	E / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR. AMIT NICKNAME LAST KALPA	MI SUFFIX	OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	33 TRANQUIL POND DR FR	ISCO TX 75034	
OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 817 - 6222	EXTENSION	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR AMIT NICKNAME LAST KALPA	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	33 TRAMQUIL ROND DR		STATE: ZIP CODE TX 75034
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ()	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O2 / 04 / 2020	THROUGH 10	/24 / 2020
11 ELECTION	ELECTION DATE Month Day Year □ Primary 11 / 03 / 2020 ☒ Genera	Special Description	
12 OFFICE	OFFICE HELD (if eny)	FRISCO ISD PLACE 4.	BOARD OF TRUSTER
	GO TO	PAGE 2	

CAMPAIGN	FINANC	EKLION	ER SHEET PG 2 D (Ethics Commission Filers)
C/OH NAME			DE DY DOLLTICAL COMMITTEES TO
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO SUPPORT THE CAND KNOWLEDGE OR COL OF SUCH EXPENDITE	A STATE OF THE PARTY OF THE PAR	E CANDIDATE'S OR OFFICEHOLDER'S LITON ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS	1	AL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN JOES, LOANS, OR GUARANTEES OF LOANS, OR TRIBUTIONS MADE ELECTRONICALLY)	s
	THE STREET CO., NO.	AL POLITICAL CONTRIBUTIONS ER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	S
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 903.63
CONTRIBUTION	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOT/	AL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE T DAY OF THE REPORTING PERIOD	\$
} : 公言 M	iran Wali ly Commission Expired 5/15/2023 O No. 128112896	I swear, or affirm, under penalty of perjur true and correct and includes all informa under Title 15 Election Code. Signature of Candida	ation required to be reported by the
AFFIX NOTARY STA	MP/SEALABOVE		, this the24th
Sworn to and subs	scribed before n	ne, by the said Amit Kalra to certify which, witness my hand and seal of office.	
day of _OCION	1100	VIRANWALL	NOTARY
Signature of office	er administering of	toffices administering oath	Title of officer administering oa
Forms provided by Texas		athles state by US	Revised 1/1/

SUBTOTALS - C/OH	COVER S	ORM C/OH HEET PG 3
9 FILER NAME	20 Filer ID (Ethics Com	mission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		s
4. SCHEDULE E: LOANS		s
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO.	ONTRIBUTIONS	S
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	s
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 500.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI		
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		s
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		S
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBE	UTIONS RETURNED	S
forms provided by Texas Ethics Commission www.ethics.state.tx.us		Revised 1/1/

	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Expense Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME AMIT KACRA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 4.7
5 Date 10/7/2020	6 Payee name Micropix Creati 8 Payee address;	ons	
7 Amount (\$) \$00.00	8 Payee address; 4003 Jasmine fox Ln	Arlington	Tx 76005
9 TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Yard Signs (b) Description Yard Signs (c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 Complete ONY if direct expenditure to benefit C/OH	Candidate / Officeholder name AmiT KALRA	Office sought FRISLO ISD BOAR OFTRUSTEE PLACE	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political [Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th		
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Candidate / Officeholder name	Office sought	if Austin, TX, officeholder living expense Office held
expenditure to benefit C/OH			

	EXPENDITURES M PERSONAL FUNDS		SCHEDULE G
	EXPENDITURE CATEGO	SORIES FOR BOX 8(a)	in Advis Maria
Advertising Expense Accounting Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credt Card Payment	Event Expense Food FoodBeverage Expense By Gilf/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Qut Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2161 2020	5 Payee name Siteground hosting ser	ivias	
Amount (\$) \$15.95 Reimbursement from political contributions intended	7 Payee address; 901 N. Pitt. St., Suite 3	25 Alexandría	State: Zip Code VA 22314
PURPOSE OF EXPENDITURE	PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description Welpage hosting - domain		osting-domain name,
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Sch Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
Date 2/25/2020	Payee name Collin County Te	exas	19 19 19 19 19 19 19 19 19 19 19 19 19 1
Amount (\$) 2 8-06 Reimbursement from political contributions intended	Payee address; 2300 Bloomdals Rd	Mckinney	State: Zip Code Tx 75071
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Fees Check if travel outside of Texas. Complete Sc	Public 1	nformation Request
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 8 31 2020	Payee name Siteground Hostin	ng Services	
Amount (\$) Reimbursement from political contributions intended	Payee name Siteground Hostin Payee address: 901 N. Pitt. St., Suite 3		State; Zip Code 2 VA 22314
PURPOSE OF EXPENDITURE	Advertising Expense	Hosting	Services Peneual.
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED
rms provided by Texas Et	hies Commission www.ethi	cs.state.tx.us	Revised 1/