CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer I	D (Ethics Commission	on Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI		OFFICE	USE ONLY
NAME	NICKNAME	Drangi		SUFF	:IX	Date Received	12.7
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	14937 E	Begonia	OF TOU	STATE; ZIP C	CODE	1110120	
Change of Address			(30				
5 CANDIDATE/ OFFICEHOLDER PHONE	(214) 8	268-75	38	EXTENSION			d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFF		Date Processed	
	And	erson				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT	SUITE #:	CITY;	BI	STATE;	ZIP CODE
(Residence or Business)	+	ms wa T	TX	15054			
8 CAMPAIGN TREASURER PHONE	(214)	PHONE NUMBER 491-76	10	EXTENSION			
9 REPORT TYPE		-111 /61	4			ement was to all	S U
3 REPORT TIPE	January 15	30th day befor	e election	Runoff			fter campaign ppointment er Only)
	July 15	8th day before	election	Exceeded M Reporting Lin		Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year			Month	Day Yea	r
COVERED	7	01/202	-(THRO	DUGH	121	31/2	021
11 ELECTION	ELECTION DA				ION TYPE		
	Month Day	Year Prima			ner scription		
	/ /	Gener	ral Sp	ecial			
12 OFFICE	FISO	BOT, Pla	ceI 13	OFFICE SOUGHT	(if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REC	RES MAY HAVE B	EEN MADE WITHOUT	THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
85.00	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NA	ИE			
		COMMITTEE CAMPAIGN	TREASURER AD	DRESS			
		GO TO	D PAGE	2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	pal Arangi		16 Filer ID (Ethics Commission Filers) A LOCA (VICE)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL OF PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$ 0
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$ 16,062
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$ -
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 1893
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAST	* 16,063°
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING P		THE \$ 500 °°
	wear, or affirm, under penalty of perjury, that		and correct and includes all information
Tec	uired to be reported by me under Title 15, Elect	on Code.	
		1/10	noda 15
	-	1 20 0	
		Signature of Can	didate or Officeholder
	Please complet	e either option below:	•
7	mun.		•
	MICHELE L. CRUTCHER		
	My Notary ID # 333320		
(1) Affidavit	Expires June 14, 2024		
1000			
	_		
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by GOPAL YONANGI	this the _	18TH day of JANARY
20 22 10 to certify	which, witness my hand and seal of office.	0 1	
mult	Cuthe MicHELE L.		NOTARY
Signature of officer administe	T miles rame or officer	es e sum contratación de la cont	Title of office administering oath
	OR		
(2) Unsworn Declaration	on		
My name is		and my date of hirth is	
		, and my date of birth is _	
my addition is	(street)		ate) (zip code) (country)
Executed in	County, State of,	VA ((1.5.71)	
Excouled III	, County, State of,	on the day or(month)	, 20 (year)
		- Consequence of the Consequence	
		Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Gopal Porangi 20 Filer ID (Ethics Commis WIA Local		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,062	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 15,000	
4. SCHEDULE E: LOANS	\$ 500=	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 1893 ^{cc}	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	S	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SCHEDULE A1

and requested announced to not applicable, Do Not iniciade and page in the report.				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	5 Full name of contributor out-of-state PAG		3. Filer ID (Ethics Commission Filers) LOCAL FILET What	
4 Date	Full name of contributor out-of-state PAC Anand Chella poa 6 Contributor address; City; 12417 Emeral Cate Dr Fri	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
10/20121	Angelia Pelham Contributor address; City; 11323 Lenox Ln Frisco	State; Zip Code	200.	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 12/31/24	Full name of contributor out-of-state PAC KMShna Raval Contributor address; City: #11 Stillwa	State; Zip Code	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 2 2 2 2	Full name of contributor out-of-state PAC Chin Aappa Redd Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	*			
	ATTACH ADDITIONAL COPIES			

SCHEDULE A1

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

	1976 • 149-14000		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Parangi	3 Filer ID (Ethics Commission Filers) N/H Local Gler		
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
12/31/21 Deepti & Sokhar Arh 6 Contributor address; City; State; Zip Code 13/55 AZra Frisco, TX 75035	106=		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)		
12/16/21 Dr. Hnup Shetty Contributor address; City: State; Zip Code 5127 Lincomshire Ct. Dallas, #528	500°		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	lions)		
Date Full name of contributor	Amount of contribution (\$)		
12/31/21 Jana Milam Mandadi Contributor address; City; State; Zip Code 72/3 Wates Flage	1000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
12/16/21 Contributor address; City; State; Zip Code Southwisk Ln Hen, TX 75013	500=		
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
*			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	1 Ponanai		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID.	#:)	7 Amount of contribution (\$)
12/29/21	6 Contributor address; City; 3/49 Silver Oaks Ln Frisco, TX 75033	State; Zip Code	100000
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (S)
12/26/21	Contributor address; 1082 Cardyn Dr	State; Zip Code	5000
	WestChestor		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor Out-of-state PAC (ID		Amount of contribution (\$)
12/23/21	Contributor address; Bass Rd Round Rock, TX	State; Zip Code	500°
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	1	#:)	Amount of contribution (\$)
12/30/21	Laxmi Tumm ala Contributor address; Gity; 14708 Harmony Ln Frisca TX 7503	State; Zip Code	$2\omega^{\omega}$
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
		onderno como os a	
	×		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILERNAME Ponangi	3 Filer ID (Ethics Commission Filers) NIA Loca (Filer		
4 Date 5 Full name of contributor	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) State: Zip Code City: Restate: Zip Code City: Restate: Zip Code (See Instructions) 9 Employer (See Instructions)	2cc		
Date Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (6)		
Mahesh Nandyala Contributor address: City: City: State: Zip Code V3273 Sellaronda Way Friska TV 75035	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor	Amount of contribution (\$)		
11/22/21 Contributor address; City; State; Zip Code 10333 Cedar Breaks View McKinney, TX 75070	200.		
Principal occupation / Job title (See Instructions) Employer (See Instruc	itions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
Contributor address; Ace City; State; Zip Code 2744 5th Ace Fort Worth, TX 7610	500°		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
·			
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SCHEDULE A1

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	5-00 1-000000000000000000000000000000000		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER-NAME GODAL PONANA	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
12/31/21 Natesh Sunkiteddy 6 Contributor address; City; State; Zip Code 11600 Ashley Ln. Fisco TX	1000		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)		
2/29/21 Wilam Agarnal Contributor address; City: State; Zip Code 2476 Hammack Lake Dr., Little Elm TX, 7500	50°°		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	dions)		
Date Full name of contributor out-of-state PAC (ID#:) 12/31/21 Pavan Gang adham	Amount of contribution (\$)		
12/31/21 Pavan Gang adhara Contributor address; City; State; Zip Code 13829 Sociano Pr. Fiscati	250=		
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
Date Full name of contributor	Amount of contribution (\$)		
Contributor address; City: State; Zip Code 10809 Blake Gardens McKinney, TX 75070	250°		
Principal occupation / Job title (See Instructions) / Employer (See Instruc	tions)		
*			
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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 Copal Ponangi	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor	7 Amount of contribution (\$)		
12/29/21 Francis Sadhy 6 Contributor address: City: State; Zip Code Frisco, TX 75035	\$ 1000		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)		
all Cheyenne Dosper, TX 75078			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
2/31/21 Rajah VYS Yara Ju Contributor, address; City; State; Zip Code 8017 Hazelthe A Plana TV 75025	101=		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (S)		
2 30/21 Ranesh Noshan Chead Contributor address; City; State; Zip Code Frisco, TX 75039	10000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	itions)		
w.			

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

SCHEDULE A1

E 200 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	spal Ponangi		3 Filer ID (Ethics Commission Filers) WH Local Flex	
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
12/20/21	Ray Annadi 6 Contributor address; City; 757 Chalais Ct Coppelli	State; Zip Code	5000	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
12/20/21	Contributor address; Ct City: Coppell, TX	State; Zip Code	200=	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	1 10 1:	: (ID#:)	Amount of contribution (\$)	
12/31/21	Satish Kand Contributor address; City; 6813 Humbold Place McKinne	State; Zip Code	5000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor Out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
12/31/21	Contributor address: City: 4424 VISTA ETTACE DE	State: Zip Code	2000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instru			

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	al Brangi	3 Filer ID (Ethics Commission Filers) NA Local Filer
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)
12/28/21	Sharda and UK Gupta 6 Contributor address; He Beach Plans TV 750	1,0W a
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	itions)
Date 12 30 2	Full name of contributor out-of-state PAC (ID#:) STAN Kamana Contributor address; City; State; Zip Code 4814 Jason St Houston, TX 77096	Amount of contribution (S) HW
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	Full name of contributor out-of-state PAC (ID#:) Shipped Contributor address; City; State; Zip Code Fig. Type Code Fig	Amount of contribution (\$)
Date 28/21	Full name of contributor out-of-state PAC (ID#:) STINI DAS KODAVATIGANTI Contributor address; City; State; Zip Code 14744 Harmony LM FISCOTX 75035	Amount of contribution (\$) 200°
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tlions)
	ATTACH ADDITIONAL CODIES OF THE SOURDLY FACE	JEEDED.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

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	1 Brangi	3 Filer ID (Ethics Commission Filers) WHA Lo Cal Filer
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
12/31/21	SMINOS Maram 6 Contributor address; Gity: State; Zip Code 8794 Markham DF FITSCO, TX 75035	1,00000
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
12/28/21	Sucharan Jandhyala Contributor address: Prairie Ln Friscott X 75036	500
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
123/21	Suresh and Indu Pancharpula Contributor address; Ke Gold Blud State; Zip Code Frisa IX 750	560°
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
(2/31/21	Contributor address; State; Zip Code 13+17 Nowman Right State; Zip Code Sal las TX 75244	150000
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
	4	
		2
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

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 Pananai	3 Filer ID (Ethics Commission Filers) NA Local Filer					
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)					
Date Full name of contributor out-of-state PAC (ID#:) 12 26 21 Ven Kat Karumudi Contributor address: City: State: Zin Code	Amount of contribution (\$)					
12/26/21 Venkat Ratumudi Contributor address; City: State; Zip Code 2929 Ida Dr. Firs Co TX 75033	2000					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)					
Date Full name of contributor	Amount of contribution (\$)					
12/28/21 Venkatram anan Ganadharan Contributor address; City; State; Zip Code 15/168 Maning Star Ln Frisco IV 7035	150°					
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
12/22/21 Veny Bhagyanagat Contributor address; City: State: Zip Code 14835 Myrtle Beach Ln Frisco TX	500°					
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)					
*						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	83					

SCHEDULE A1

The In	struction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	val Brangi	3 Filer ID (Ethics Commission Filers) NIA LOCAL Filer			
1	Full name of contributor out-of-state PAC (ID#:) Visque Todup Noot Contributor address; City; State; Zip Code DIQT HY I WOTH DC FUSCO TX 7508	7 Amount of contribution (\$)			
8 Principal occupa	tion / Job title (See Instructions) 9 Employer (See Instructions)				
Date 12/27/21	Full name of contributor out-of-state PAC (ID#:) VICEN Shah Contributor address; City: State: Zip Code Albur TV 75/22	Amount of contribution (\$) 250^{ω}			
Principal occupat	ion / Job title (See Instructions) Employer (See Instructions)	tions)			
	Full name of contributor out-of-state PAC (ID#:) VISHNY Parcha Contributor address; Ocity; State; Zip Code O241 Ash Durn McKingy TX 750 tion / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 50 00 70 tions)			
	Full name of contributor out-of-state PAC (ID#:) JISWAS MUDISONA Contributor address; City; State; Zip Code O194 Gillad DF FT3CO, TX 75035 tion / Job title (See Instructions) Employer (See Instruc	Amount of contribution (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED			
i	If contributor is out-of-state PAC please see Instruction quide for additional	roporting requirements			

PLEDGED CONTRIBUTIONS

SCHEDULE B

in the requestion information to not applicable, Bo Not include this page in the report.					
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Oppal Knang,					
4 TOTAL OF UNITEMIZED PLEDGES	\$				
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount of Pledge \$ In-kind contribution description				
6/10/2027 Pledgor address; My He Beach State: Zip Code	5000				
Frisco, TR 7 5035	I. Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (See Instructions) 11 Employer (See	e Instructions)				
Date Full name of pledgorout-of-state PAC (ID#:	Amount In-kind contribution description				
Anand Chillappa	description				
6/15/2021 Anand Chillappa Pledgor address; City; State: Zip Code 12417 Emerald Gat ISIE	5000°				
Frisio, TX 75035	Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)				
Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution description				
6/16/2021 Pavan Nellutta	description				
6/16/2021 Pavan Nellutta Pledgor address; City; State; Zip Code 12515 Summer Free C	5000°				
Frisca TX 75035	Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)				
Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$ description				
Pledgor address; City; State; Zip Code					
	Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDL	JLE AS NEEDED				
If contributor 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	1 Total pages Schedule E:						
2 FILER NAME	3 Filer ID (Ethics Commission Filers) WIA Local Filer						
4 TOTAL OF UN	\$ 0						
5 Date of Ioan 12 4 208	7 Name of lender Out-of-state F	9 Loan Amount (\$)					
6 Is lender a financial Institution?	8 Lender address; City; 14937 Begonia Do	10 Interest rate 11 Maturity date					
YN	trisca TX	75035	0				
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)				
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	Check if personal fund	ds were deposited into political				
none		account (See Instruct					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
□ not applicable	Guarantor address; City;	State; Zip Code					
not applicable Principal Occupation	on (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.							

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Transpo Travel I Travel	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER N	AME O				3 File	r VID (Ethics	Commission Filers)	
1		pal to	navoli			1)/H	Local files	
9/18/2021	A 2 P	> Inda	n Ve	gita	- 10 4	esta	way	nt	
6 Amount (\$)	A 2 R	idress:	Vea-	Res	City;		State;	Zip Code	
15160	2440	1 Aresto	n Rdi	St 10	o frac	TX	753	4	
8	(a) Categor	y (See Categories lis	ted at the top of this	s schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Event Expense Food								
	(c)	Check if travel outside	of Texas, Complete S	Schedule T.	Check if A	ustin, TX, offic	ceholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholde	r name		Office sought			Office held	
Date	Payee na	ime	~				2		
9/3/2021	C	pre	Poin	+ (Sai Go	ayat	ri)		
Amount (\$)	Payee ac	ddress;	Rd,#	12	City;	a. Diene field Daniel field	State;	Zip Code	
	Category	(See Categories list	ed at the top of this	schedule)	Description				
PURPOSE OF EXPENDITURE	Fox	1 Ber	crace t	SP.	Fad				
	Check if travel outside of Texas. Complete Schedule T. Check if Aust					ustin, TX, offic	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	r name		Office sought			Office held	
Date	Payee na	ame				1			
12/2/2021	Ci	uny 1	Biat	(Sai	Gaya	tri)			
Amount (\$) 52-92	Payee ac	Coit	Rdi	#12	City;		State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories lists	age 6	schedule)	Description	1			
		Check if travel outside	of Texas. Complete S	Schedule T.	Check if A	ustin, TX, offic	eholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officehold	er name		Office sought			Office held	