

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr Suresh NICKNAME LAST SUFFIX			MI Suresh Manduva					
				OFFICE USE ONLY					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			Date Received 11/15/26					
	11871 Barrymore Dr, Frisco, TX 75035								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
	(469)	777-8066							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI						
	Mr	Timothy							
	NICKNAME	LAST	SUFFIX						
	Tim	Nelson							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY: STATE: ZIP CODE					
	6624 Waverly Ln, Frisco, TX 75035								
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
	(972)	898-8461							
9 REPORT TYPE	<input checked="" type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/>	Exceeded Modified Reporting Limit	<input type="checkbox"/>	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH		Month	Day	Year	
	7	/ 1	/ 25			12	/ 31	/ 25	
11 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month	Day	Year	<input type="checkbox"/>	Primary	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	Other Description
12 OFFICE	OFFICE HELD (if any)				13 OFFICE SOUGHT (if known)				
	Frisco ISD Board of Trustees, Place 1								
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME							
		COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS							

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FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 260.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,285.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Suresh Manduwa

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Suresh Manduwa this the 15th day of January, 20 26, to certify which, witness my hand and seal of office.

Michelle Arellano
Signature of officer administering oath

Michelle Arellano
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
21. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	
22. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
23. SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
24. SCHEDULE E: LOANS \$	
25. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
26. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
27. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
28. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
29. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
30. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
31. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
32. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

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
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Suresh Manduva	3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/2025	5 Payee name Great Plains Bank		
6 Amount (\$) 180.00	7 Payee address; 7000 Preston Rd, Frisco, TX 75035 Check if individual's residence address.	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Bank Fees	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/15/2025	Payee name Clicksend		
Amount (\$) 80.00	Payee address; 2420 17th St, Denver, Co 80202 Check if individual's residence address.	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Voter data	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; Check if individual's residence 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			