CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer tD (Ethics Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST TINIST LAST MAL 1	A B SUFFIX	OFFICE DateOffice/ef Leg- Irving	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address			•	APR 0	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (46)	PHONE NUMBER 595 298	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	J AM E	S MI	Receipt #	Amount \$
MASSET		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	3717	(NO PO BOX PLEASE): APT / SI	OVECT E	STATE;	ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before elec		15th day aftr treasurer ap (Officeholder	pointment
10 PERIOD COVERED	Month 4	Day Year / 01 / 21	Month	Day Year	l
11 ELECTION	Month Day	Year Primary 2 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		PL-4
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	MESH MALI	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 259.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 259. 80			
	4. TOTAL POLITICAL EXPENDITURES	\$ 259.80			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ G			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 6			
18 SIGNATURE I se	wear, or affirm, under penalty of perjury, that the accompanying report is true a juired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	Dinger & A	B.Meh			
	Signature of Cano	didate or Officeholder			
Please complete either option below:					
(1) Affidavit	3.				
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by this the	day of,			
20, to certify which, witness my hand and seal of office.					
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declaratio					
My name is	1 = 3 12 M Q L 1 , and my date of birth is	08-89-46			
My address is 3767 /	(city) (state of birth is	, <u>7503</u>			
Evereted in 3-31.	(street) / (city) (state of TV on the 31 double 3	te) (zip code) (country)			
	County, State of $\frac{7x}{}$, on the $\frac{31}{}$ day of $\frac{3}{}$	(year)			
	Signature of Candidate	e/Officeholder (Declarant)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	sted information is not applica	able, DO NOT II	nclude this page in the	report.
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
DINESIT MALI				3 Filer ID (Ethics Commission Filers)
2 -)6.2	5 Full name of contributor Out-of-state PAC (ID#:) NI RM ALA D PATEL 6 Contributor address; City; State; Zip Code 3767 N. COLEM My CLUB RD RYIINC TX 7503 8			7 Amount of contribution (\$)
7	3767 N. COLE	N ty CI	State; Zip Code	259.80
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	S
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	lions)
Date	Full name of contributor	oul-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State, Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	lions)
	ATTACH ADDIT		OF THIS SCHEDULE AS Nuction guide for additional r	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME 20 Filer ID (Ethics Con				
	DINESH MANI			on Filers)	
21 St		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	59.80	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2	57.86	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0	
4.	SCHEDULE E: LOANS		\$	0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$2	50.30	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$	0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	O	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0	

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME MPLIPILITE	514	3 Filer ID (Ethics Commission Filers)		
4 Date 3-16-21	5 Payee name FAST 316 N				
6 Amount (\$)	2 FILER NAME M D L D 5 Payee name F A S T S 6 N 7 Payee address; 4070 N B = +	ne, city;	State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder 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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)			
		DINE 31+ MALI				
3	SIGNA					
	I do not	expect any further political contributions or political expenditures in connection with a	ay candidacy. Lundovstand that			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. It also understand that I may not accept any					
	campai	n contributions or make any campaign expenditures without a campaign treasurer ap				
		- Hin	ngh D.Meli.			
		Signatu	re of Candidate / Officeholder			
4	FILER	WHO IS NOT AN OFFICEHOLDER				
		plete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	only one:				
	1/2	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I					
		may not convert unexpended political contributions or unexpended interest or inco- personal use. I also understand that I must file an annual report of unexpended of				
	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after					
	filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204.					
	B. ASSETS					
	Check only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the					
		requirements of Election Code, § 254,204.	1 15/1//			
		$-\mathcal{N}\mathcal{N}$	may D'Mah:			
			ignature of Candidate			
5	OFFICE	HOLDER				
	Com	olete this section only if you are an officeholder ••				
		am aware that I remain subject to filing requirements applicable to an officeholder who d	loes not have a campaign treasurer on			
		file. I am also aware that I will be required to file reports of unexpended contributions if,				
		an officeholder, I retain political contributions, interest or other income from political con political contributions or interest or other income from political contributions.	unboutions, or assets purchased with			
		4 <u></u>				
		Si	gnature of Officeholder			