# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Gopal	MI	OFFICE USE ONLY
INAME	NICKNAME	Ponangi	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 14937 Begon	1115(α5		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(214 )	868-7538	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Ann	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		Anderson	6969AP (COLT TBLC)	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	The second secon	(NO PO BOX PLEASE); APT / SI n Rd, Ste B11, Fris		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	7	/ 1 / 24	тнкоидн 12	/ 31 / 24
11 ELECTION	Month Day	Year Primary General	Runoff Other Description  Special	
12 OFFICE	FISD,BOT,		13 OFFICE SOUGHT (if known	1)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	S AND OFFICEHOLDERS ARE REQUIR	S MAY HAVE REEN MADE WITHOUT THE CANI	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		<b>GO TO</b>	PAGE 2	

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer	ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			0.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 4	,342.65
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	500.00
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	ie and cor	rect and inc	cludes all information
	-	1.	16	
		10/2	h 1/2	
	Signature of Ca	andidate d	or Officehold	der
			minne	rrnhii.
	Places complete either entien below		WILLE A	RELIVE
	Please complete either option below	N. 11.	SC LRY P	USCAZI
		11111	12	2 C O
		E ~	0	7 '4 <sub>8</sub> ; §
(1) Affidavit		====	IDE OF	100
(1) Allidavit		14	1/5+P 09	35-503 11111
			77111111111111111111111111111111111111	7670.7 25-2021.1111111111111111111111111111111111
NOTARY STAMP/SEA	0 -			
Sworn to and subscribed	before me by <u>Gopul Ponangi</u> this the	154	Nday of	Tanuary.
20 <u>d</u> , to certify	which, witness my hand and seal of office.	114	S 1. 1.	
(Muchelle)	aullus Michelle Arellano		NOta	<i>1</i> ′9
Signature of officer administe	Printed name of officer administering oath		Title of office	er atmin stering oath
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is	S		
My address is				
	(street) (city) (	(state)	(zip code)	(country)
Executed in	County, State of , on the day of (mont		, 20	±0 500 <b></b> *
	(mont	h)	(year)	
	Signature of Candi	idate/Office	eholder (De	clarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	er name al Ponangi	20 Filer ID (Ethics Co	mmis	sion Filers)
21 SCI	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	15,000.00
4.	SCHEDULE E: LOANS		\$	500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

#### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

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 B: 1		
<sup>2</sup> FILER NAME Gopal Ponangi			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED PLEDGES			\$		
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)  Venu Bhaguangar  7 Pledgor address; City; State; Zip Code  14635 Myrtle Beach Ln, Frisco, TX 75035		8 Amount of Pledge \$ 5,000.00	9 In-kind contribution description	
Check if travel outside of Texas. Comple  10 Principal occupation / Job title (See Instructions)  11 Employer (See Instructions)					
Date	Full name of pledgor	le; Zip Code	Amount of Pledge \$ 5,000.00	In-kind contribution description	
	12417 Emeral Gate Isle, Frisco, TX 75035			de of Texas. Complete Schedule T.	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor	le; Zip Code	Amount of Pledge \$ 5,000.00	In-kind contribution description	
12515 Summertree Dr, Frisco TX 75035			Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State;	Zip Code	Amount of Pledge \$	In-kind contribution description	
			Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)  Employer (See I			Instructions)		
If	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see Instru			requirements	

#### **LOANS** SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The I	1 Total pages Schedule E:				
2 FILER NAME		The state of the s	3 Filer ID (Ethics Commission Filers)		
Gopal Ponang	gi				
4 TOTAL OF UNITEMIZED LOANS			\$		
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
	Gopal Ponangi - self		500.00		
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code		10 Interest rate 0.00		
YN	, 1001 Dogettia Di, 1 11000, 171 /		11 Maturity date		
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 (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable	To Guarantor address, Gity,	State, Zip Code			
20 Principal Occupati	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	Interestrate		
Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
none GUARANTOR	Name of guarantor		Amount Guaranteed (\$)		
INFORMATION	· · · · · · · · · · · · · · · · · · ·		, amount oddrainedd (c)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE			