# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission N/A Local Filer	Withhelm   New Ownerstate	ages filed: 7
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OF	FICE USE ONLY
NAME	. Gopal NICKNAME	K. LAST Ponangi	SUFFIX	Date Receive	ed
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS - PO BOX	C APT / SUITE #, C	CITY, STATE: ZIP COL	JUL	1.5 2022
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 214 )	PHONE NUMBER 868-75035	EXTENSION		elivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS - MR	FIRST	МІ	Receipt #	Amount S
NAME	NICKNAME	√Ann LAST	SUFFIX	Date Process	ed
		Anderson	XXII.I.M	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT / SI		STA	ATE; ZIP CODE
(Residence or Business)	345.350 A. B.	NU. OTT. DELL HISCO, LA LAND	13)		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( 214 )	491-7618			
9 REPORT TYPE	January 15	30th day before e	election Runoff	treas	n day after campaign surer appointment iceholder Only)
	X July 15	8th day before ele	ection Exceeded Modi Reporting Limit	1 110	al Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	N	Month Day	Year
000111	1,	29 / 2022	THROUGH	6 / 30 /	2022
11 ELECTION	ELECTION DA	ATE	ELECTION	1 TYPE	
	Month Day	Year Primary	Runoff Other Descri		
	5 7 7 /	2022 Seneral	Special	Control of the Artist A	
12 OFFICE	OFFICE HELD (if any)	ts.	13 OFFICE SOUGHT (i	if known)	
14 NOTICE FROM	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITUS MAY HAVE BEEN MADE WITHOUT TH	JRES MADE BY POLITIC	AL COMMITTEES TO SUPPORT
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	S AND OFFICEHOLDERS ARE REQUIRED	RED TO REPORT THIS INFORMATION OF	NLY IF THEY RECEIVE NO	TICE OF SUCH EXPENDITURES.
	COMMITTEE ITEE	COMMITTEE HAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			EVELVE CON
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		
		00 10	IAGEZ		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	Gopal Ponungi	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)	N/A Local Filer  \$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ \$3102.35
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ \$4342.65
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ \$500.00
18 SIGNATURE I SV	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all informatio
	Please complete either option below:	didate or Officeholder
(1) Affidavit	MICHELE L. CRUTCHER My Notary ID # 333320 Expires June 14, 2024	
NOTARY STAMP/SEAL	pefore me by GOPAL PoJAJGI	514 day of 1011
20 22 tocertify	thich, witness my hand and seal of office.  HICHELE L. CRUCHER	Notabl
Signature of officer administering		Title of officer administering oath
(2) Unsworn Declaration	OR OR	
Av name is	N W St. December 1	
My address is	and my date of birth is	
	(street) (city) (star	te) (zip code) (country)
xecuted in	County, State of, on the day of(month)	. 20
	Signature of Candidate	e/Officeholder (Declarant)

### SUBTOTALS - C/OH

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

19	FILER NAME	20 Filer ID (Ethics Co.	mmission Filers)
	Gopal Ponangi N/A Local Filer		
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		s
2.	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTI	ons	\$
3.	X SCHEDULE B PLEDGED CONTRIBUTIONS		S \$15,000.00
4.	SCHEDULE E: LOANS		\$ \$500.00
5.	X SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITIC	AL CONTRIBUTIONS	\$ \$3102.35
6.	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLI	TICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSON	AL FUNDS	S
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION:	S TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
12.	SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	FRIBUTIONS RETURNED	\$

#### PLEDGED CONTRIBUTIONS

#### SCHEDULE B

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

Th	e Instruction Guide explain	s how to complete	this for	m.	1 Total pages Sched	ule B
FILER NAM	E				3 Filer ID (Ethics C	ammission Filere)
	Gopal Ponangi				The second second second	OCAL FILER
TOTAL O	F UNITEMIZED PLED	GES				CHATICEN
	7				\$	
Date	6 Full name of pledgor	ut-of-state PAC (ID	)#		8 Amount of Pledge \$	9 In-kind contribution description
	Venu Bhagyanagar				!	
	7 Pledgor address:	City;	State	Zip Code	\$15,000	
	14635 Myrtle Beach L	n. Frisco, TX 75035			1	
					Check if travel outsi	de of Texas. Complete Schedule
Principal oci	cupation / Job title (See Instru	ctions)	11	Employer (See	Instructions)	
Date						
Date	Full name of pledgor	out-of-state PAC (ID	)#		Amount of Pledge \$	In-kind contribution description
	Anand Chillappa					description
	Pledgor address;	City:	State		\$15,000	) 
	12417 Emerald Gate	e Isle, Frisco, TX 75035				
					Check if travel outsi	de of Texas. Complete Schedule
Principal occ	upation / Job title (See Instruc	tions)		Employer (See	Instructions)	- 2.500
Date	Full name of pledgor	out-of-state PAC (10	)#		Amount of	In-kind contribution
	Pavan Nellutla				Pledge \$	description
	Pledgor address;	City;	State	Zip Code	\$15,000	
	12515 Summertree D	r Freed TV 76025				
	12313 Summerice D	1, Filsco. 1X 75055			Check if travel outsi	I . de of Texas. Complete Schedule
Principal occ	cupation / Job title (See Instru	ctions)		Employer (See	Instructions)	
Date	Full name of pledgor	ut-of-state PAC (IC	)#	)	Amount of	In-kind contribution
				255 5	Pledge \$	description
	Pledgor address:			Zip Code		
					Check if travel outs	lide of Texas, Complete Schedule
Principal occ	upation / Job title (See Instruc	tions)		Employer (See	10000000	de of fexas, complete schedule
		NOTE OF THE PROPERTY OF THE PR				

LOANS SCHEDULE E

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

The	Instruction Guide explains how to com	plete this form.	Total pages Schedule E.
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Gopal Ponangi		Anna govern - govern
			N/A Local Filer
4 TOTAL OF U	NITEMIZED LOANS		\$ \$500.00
5 Date of loan	7 Name of lender out-of-state	e PAC (ID#)	9 Loan Amount (\$)
	Gopal Ponangi - self		\$500.00
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?			0
Y N	G14937 Begonia Dr. Frisco	TX 75035	11 Maturity date
			0
12 Principal occupat	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co.	lateral	15	
550500		Check if personal fur account (See Instruc	nds were deposited into political
none	T		T
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State: Zip Code	
	To Guarantor address, Gity,	State. Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Date of loan	Name of lender		Loan Amount (\$)
Date of John	D out-of-stat	e PAC (ID#)	Economic (4)
Is lender	Lender address. City:	State: Zip Code	Interest rate
a financial Institution?			
	1		Maturity date
YN	3		
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral		
		Check if personal fur account (See Instruc	nds were deposited into political
☐ none		Josephin (occ mana	1
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
IN ORWATION			
	Guarantor address: City,	State; Zip Code	1
not applicable			
Principal Occupa	tion (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.

#### 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
Gandidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Cift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pinnting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of Instrict
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a catego	ory not listed above;
1 Total pages Schedule F1	2 FILER NAME Gopal Ponangi	32 3030an-44an-20	3 Filer ID (Ethic	s Commission Filers)
4 Date 05/07/2022	5 Payee name Corynne Anderson		NIN EGG	
6 Amount (\$)	7 Payee address:	City:	State;	Zip Code
\$150.00	6613 White Oaks Ln, Frisco TX 75	5035		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		**************************************
PURPOSE OF EXPENDITURE	Food Beverage Expense	Server	ŗ.	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX. officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/07/2022	Ernest BBQ			
Amount (\$)	Payee address;	City;	State;	Zip Code
1500.00	6100 TX-121, Frisco TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Beverage Expense	Food and	Space Rental	
	Check if travel outside of Texas, Complete Schedule T,	Check if Aust	tin, TX officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/14/2022	Fred Lusk			
Amount (\$)	Payee address,	City	State;	Zip Code
\$384.41	Frisco TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Pla	cement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	nn, TX officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other replacement and because

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to		Other (enter a categ	ory not listed above)
1 Total pages Schedule F1	2 FILER NAME Gopal Ponangi	;		s Commission Filers)
4 Date 05/04/2022	5 Payee name Lasya Dulla		N/A Loca	гниег
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$200.00	Frisco TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Photography		
	(c) Check if travel outside at Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/07/2022	Sai Gayathn			
Amount (\$)	Payee address,	City;	State;	Zip Code
\$500.00	Frisco TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense Food event on 03/27			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	TX officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/14/2022	Brad Sharp			
Amount (\$)	Payee address,	City;	State;	Zip Code
\$200.00	Frisco TX			
	Category   See Categories   sted at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Photograp	hy	
	Check if traval outside of Texas, Complete Schadule 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 NEED	DED	

#### 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/Political Committee

Event Expense Fees Food/Beverage Expense Citt/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entry a extension not listed above)

	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1	2 FILER NAME Gopal Ponangi		The second state of the second	s Commission Filers
Date 05/14/2022	5 Payee name MantraM Digital			
Amount (\$)	7 Payee address,	City:	State;	Zip Code
\$1.500.00	MantraM Digital Media LLC Plano, TX USA			
	(a) Category (See Categories listed at the log of this schedule)	(b) Description		***************************************
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media Marketing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/14/2022	Alphagraphics			
Amount (\$)	Payee address:	City:	State;	Zip Code
\$1072.80	Frisco TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Printing		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/06/2022				
05/06/2022 Amount (\$)	Payee address,	City,	State,	Zip Code
	Payee address, Frisco TX	City,	State,	Zip Code
Amount (\$)		City;	State,	Zip Code
Amount (\$)	Frisco TX	Description	State,	Zip Code
Amount (\$) \$319.20 PURPOSE OF	Frisco TX  Category   See Categories listed at the top of this schedule)	Description		

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

27 - C ARRY - SR	The Instruction Guide explains how to c	complete this form.		
Total pages Schedule F1	2 FILER NAME Gopal Ponangi			Commission Filers
Date 05/14/2022	5 Payee name Suresh Manduval			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$400.00	Frisco, TX			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Polling Expense	Standees		
	(c) 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/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/10/2022	Tony Walsh			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$360.00	Frisco, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	T Shirts	5	
	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/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Date 05/14/2022	Payee name  Valentine Direct Marketing			
	Valentine Direct Marketing	City;	State;	Zip Code
05/14/2022	Valentine Direct Marketing		State;	Zip Code
05/14/2022 Amount (\$)	Valentine Direct Marketing  Payee address,  "Valentine Direct Marketing LLC, 14"		State;	Zip Code
05/14/2022 Amount (\$)	Valentine Direct Marketing  Payee address,  "Valentine Direct Marketing LLC, 14 Farmers Branch, TX 75244"	4243 Proton Rd	State;	Zip Code
05/14/2022 Amount (\$) \$2,515.94 PURPOSE OF	Valentine Direct Marketing  Payee address,  "Valentine Direct Marketing LLC, 14 Farmers Branch, TX 75244"  Category   See Categories   sted at the top of this schedule)	Description  Mailer	State;	