CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				AUDIE CAR TO STORY OF THE STORY	
The C/OH Instruction G	Suide explains how	to complete this form.	Filer ID (Ethics Commission Filers) N/A Local Filer	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MRGopalK	FIRST	МІ	OFFICE	USEONLY
NAME	NICKNAME	LAST Ponangi	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #; Can a Dr, Frisco, TX 75035	CITY; STATE; ZIP CODE	APR 2	9 2022
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(214)	868-7538	EXTENSION	als noticed to over the amend and over the same	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Ann	FIRST	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	Ar	nderson		Date Imaged	ð.
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		// ***********************************
PHONE (214) 491-7618					
9 REPORT TYPE	January 15	30th day before e	election Runoff		fter campaign appointment er Only)
	July 15	X 8th day before ele	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	ır
00,11,12	4 /	8 2022	THROUGH 4	29 /	2022
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
1 1 1 2 1	5/7/	2022 General	Special		
12 OFFICE	OFFICE HELD (if any) FISD, BOT, PLA		13 OFFICE SOUGHT (if known	(ר	
14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER.			LDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME COMMITTEE TYPE COMMITTEE NAME				
_ GENERAL		COMMITTEE ADDRESS	ON THE REPORT OF THE PARTY OF T		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
	1				
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Gopal Ponan	1	16 Filer ID (Ethics Commission Filers) N/A Local Filer
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOA CONTRIBUTIONS MADE ELECTRONICALLY)	ONS (OTHER THAN
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS) \$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	E. \$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ \$940.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAIN OF REPORTING PERIOD	SED AS OF THE LAST DAY \$ \$7445.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAND LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE \$ \$500.00
1) Affidavit	Please complete either of MICHELE L CRUTCHER My Notary ID # 333320 Expires June 14, 2024	Signature of Candidate or Officeholder option below:
hunder C	efore me by GOPAL POJAJGI hich, witness my hand and seal of office. The Michele L. CRJT	this the 29TH day of APRIL CHER NOTARY
signature of officer administeri	ng oath Printed name of officer administering of	oath Title of officer administering oat
2) Unsworn Declaratio	OR	
ly name is	, and r	my date of birth is
ly address is		
xecuted in	(street), on the,	(city) (state) (zip code) (country) day of, 20
		(month) (year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

1000			
19	FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
	Gopal Ponangi	N/A Local Filer	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		S
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	ions	\$ \$1249.50
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ \$15,000.00
4.	X SCHEDULE E: LOANS		\$ \$500.00
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$ \$940.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	ITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	IAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	IS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	CAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON TO FILER	TRIBUTIONS RETURNED	S

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The state of the s				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Gopal Ponangi			N/A Local Filer	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$1249.50	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
4-27-22	7 Contributor address; City; State;	Zip Code	\$1249.50	Digital Advertising
	2600 Network Boulevard, Suite 270 - Frisco, TX 75034	***************************************	Check if travel outsi	lide of Texas. Complete Schedule T.
10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe		AL)(See Instructions)
12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal oc	Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's principal occupation (FOR JUDICIAL) Cor			utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF	11.12시즌 - 그, 근임기(기)/14		a regulrements

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

E-3				
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedu	ule B: 1
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
Gopal Ponar	ngi		N/A Local	Flier
4 TOTAL OF	UNITEMIZED PLEDGES		\$ \$15,000	
5 Date	6 Full name of pledgor out-of-state PAC (ID#: Venu Bhagyanagar		8 Amount of Pledge \$	9 In-kind contribution description
6/10/2021	7 Pledgor address; City; State 14835 Myrtle Beach Ln, Frisco, TX		\$5000.00	
	75035			de of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	1 Employer (See I	nstructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
6/15/2021	Pledgor address; City; Stat	e; Zip Code	\$5000.00	
	12417 Emeral Gate Isle, Frisco, TX 75035		Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
6/16/2021	Pledgor address; City; Stat	e; Zip Code	\$5000.00	
	12515 Summertree Dr., Frisco, TX 75035		Check if travel outs	I Lide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
				4
16	ATTACH ADDITIONAL COPIES C	17. <u>- Jan Salar 187</u> jaja 17. jaja 17. jaj		requirements

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Gopal Ponang	gi		3 Filer ID (Ethics Commission Filers) N/A Local Filer
4 TOTAL OF UN	NITEMIZED LOANS		\$ \$500.00
5 Date of loan 12/4/2018		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial	Gopal Ponangi - sclf 8 Lender address; City;	State; Zip Code	\$500.00 10 Interest rate 0
Institution?	14937 Begonia Dr, Frisco, TX 75035		11 Maturity date 0
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) N/A	
14 Description of Coll X none	lateral	The Check if personal fur account (See Instruc	ids were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
x not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	lateral	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
If Ic	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	100 PS 2017 (2011)

Forms provided by Texas Ethics Commission

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Gopal Ponangi	3 Filer ID (Ethics Commission Filers) N/A Local Flier
4 Date 4/21/2022	5 Payee name Community Impact Newspaper	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$940.00	3600 E Palm Valley Blvd, Box #3, Round Rock, TX	7.78665
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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/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/OF	Candidate / Officeholder name	Office sought Office held
	ATTA CU A DDITIONAL CODICO OF THE	