

# 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: <b>16</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI	<b>OFFICE USE ONLY</b>  Date Received  <b>APR 26 2019</b>  <i>Orle</i>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
	NICKNAME LAST SUFFIX		
Gopal K Ponang			
14937 Begonia Dr Frisco, TX 75035			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(214) 868-7538		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI		
	NICKNAME LAST SUFFIX		
Ann R Anderson			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or Business)	6500 Preston Ad, Ste Bll Frisco, TX 75034		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(214) 491-7618		
9 REPORT TYPE	<input 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 checked="" 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 4 / 1 / 2019      THROUGH      4 / 25 / 2019		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	5 / 4 / 2019		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	N/A	Frisco ISD Board of Trustees Place 1	

**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) N/A Local Filer

16 NOTICE FROM POLITICAL COMMITTEE(S)

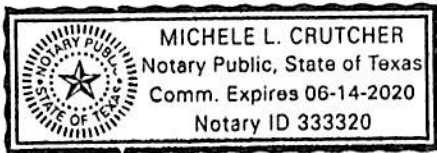
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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>6070<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1488<sup>00</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>11,110<sup>00</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>500<sup>-</sup></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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GOPAL PONANGI, this the 26<sup>TH</sup> day of APRIL, 20 19, to certify which, witness my hand and seal of office.

[Signature]  
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 Ponangi</i>		20 Filer ID (Ethics Commission Filers) <i>N/A - Local Filer</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>6,070<sup>00</sup></i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ <i>500.<sup>00</sup></i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>1,488.<sup>00</sup></i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME Gopal Ponangj

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

4 Date  
4/1/2019

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sinesh Jain  
6 Contributor address; City; State; Zip Code  
CA

7 Amount of contribution (\$)  
\$150.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
4/1/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sanjay Tiwari  
Contributor address; City; State; Zip Code  
5652 Imperial Meadow Dr Frisco TX 75035

Amount of contribution (\$)  
\$50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/1/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Rene Archambault  
Contributor address; City; State; Zip Code  
11542 LaCarrera Tr Frisco, TX 75035

Amount of contribution (\$)  
\$100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/2/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sadat Haq  
Contributor address; City; State; Zip Code  
12167 Toscana Way, Frisco TX 75035

Amount of contribution (\$)  
\$100.-

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: 10

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

4/2/2019

5 Full name of contributor

Devendra Polireddy

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$30.-

6 Contributor address; City; State; Zip Code

12407 Honeyflower Dr Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/2/2019

Full name of contributor

Cyril Minett

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.-

Contributor address; City; State; Zip Code

8585 Creekview Dr Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/2019

Full name of contributor

Clark Miller

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

2908 Bellerive Dr Plano, TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/2019

Full name of contributor

Sean Merrell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.-

Contributor address; City; State; Zip Code

5002 Lakekind 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: 10

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

4/2/2019

5 Full name of contributor

Cynthia Badon

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.-

6 Contributor address;

City; State; Zip Code

2316 Aspermount Dr Frisco TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/2/2019

Full name of contributor

Satish Gupta

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1,000.-

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2019

Full name of contributor

Manesh Nandyala

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$800.-

Contributor address;

City; State; Zip Code

12373 Sellaronda Way, Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2019

Full name of contributor

Anji - Sai Gayathri

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.-

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10**

2 FILER NAME

**Gopal Ponangj**

3 Filer ID (Ethics Commission Filers)

**N/A - Filer**

4 Date

**4/7/2019**

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

**Manohar Kasaarani**

6 Contributor address; City; State; Zip Code

**7263 Aclare Ln, Frisco, TX 75035**

7 Amount of contribution (\$)

**\$200.-**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4/7/2019**

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

**Shivakumar Shanmugam**

Contributor address; City; State; Zip Code

**8093 Marine Blue Dr Frisco TX 75035**

Amount of contribution (\$)

**\$50.-**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/17/2019**

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

**John Keating**

Contributor address; City; State; Zip Code

**4749 Terra Dr, Frisco, TX 75034**

Amount of contribution (\$)

**\$500.-**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/12/2019**

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

**Balaji Nallamothula**

Contributor address; City; State; Zip Code

**12906 Allenwood Ave, Frisco, TX 75035**

Amount of contribution (\$)

**\$50**

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:

10

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

4/12/2019

5 Full name of contributor

Rajah Vysy Raju

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.-

6 Contributor address;

City; State; Zip Code

11819 Singing Brook Rd, Frisco, TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/2019

Full name of contributor

Shaker Brahmadevara

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2019

Full name of contributor

Ravikanth Akula

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.-

Contributor address;

City; State; Zip Code

11413 Wentworth Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2019

Full name of contributor

Ashish Nigam

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.-

Contributor address;

City; State; Zip Code

44109 Stargazer Dr Plano TX 75024

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: 10

2 FILER NAME

Gopal Borangji

3 Filer ID (Ethics Commission Filers)

N/A-Local Filer

4 Date

4/12/2019

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

Rajesh Kertal

6 Contributor address; City; State; Zip Code

14571 Alstone Dr Frisco, TX 75035

7 Amount of contribution (\$)

\$100.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/2019

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

Seethish Singapura

Contributor address; City; State; Zip Code

15043 Blakehill Dr, Frisco TX 75035

Amount of contribution (\$)

\$25.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2019

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

Ramesh Thyagarajan

Contributor address; City; State; Zip Code

14995 Daneway Dr Frisco, TX 75035

Amount of contribution (\$)

\$25.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2019

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

Ashwin Soshi

Contributor address; City; State; Zip Code

14747 Alstone Dr, Frisco, TX 75035

Amount of contribution (\$)

\$100.-

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: **10**

2 FILER NAME  
**Gopal Anangi**

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

4 Date  
**4/12/2019**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ujjay Tadupunoori**

6 Contributor address; City; State; Zip Code  
**6127 Aylworth Dr Frisco TX 75035**

7 Amount of contribution (\$)  
**\$250.-**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**4/10/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Say Reddy**

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**\$200.-**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/19/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Madhuri Lavu**

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**\$100**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/19/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ananthavalli Kavi**

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**\$25.-**

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: 10

2 FILER NAME

Gopal Ponangi

3 Filer ID (Ethics Commission Filers)

N/A - Local Filer

4 Date

4/20/2019

5 Full name of contributor

Subramanian Ganesan

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50.-

6 Contributor address; City; State; Zip Code

10200 Barton Circle, Frisco, TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/20/2019

Full name of contributor

Devendra Polireddy

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.-

Contributor address; City; State; Zip Code

12407 Honeyflower Dr Frisco, TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/2019

Full name of contributor

Vinay Mannava

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$15.-

Contributor address; City; State; Zip Code

13823 Copper Lake Trl Frisco, TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/2019

Full name of contributor

Naresh Garikapati

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$25.-

Contributor address; City; State; Zip Code

13789 Copper Lake Trl 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: <b>10</b>
2 FILER NAME <b>Gopal Bonangi</b>		3 Filer ID (Ethics Commission Filers) <b>Local Filer - N/A</b>
4 Date <b>4/22/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ram Annadi</b>	7 Amount of contribution (\$) <b>\$100-</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/23/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy Hons</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>7145 Yellowstone Dr Fisco, TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/23/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suresh Duggi</b>	Amount of contribution (\$) <b>\$100.-</b>
Contributor address; City; State; Zip Code <b>14861 Begonia Dr. Fisco, TX 75035</b>		
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10**

2 FILER NAME **Gopal Ponangy**

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

4 Date **4/23/2019** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Chandra Anala**  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)  
**\$50**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **4/23/2019** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Yugandhar Yalamanchi**  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**\$150.-**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/24/2019** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Satish Yarlagadda**  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**\$100.-**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

# 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: <b>2</b>	2 FILER NAME <b>Copal Pomangi</b>	3 Filer ID (Ethics Commission Filers) <b>N/A Local Filer</b>
4 Date <b>3/26/2019</b>	5 Payee name <b>Community Impact Newspaper</b>	
6 Amount (\$) <b>\$980.-</b>	7 Payee address; City; State; Zip Code <b>3600 E Palm Valley Blvd, Box 3, Round Rock, TX 78665</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <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
--	-------------------------------	---------------	-------------

Date <b>4/10/2019</b>	Payee name <b>Sticker Giant</b>		
Amount (\$) <b>\$146.-</b>	Payee address; City; State; Zip Code <b>stickergiant.com Longmont CO 80501 880 Weaver Park Rd.</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>4/18/2019</b>	Payee name <b>Sticker Giant</b>		
Amount (\$) <b>\$72.00</b>	Payee address; City; State; Zip Code <b>stickergiant.com Longmont, CO 80501 880 Weaver Park Rd</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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
------------------------	--	---

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

# 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: 2	2 FILER NAME Gopal Anangi	3 Filer ID (Ethics Commission Filers) N/A - Local Filer
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4 Date 4/14/2019	5 Payee name Payroll
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6 Amount (\$) \$174.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(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 4/14/2019	Payee name Square
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Amount (\$) \$116.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Gopal Ponangi</b>		3 Filer ID (Ethics Commission Filers) <b>N/A-Local Filer</b>
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>12/4/2018</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Gopal Ponangi - self</b>	9 Loan Amount (\$) <b>500.-</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>1437 Begonia Dr FRISCO, TX 75035</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>0</b>
12 Principal occupation / Job title (See Instructions) <b>N/A</b>		13 Employer (See Instructions) <b>N/A</b>
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  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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? <b>Y N</b>	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  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.