CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The COH Instruction Guide explains how to complate this form. 1 Filer ID (ENIS Commission Filer) 2 Total pages filed: 3 CANDIDATE/ OFFICEHOLDER NAME ADDRESS FIRST OFFICEHOLDER NAME ADDRESS PO BOX APT STIE R. CTT. STATE: 2P CODE MAY HONG ADDRESS CHANGE of Address 5 CANDIDATE/ OFFICEHOLDER PHONE CHANGE of Address 5 CANDIDATE/ OFFICEHOLDER PHONE CHANGE of Address 6 CANDIDATE/ OFFICEHOLDER PHONE CHANGE of Address 7 CAMPAIGN TREASURER NAME TREASURER ADDRESS SOR AND PHIST MI Receipt # Annount 5 TREET ADDRESS SUFFIX ESCAVE SUFFIX CRESSIONE TREASURER ADDRESS SUFFIX CRESSIONE STREET ADDRESS NO PO BOX PECASE; APT SUITE R. CETY CANDIDATE OFFICEHOLDER (R832) 885-78 & L OFFICEHOLDER ADDRESS SUFFIX CRESSIONE STREET ADDRESS SUFFIX CRESSIONE STREET ADDRESS SUFFIX CRESSIONE STREET ADDRESS SUFFIX CRESSIONE TREASURER PHONE STREET ADDRESS SOR PEONE NAME EXTENSION TREASURER PHONE STREET ADDRESS SOR OF SUFFIX CRESSION TREASURER PHONE STREET ADDRESS SUFFIX TO Date Processard Treasure Tr					COVERS	HEET PG
OFFICEHOLDER NAME MANU MODITALE CONDITION ACANDIDATE / OFFICEHOLDER MALINO ADDRESS CORRESS CORRE				1 Filer ID (Ethics Commission Filers)	2 Total pages t	filed:
4 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX APT / SUITE R. COTY. 4 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX APT / SUITE R. COTY. 5 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX APT / SUITE R. COTY. 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS / PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 7 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 8 CAMPAIGN TREASURER ADDRESS / PO PO BOX PLEASE, APT / SUITE R. COTY. 9 PERIOD	OFFICEHOLDER		11.01	M1		USEONLY
OFFICEHOLDER PHONE (832) 799-4247 CAMPAIGN TREASURER NAME SITEMET ADDRESS INTO PO BOX PLASE; APT / SUITE #. CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE CRESIDEN CRESID	OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO 435 // P. O. P.	POOPATA BOX; APT/SUITE#; CI DU-Phy ROAD SOX 198, STA	TY; STATE; ZIP CODE REFORM, TX 77477	RECVD VIA EMAIL FEB. 04 2024	ON
TREASURER NAME NORMANE LAST SUFFIX Date Processed	OFFICEHOLDER		799-4247	EXTENSION	Date Hand-delivered	or Date Postmarked
TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 2610 Riverhollow LN. Sugar Land, TX 77479 Residence or Business) 8 CAMPAIGN TREASURER PHONE (832) 885-78 42 9 REPORT TYPE January 15 July 15 Soln day before election Rundf Tessurer appointment (Officiaholdar Ciny) July 15 Soln day before election Reporting Limit Reporting Limit Phone Month Day Year OI / OI / 2024 THROUGH DI / 25 / 2024 1 ELECTION TYPE Month Day Year OBSERVED OFFICE OFFICE OFFICE OFFICE HELD (if any) NOTH BRAND CONS + Abole Precience 3 NOTICE FROM HIS BOX POSITION TO REPORT THIS BIN FORMATION ONLY IP THEY RECEIVE NOTICE OF SUCH EXPREDITURES. Additional Pages Additional Pages OCMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS	TREASURER		Brenda		Date Processed	Amount \$
TREASURER PHONE (832) 885-7842 9 REPORT TYPE January 15 Join day before election Runoff Runoff Runoff Islit day after campaign treasurer appointment (Officeholder Only) July 15 Sth day before election Exceeded Modified Reporting Limit Final Report (Atlach C/OH-FR) North Day Year Month Day Year	TREASURER ADDRESS	2610	(NO PO BOY PLEASE)	E#; CITY; N. Sugar LANd		ZIP CODE 77479
January 15 John day before election Runoff July 15 Sth day before election Exceeded Modified Reporting Limit Month Day Year Di bir Zoz4 THROUGH Di Z5 Zoz4 1 ELECTION ELECTION DATE Month Day Year Month Day Year	8 CAMPAIGN TREASURER	AREA CODE		EXTENSION		
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Description Committee Campaign Treasurer address	COVERED			Reporting Limit Month	Day Year	
NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT CONSENT. CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS	1 ELECTION	Month Day	Year Primary	Runoff Other Description		
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Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	POLITICAL	CONSENT. CANDIDATE	COMMITTEE NAME	EPTED OR POLITICAL EXPENDITURES MADE	BY POLITICAL COMMI	TTEES TO SUPPORT
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages			RER NAME		
			00.70			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 0/0// 1/44			
	MANY POOPATA	19:1	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE EL	TICAL CONTRIBUTIONS (OTHER THAT ARANTEES OF LOANS, OR LECTRONICALLY)	s -0-
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	CRIBUTIONS OANS, OR GUARANTEES OF LOANS	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPE	NDITURES	\$3,762.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LA	ST DAY \$4,237.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS AS O TING PERIOD	\$ 7,500.00
	quired to be reported by me under Title 15	Meaner	andidate or Officeholder
	Please com	nplete either option below	/ :
(1) Affidavit	PRASHANTH KRASTA Notary Public, State of Texas Comm. Expires 05-06-2027 Notary ID 132003179		
NOTARY STAMP/SEAL),
Sworn to and subscribed	before me by Manojkuma	Y PooParayil this the	day of FEBRUARY,
20 <u>24</u> , to certify:	which, witness my hand and seal of office.	II. brooks	NOTARY.
Signature of officer administer		officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	
My address is			,
	(street)	(city) (s	state) (zip code) (country)
Executed in	County, State of	, on the day of (month	, 20
		Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$7,500.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	STRIBUTIONS \$ 2,366.0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	s 1, 396.04
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	FNU POOPATAVIL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$) Z50.
101-05-24	Samuel CPA		
01-05-27	6 Contributor address; City;	State; Zip Code	
	445 Murphy Rd. Stell	003	
			그 경기들은 사람들이 그 그 아이를 하면 있는 것이 없습니다. 그 아이들은 사람들이 모르는 것이 되었다. 그리고 아이들은 그리고 있는 것이 없는데 그리고 있다면 없는데 그리고 있다.
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Full name of contributor	UD4.	21-0
Date		(ID#)	Amount of contribution (\$) 250
	SANTOS Mukerii		
01-06-24		State; Zip Code	
	5334 Riverstone Cros	ssing Dr.	
	Contributor address; City; 5334 Riverstone Cros Sugar	ANH. TX 77479	3
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
D-4-			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIII E AS A	VEEDED

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

LOANS

SCHEDULE E

ii the requested	Information is not applicable, DO NO	I include this page in the re	port.
The	1 Total pages Schedule E:		
2 FILER NAME	4 POOPA-Ay:1		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 01-23-24	7 Name of lender out-of-state MANOj Kamar Po	,	9 Loan Amount (S) 7, 500.
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 535 Oakdale Dr. Stateford, TX 77477 10 Interest rate N/17 11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	/ / / / .
/	Officer		Transit Authority
14 Description of Coll none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Charle if a second f	
none		account (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Empleyer (C. 1	
- Timospar Occupatio	on (See instructions)	Employer (See Instructions)	
		IES OF THIS SCHEDULE AS NEE	
If le	nder is out-of-state PAC, please see Ins	struction guide for additional rep	porting 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 Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MANU POODATAY. 1 4 Date 5 Payee name TMG Printing 6 Amount (\$) 7 Payee address; State; 13910 Murphy Rd. Stafford, TX Zip Code 1,187.29 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Board Advertising PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Idea Printing 01-22-24 Amount (\$) Payee address; City; State; Zip Code Stafford, 2617 S. MAIN 1,000. 77477 Category (See Categories listed at the top of this schedule) Description Printing, door hangers Advertising PURPOSE EXPENSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amegy BANK of TX 01-11-24 Amount (\$) Payee address; City; State; Zip Code P.O. Box 26547 SAITLAKe City, 84126-Category (See Categories listed at the top of this schedule) Description Deposited check return Accounting BANKING PURPOSE OF Fee. EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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
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)

Orean card i ayriicin	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME MANY POOPAIAY!		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01-18-24	Amegy BANK of	TX	
6 Amount (\$)	7 Payee address; J J	City;	State; Zip Code
12.00	P. D. BOX 26547	SAIT LA	ke City, UT 84126-
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting BANKing		ted check
	(a) [] a + 15 + 1 + 1 + 1 + 1	retur	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01-02-24	Bean Here Coffee	-	
Amount (\$)	Payee address;	City;	State; Zip Code
5.57	8215 SH-6N	mc,	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense		with Team
		Membe	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01-02-24	Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
149.14		mc,	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	Stat: on	Ary
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 S	CHEDIII E AS NEE	DED
	THIS S	OHLDOLL MO NEC	DED

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 Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Other/enter a pategor pot lighted above		
1 Total pages Schedule G:	2 FILER NAME MANY Pooparayil 3 Filer ID (Ethics Commission Filers)		
4 Date 61-15-24	Felicia Moon		
6 Amount (\$) 1,250 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3311 RAleigh Row MC, TX. 77479		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhend Remunaration / Salary (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Gandidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Office sought Office held			
Date 01-14-24	River Park (00563)		
Amount (\$) 69.33 Reimbursement from political contributions intended	Payee address; 19988 S.W. Freeway Riverpark, TX 77479		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held		
Date 01-22-24	River Park (00563)		
Amount (\$) 76,7 Reimbursement from political contributions intended	Payee address; 19988 S.W. Freeway Riverpark, TX 77479		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District GAS		
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			