

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: <div style="text-align: center; font-size: 24px;">24</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 24px;">Gopal</div>	MI <div style="text-align: center; font-size: 24px;">K</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received <div style="text-align: center; font-size: 24px;">APR 04 2019</div> <div style="text-align: center; font-size: 24px;">ke</div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST <div style="text-align: center; font-size: 24px;">Ponangi</div>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px;">14937 Begonia Dr Frisco, TX 75035</div>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <div style="font-size: 24px;">(214)</div>	PHONE NUMBER <div style="font-size: 24px;">868-7538</div>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 24px;">Ann</div>	MI <div style="text-align: center; font-size: 24px;">R</div>	
	NICKNAME	LAST <div style="text-align: center; font-size: 24px;">Anderson</div>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px;">6500 Preston Rd. Ste 111 Frisco, TX 75034</div>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <div style="font-size: 24px;">(214)</div>	PHONE NUMBER <div style="font-size: 24px;">491-7618</div>	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 24px; text-align: center;">1 / 1 / 2019 THROUGH 3 / 31 / 2019</div>			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year <div style="font-size: 24px;">5 / 4 / 2019</div>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 24px;">N/A</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 24px;">Frisco ISD Board of Trustees, Place 1</div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Gopal Ponangi 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,486.-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>146.-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5812.-</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6528.-</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>500</u>

18 AFFIDAVIT

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.

T. Hoque
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gopal Ponangi, this the 4TH day of APRIL, 2019, to certify which, witness my hand and seal of office.

Michele L. Crutcher
Signature of officer administering oath

MICHELE L. CRUTCHER
Printed name of officer administering oath

NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Gopal Porangji</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,486 ⁻
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 500 ⁻
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 582 ⁻
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME **Gopal Panangj**

3 Filer ID (Ethics Commission Filers)
N/A - Local Filer

4 Date **1/21/2019**
5 Full name of contributor out-of-state PAC (ID#: _____)
Sayashree Anand

7 Amount of contribution (\$)
11.-

6 Contributor address; City; State; Zip Code
12417 Emerald Gate Dr Frisco TX 75055

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **1/7/2019**
Full name of contributor out-of-state PAC (ID#: _____)
Chinnappa Pasam

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1235 Wildwood Ave, Apt 2416 Sunnyvale, CA 94089

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **1/12/2019**
Full name of contributor out-of-state PAC (ID#: _____)
Ravi Jani

Amount of contribution (\$)

Contributor address; City; State; Zip Code
5948 Turtle Creek Dr Plano TX 75093

50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **1/13/19**
Full name of contributor out-of-state PAC (ID#: _____)
Sean Heatley

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1395 Horse Creek Dr Frisco TX 75036

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)
N/A - Local Filer

4 Date

1/14/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Bhaskar Aluru

7 Amount of contribution (\$)

50.-

6 Contributor address; City; State; Zip Code
5773 NW Primino Ave Portland, OR 97229

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/14/19

Full name of contributor out-of-state PAC (ID#: _____)

Satyam Veernalu

Amount of contribution (\$)

500.-

Contributor address; City; State; Zip Code
4424 Vista Terrace Dr Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/19

Full name of contributor out-of-state PAC (ID#: _____)

Dr. Anup Shetty

Amount of contribution (\$)

400.-

Contributor address; City; State; Zip Code
5127 Lincolnshire Ct Dallas, TX 75287

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/19/19

Full name of contributor out-of-state PAC (ID#: _____)

Fred Lusk

Amount of contribution (\$)

35.-

Contributor address; City; State; Zip Code
9912 Mallow Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

2/4/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Anand Chellappa

7 Amount of contribution (\$)

151.-

6 Contributor address; City; State; Zip Code

12417 Emerald Gate Dr Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/4/19

Full name of contributor out-of-state PAC (ID#: _____)

Amit Bansal

Amount of contribution (\$)

51.-

Contributor address; City; State; Zip Code

9873 Bradford Grove Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/19

Full name of contributor out-of-state PAC (ID#: _____)

Praveen Pandey

Amount of contribution (\$)

151.-

Contributor address; City; State; Zip Code

9705 Dragonfly Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/19

Full name of contributor out-of-state PAC (ID#: _____)

Roy Amarita

Amount of contribution (\$)

50.-

Contributor address; City; State; Zip Code

9844 Bradford Grove Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Bonanji

3 Filer ID (Ethics Commission Filers)

NA-Local Filer

4 Date

1/19/19

5 Full name of contributor

Suresh Manduwa

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

101.-

6 Contributor address;

11871 Barrymore Dr Frisco TX 75035

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/23/19

Full name of contributor

Cindy Hons

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.-

Contributor address;

7145 Yellowstone Dr Frisco, TX 75033

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/19

Full name of contributor

Ashok Landekar

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

125.-

Contributor address;

44104 Vanderpool Dr Plano, TX 75024

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/19

Full name of contributor

Pawan Netti

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.-

Contributor address;

10809 Blake Gardens McKinney, TX 75070

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

2/4/19

5 Full name of contributor

Anu Sethuraman

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

75.-

6 Contributor address;

City; State; Zip Code

9977 Bradford Grove Dr Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/4/19

Full name of contributor

Girish Sethuraman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

75.-

Contributor address;

City; State; Zip Code

9977 Bradford Grove Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/19

Full name of contributor

Chaitanya Karumudi

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

70.-

Contributor address;

City; State; Zip Code

2929 Ida Dr Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/2019

Full name of contributor

Venkat Karumudi

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

75.-

Contributor address;

City; State; Zip Code

2929 Ida Dr Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)
N/A - Local Filer

4 Date

2/1/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Venu Bhagyanagar

7 Amount of contribution (\$)

200.-

6 Contributor address; City; State; Zip Code

14835 Myrtlebeach Ln Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/19/2019

Full name of contributor out-of-state PAC (ID#: _____)

Dr. Jai Kumar

Amount of contribution (\$)

\$150.-

Contributor address; City; State; Zip Code

4701 Copper Mountain^{LD} Richardson TX 75082

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/2019

Full name of contributor out-of-state PAC (ID#: _____)

Rao Kalvala

Amount of contribution (\$)

\$200.-

Contributor address; City; State; Zip Code

183 Chaucer Ct Coppell, TX 75019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/2019

Full name of contributor out-of-state PAC (ID#: _____)

Dr. Raju Nakta

Amount of contribution (\$)

\$250.-

Contributor address; City; State; Zip Code

2311 Sorento Circle Temple TX 76502

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Ponang

3 Filer ID (Ethics Commission Filers)

NA - Local Files

4 Date

2/9/19

5 Full name of contributor

Dr. Hima Reddy

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$150.-

6 Contributor address;

City; State; Zip Code

2209 Mockingbird Ln Flower Mound, TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/9/2019

Full name of contributor

Dr. Maryada Reddy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.-

Contributor address;

City; State; Zip Code

4615 Shadywood Ln Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/19

Full name of contributor

Dr. Dhruv Bankundi

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.-

Contributor address;

City; State; Zip Code

105 Whispering Hills Dr Coppell, TX 75019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/19

Full name of contributor

Raghav Akkaraju

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$51.-

Contributor address;

City; State; Zip Code

4894 Club Terrace Ln Frisco, TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

2/10/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Sumit Rekhi

7 Amount of contribution (\$)

\$100.-

6 Contributor address; City; State; Zip Code
741 Calliopsis St Little Elm, TX 75068

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/10/19

Full name of contributor out-of-state PAC (ID#: _____)

Arun Kuruville

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code
659 Dunhill Ln Frisco TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/19

Full name of contributor out-of-state PAC (ID#: _____)

Anil Ale

Amount of contribution (\$)

\$50.-

Contributor address; City; State; Zip Code
4392 Vista Terrace Dr Frisco, TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/19

Full name of contributor out-of-state PAC (ID#: _____)

Srinath Akula

Amount of contribution (\$)

\$50.-

Contributor address; City; State; Zip Code
4576 Berry Ridge Ln Frisco TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

MA-Local Filer

4 Date

2/15/19

5 Full name of contributor

Satish Vedala

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.-

6 Contributor address;

City; State; Zip Code

6787 York Castle Ct Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/16/19

Full name of contributor

Wendy Wittenbrock

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 25.-

Contributor address;

City; State; Zip Code

8708 Bluff Creek Ln Plano TX 75024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

Rachel Allen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.-

Contributor address;

City; State; Zip Code

8200 Durhan Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

Brett Sumrow

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150.-

Contributor address;

City; State; Zip Code

1088 Cardiff Ln Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Gopal Porangi

3 Filer ID (Ethics Commission Filers)

NA-Local Filer

4 Date

2/23/19

5 Full name of contributor

Cindy Hans

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 25.-

6 Contributor address;

City; State; Zip Code

7145 Yellowstone Dr Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/21/19

Full name of contributor

Clark Miller

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.-

Contributor address;

City; State; Zip Code

2908 Bellerive Dr Plano, TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/19

Full name of contributor

V.K. Gupta

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1000.-

Contributor address;

City; State; Zip Code

6513 Myrtle Beach Dr Plano, TX 75093

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/19

Full name of contributor

V.K. Gupta

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1000.-

Contributor address;

City; State; Zip Code

13717 Neutron Rd Dallas, TX 75244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

2/23/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Sandeep Akula

6 Contributor address; City; State; Zip Code

9955 Teal Hollow Dr Frisco TX 75035

7 Amount of contribution (\$)

\$100.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/19

Full name of contributor out-of-state PAC (ID#: _____)

Viswas Mudigonda

Contributor address; City; State; Zip Code

6194 Gilford Dr Frisco TX 75035

Amount of contribution (\$)

\$150.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/19

Full name of contributor out-of-state PAC (ID#: _____)

Pavan Nellutla

Contributor address; City; State; Zip Code

12515 Summertree Dr Frisco TX 75035

Amount of contribution (\$)

\$250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/19

Full name of contributor out-of-state PAC (ID#: _____)

Lakshmi Kanboji

Contributor address; City; State; Zip Code

13513 Hemlock Trl Frisco, TX 75035

Amount of contribution (\$)

\$250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

3/7/2019

5 Full name of contributor

out-of-state PAC (ID#: _____)

Sri Divya Sneha Lanneeru

6 Contributor address; City; State; Zip Code

400 Suniper Ln Irving TX 75039

7 Amount of contribution (\$)

\$ 20.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Christopher Moss

Contributor address; City; State; Zip Code

10341 Casatta Dr Frisco TX 75035

Amount of contribution (\$)

\$ 100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Braskar Rayavaram Sambhu Sln

Contributor address; City; State; Zip Code

7624 Seneca Dr Plano TX 75094

Amount of contribution (\$)

\$ 20.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/19

Full name of contributor

out-of-state PAC (ID#: _____)

Prasad Nalluri

Contributor address; City; State; Zip Code

4112 Hookbilled Kite Austin TX 78738

Amount of contribution (\$)

\$ 200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

MHA-Local Filer

4 Date

3/17/19

5 Full name of contributor

Debra Nelson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.-

6 Contributor address; City; State; Zip Code

8514 Emerald Glen Ln Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/19

Full name of contributor

Anna Wasach

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.-

Contributor address; City; State; Zip Code

13449 Grayhawk Blvd Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/19

Full name of contributor

Gwendolyn Wittenbrook

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.-

Contributor address; City; State; Zip Code

8708 Bluffcreek Ln Plano TX 75024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/19

Full name of contributor

Rajeshwari Subramanian

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75.-

Contributor address; City; State; Zip Code

13859 Boyle Ln Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

3/19/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Anand Chellappa

6 Contributor address; City; State; Zip Code

12417 EmeraldGate Dr Frisco TX 75035

7 Amount of contribution (\$)

\$ 500.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/21/19

Full name of contributor

out-of-state PAC (ID#: _____)

Lokesh Daddi

Contributor address; City; State; Zip Code

10553 Bartlett Dr Frisco TX 75035

Amount of contribution (\$)

\$ 500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/19

Full name of contributor

out-of-state PAC (ID#: _____)

Mahesh Chopra

Contributor address; City; State; Zip Code

1667 Canyon Ranch Pl Frisco TX 75034

Amount of contribution (\$)

\$ 500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/19

Full name of contributor

out-of-state PAC (ID#: _____)

Satish Kandi

Contributor address; City; State; Zip Code

6813 Humboldt Pl McKinney, TX 75070

Amount of contribution (\$)

\$ 200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1. **17**

2 FILER NAME

Gopal Ponangaj

3 Filer ID (Ethics Commission Filers)

NA-Local Filer

4 Date

3/23/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Sharan Reddy

7 Amount of contribution (\$)

\$100.-

6 Contributor address; City; State; Zip Code

12305 Hidden Run Dr Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/19

Full name of contributor out-of-state PAC (ID#: _____)

Cindy Hons

Amount of contribution (\$)

\$25.-

Contributor address; City; State; Zip Code

7145 Yellowstone Dr Frisco, TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/19

Full name of contributor out-of-state PAC (ID#: _____)

Srikar Meduri

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

16157 Meadow Springs Frisco, TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/19

Full name of contributor out-of-state PAC (ID#: _____)

Mohan Chakravada

Amount of contribution (\$)

\$200.-

Contributor address; City; State; Zip Code

15411 Grand Oak Ln Barnett Valley PA 19060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME

Gopal Ponangi

3 Filer ID, (Ethics Commission Filers)

NA / Local Filer

4 Date

3/30/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Aray Reddy

6 Contributor address; City; State; Zip Code
4686 McDermott Rd Plano TX 75024

7 Amount of contribution (\$)

\$500.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/19

Full name of contributor out-of-state PAC (ID#: _____)

Prakash Hariharan

Contributor address; City; State; Zip Code
13394 Allenwood Ave Frisco TX 75035

Amount of contribution (\$)

\$1,000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/19

Full name of contributor out-of-state PAC (ID#: _____)

Sayanthi Subramanian

Contributor address; City; State; Zip Code
18240 Midway Rd, Ste 1303 Dallas, TX 75287

Amount of contribution (\$)

\$50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/19

Full name of contributor out-of-state PAC (ID#: _____)

Karen Cunningham

Contributor address; City; State; Zip Code
13309 Duesenberg Dr Frisco TX 75033

Amount of contribution (\$)

\$ 75.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Gopal Ponangi		3 Filer ID (Ethics Commission Filers) N/A Local Filer
4 Date 3/31/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Tyself	7 Amount of contribution (\$) \$100.-
6 Contributor address; City; State; Zip Code 1213 Gladewater Dr Frisco TX 75033		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anoop Reddy Devi Reddy	Amount of contribution (\$) \$ 50.-
Contributor address; City; State; Zip Code 1437 Dutch Hollow Dr Frisco TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Cox	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 7112 Silverbrook Ln Frisco, TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Gopal Ponangi</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>0</u>
5 Date of loan <u>12/4/2018</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gopal Ponangi - self</u>	9 Loan Amount (\$) <u>500.-</u>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>14937 Begonia Dr FRISCO, TX 75035</u>	10 Interest rate <u>0</u>
		11 Maturity date <u>0</u>
12 Principal occupation / Job title (See Instructions) <u>N/A</u>		13 Employer (See Instructions) <u>N/A</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 2/25/19	5 Payee name Fred Lusk
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6 Amount (\$) 314.-	7 Payee address; City; State; Zip Code 9912 Malloy Dr Frisco, TX 75035
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/19/19	Payee name Wisdom Montesson
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Amount (\$) 250.-	Payee address; City; State; Zip Code 25679 Smotherman Rd Frisco, TX 75033
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/30/19	Payee name Go Daddy
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Amount (\$) 255.71	Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Web Hosting Services	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Gopal Ponangi	3 Filer ID (Ethics Commission Filers)
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4 Date 2/13/2019	5 Payee name First Graphic Services
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6 Amount (\$) 1110.-	7 Payee address; City; State; Zip Code 229 Gaur St. Garland, TX 75040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense - signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/11/2019	Payee name First Graphic Services
--------------------------	---

Amount (\$) 1083⁰⁰	Payee address; City; State; Zip Code 229 Gaur St, Garland, TX 75040
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/6/2019	Payee name First Graphic Services
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Amount (\$) 1873.-	Payee address; City; State; Zip Code 229 Gaur St. Garland, TX 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Gopal Porangi	NA Local Filer
4 Date	5 Payee name	
1/11/2019	2DM Designs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
500.-	10407 Stone Falls Ln Frisco, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense T-shirts	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date	Payee name	
2/23/2019	2DM Designs	
Amount (\$)	Payee address; City; State; Zip Code	
400.-	10407 Stone Falls Ln Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense T-shirts	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED