 92.66 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 19988 SW Frwy	City: Riverpark,	State: TX	Zip Code 77479
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description GAS
	<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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Date 9/25/23	Payee name River Park (00563)
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Amount (\$) 96.39 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 19988 SW Frwy	City: Riverpark,	State: TX	Zip Code 77479
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description GAS
	<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 PERSONAL FUNDS

SCHEDULE G

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 | Food | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing 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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
11	MANU POOPARAYI			
4 Date	5 Payee name			
9/22/23	JACK'S #16			
6 Amount (\$)	7 Payee address:		City:	State:
43.95	2238 S. MAHO ST.		STAFFORD,	TX
<input type="checkbox"/> Reimbursement from political contributions intended			Zip Code	77477
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	TRAVEL IN DISTRICT		GAS	
	<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	Payee name			
8/06/23	HEB			
Amount (\$)	Payee address:		City:	State:
60.00	19906 SW. Frwy		SUGAR LAND,	TX
<input type="checkbox"/> Reimbursement from political contributions intended			Zip Code	77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	TRAVEL IN DISTRICT		GAS.	
	<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	Payee name			
8/19/23	EXXON EXPRESS PAY			
Amount (\$)	Payee address:		City:	State:
60.00	11814 Wilcrest		NOU.	TX
<input type="checkbox"/> Reimbursement from political contributions intended			Zip Code	77031
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	TRAVEL IN DISTRICT		GAS	
	<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 PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Food	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing 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 G: 11	2 FILER NAME MANU POPRAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 8/16/23	5 Payee name HEPS
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6 Amount (\$) 40.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 19900 SW Frwy	City: Sugarland, TX	State: TX	Zip Code 77479
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description GAS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/30/23	Payee name Ray's Food Store
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Amount (\$) 86.27 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2031 FM 1092 Rd.	City: MC, TX	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description GAS
	<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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Date 9/23/23	Payee name Walmart
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Amount (\$) 81.43 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 9929 State Hwy 6	City: MC, TX	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Phone Purchase
	<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 PERSONAL FUNDS

SCHEDULE G

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 | Printing 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 G: 11	2 FILER NAME Manu Pooparayil	3 Filer ID (Ethics Commission Filers)
4 Date 9/02/23	5 Payee name Dollar Tree	
6 Amount (\$) 14.88 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 11817 Wilcrest Dr. City: Hou , State: TX Zip Code: 77031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Office Overhead	(b) Description Supplies
	(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 8/08/23	Payee name Roger Westmorelands	
Amount (\$) 28.86 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1914 E. 1st City: Hughes Springs, TX State: TX Zip Code: 75656	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food	Description Campaign Meeting
	<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 12/1/23	Payee name Tornado Burger	
Amount (\$) 77.46 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 505 Murphy Rd N. City: Stafford, TX State: TX Zip Code: 77477	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food	Description Campaign Meeting
	<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 PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME MANU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
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4 Date 12/4/23	5 Payee name Rays Food Store
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6 Amount (\$) 50.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 2031 FM 1092	City: MC, TX	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description GAS
	(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
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Date 12/4/23	Payee name LA ESCONDIDA MEXICAN GRILL
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Amount (\$) 77.92 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 7270 Hwy 6	City: MC, TX	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Campaign Meeting
	<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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Date 9/10/23	Payee name Time Wise #848
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Amount (\$) 40.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 6060 S. Hwy 6.	City: MC, TX	State: TX	Zip Code 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description GAS
	<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 PERSONAL FUNDS

SCHEDULE G

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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/Officerholder/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 G: 11	2 FILER NAME MIRNU POOPARAYIL	3 Filer ID (Ethics Commission Filers)
4 Date 10/8/23	5 Payee name GRAND INDIAN KITCHEN	
6 Amount (\$) 75.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 6701 Hwy 6 Ste 110 MC, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Food	(b) Description Campaign Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officerholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held
Date 11/2/23	Payee name SARAVANA BHAVAN	
Amount (\$) 54.36 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 8350 Westheimer Rd. Ste B Hou. TX 77063	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food	Description CAMPAIGN MEETING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officerholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held
Date 8/13/23	Payee name STAR FOOD MART	
Amount (\$) 60.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 444 FM 1092 STARFORD, TX 77477	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Travel in District	Description GAS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officerholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Food | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salary/Wage/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 G: 11	2 FILER NAME MARU POOPARAY:1	3 Filer ID (Ethics Commission Filers)
4 Date 8/04/23	5 Payee name PIZZA HUT	
6 Amount (\$) 18.39 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 19918 SW Frwy City: Sugar Land, TX State: TX Zip Code: 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Campaign Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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 8/08/23	Payee name Time Wise	
Amount (\$) 60.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 11814 Wilcrest City: HOU. State: TX Zip Code: 77031	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description GAS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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 8/14/23	Payee name FELICIA MOON	
Amount (\$) 1,250. <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 3311 Raleigh Row City: MC State: TX Zip Code: 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Remuneration / Salary
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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 PERSONAL FUNDS

SCHEDULE G

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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 Expenses	Printing 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 G: <i>11</i>	2 FILER NAME <i>Manu Pooparayil</i>	3 Filter ID (Ethics Commission Filers)
4 Date <i>8/28/23</i>	5 Payee name <i>JACK'S #16</i>	
6 Amount (\$) <i>40.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>2238 S. MAIN</i> City: <i>STAFFORD,</i> State: <i>TX</i> Zip Code: <i>77477</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel in District</i>	(b) Description <i>GAS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/25/23</i>	Payee name <i>Rudy's Country Store</i>	
Amount (\$) <i>89.59</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>2500 S.W. Fwy</i> City: <i>Richmond,</i> State: <i>TX</i> Zip Code: <i>77469</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <i>CAMPAIGN Meeting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/17/23</i>	Payee name <i>Oliver's Gourmet</i>	
Amount (\$) <i>91.18</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>3843 Cartwright Rd</i> City: <i>mc</i> State: <i>TX</i> Zip Code: <i>77459</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <i>CAMPAIGN Meeting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 11	2 FILER NAME MANU POOPARHU:1	3 Filer ID (Ethics Commission Filers)
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4 Date 01/15/24	5 Payee name Felicia Moon
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6 Amount (\$) 1,250 <input type="checkbox"/> Reimbursement from political contributors intended	7 Payee address: 3311 Raleigh Row	City: MC	State: TX	Zip Code 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Remuneration/SALARY
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributors intended	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributors intended	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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