CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	Suide explains how to comple	ete this form.	1 Filor ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr Su	FIRST Jresh	мі В	OFFICE USE ONLY	
NAME	NICKNAME Ma	LAST anduva	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; / 11871 Barrymore D		ITY; STATE; ZIP CODE  \$\forall 75035	4125125	
Change of Address	TOTAL COOPE DUONE	**************************************	PUTPLICIAN		
5 CANDIDATE/ OFFICEHOLDER PHONE		-8066	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$	
TREASURER NAME		imothy	Н	Dale Process 125/25	
	Tim N	lelson	SUFFIX	Date Image: Alasias	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX 6624 Waverly Ln. F			STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE		NUMBER 3-8461	EXTENSION		
9 REPORT TYPE	January 15	30th day before eld	action Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before elec-	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day 3 / 25	Year / 25	THROUGH 4		
11 ELECTION	Month Day Year 5 / 3 / 25	Primary  General	Runoff Other Description  Special	I	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IT know Frisco ISD Board	d of Trustees, Place 1	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITT	EE NAME			
Additional Pages	GENERAL COMMITTE	EE ADDRESS	2001		
20	SPECIFIC COMMITTE	EE CAMPAIGN TREA	SURER NAME		
	СОММІТТ	EE CAMPAIGN TREA	ASURER ADDRESS		
		GO TO F	PAGE 2		

#### FORM C/OH CANDIDATE / OFFICEHOLDER COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Etnics Commission Filers) Suresh Manduva 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00\$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS \$ 11,159.83 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00TOTALS 8,889.22 TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION 2,982.97 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00 \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. OF OF TEXT OF A STATE OF THE ST Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by Suresh Manduva this the 25th bay of April 20 65, to certify which, witness my hand and seal of office. Whichell Anclus Michelle Arclano Notani (2) Unsworn Declaration \_\_\_, and my date of birth is \_ My name is \_\_ My address is \_\_\_\_ (street) (city) (state) (zip code) (country) \_\_day of \_ \_\_\_ County, State of \_\_\_ \_, on the \_ Executed in \_\_\_\_ (month) Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	9 FILER NAME  20 Filer ID (Ethics Cor Suresh Manduva		mmlss	ion Filers)	
345537	SCHEDI	JLE SUBTOTALS F SCHEDULE	L		SUBTOTAL AMOUNT
1.	. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	11,159.83
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS			\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			8,889.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 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 CO	NTRIBUTIONS	\$	70000
12.				\$	

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 A1: 6		
2 FILER NAME Suresh Mar	nduva		3 Filer ID (Ethlcs Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Chinasatyam Veernapu	(ID#:)	7 Amount of contribution (\$)		
04/03/2025	6 Contributor address; City; 4424 Vista Terrace Dr. Fris	State; Zip Code	260.73		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/06/2025	Contributor address; City; 3427 Singer Ln. Frisco,	State; Zip Code TX 75034	208.65		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)		
Date	N N	(ID#;)	Amount of contribution (\$)		
04/15/2025	Ranga Manthena  Contributor address; City;  10155 Promontory Dr. Fris	State; Zip Code	208.65		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	WOODS NO PERSONAL WAYS	: (ID#:)	Amount of contribution (\$)		
04/15/2025	Vishnu Kalidindi  Contributor address; City;	State; Zip Code	208.65		
5963 Dripping Springs Dr. Frisco, TX 75034					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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 A1: 6			
2 FILER NAME Suresh Mai	nduva		3 Filer ID (Ethics Commission Filers)			
4 Date 04/21/2025	Lakshmi Koya 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)			
	9733 Fandango Ln. Plano	, TX 75035				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ilans)			
Date	Full name of contributor out-of-state PAC Madhu Maredu	(ID#:)	Amount of contribution (\$)			
04/22/2025	Contributor address; City; 6577 Jamestown Rd. Frisc	State; Zip Code	521.15			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		(ID#:)	Amount of contribution (\$)			
03/26/2025	CHANDRA SEKHAR KAJ  Contributor address; City;  2012 Torin St, Lewisville, TX 75056	State; Zip Code	750.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		(ID#:)	Amount of contribution (\$)			
03/26/2025	SARATHBABU ALLAVEN  Contributor address; City;  10411 Wintergreen Dr, Frisco, TX 75	State; Zip Code	1,000.00			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)			
	ATTACH ADDITIONAL COPIES O	DF THIS SCHEDULE AS N	EEDED			
	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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 A1: 6			
2 FILER NAME Suresh Mai	nduva	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Pallavi Pallavolu	7 Amount of contribution (\$)			
03/26/2025	6 Contributor address; City; State; Zip Code 9905 Belfort Dr, Frisco, TX 75035	1,000.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:) SAMBA KARNATI	Amount of contribution (\$)			
03/31/2025	Contributor address; City; State; Zip Code 2213 Kings Forest Ln., Flower Mound, TX 75028	100.00			
Principal occup	valion / Job title (See Instructions)  Employer (See Instruc	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
03/31/2025	VINOD BAJJURI  Contributor address; City; State; Zip Code  12273, Diamond Creek Dr., Frisco, TX 75035	100.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
03/31/2025	SHASHANK PENMETSA  Contributor address; City; State; Zip Code  2624 Creekside PI., Flower Mound, TX 75022	250.00			
Principal occur	Dation / Job title (See Instructions)  Employer (See Instru	ctions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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 A1: 6			
2 FILER NAME Suresh Ma	nduva	3 Filer ID (Ethics Commission Filers)			
4 Date 04/07/2025	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 501.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/31/2025	Contributor address; City; State; Zip Code 14153 Stars Rd., Frisco, TX 75035	250.00			
Principal occup	eation / Job title (See Instructions) Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/31/2025	Contributor address; City; State; Zip Code 12275 Fallcreek Dr., Frisco, TX 75035	1,000.00			
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Armount of contribution (\$)			
04/02/2025	MAHESWARA KASA  Contributor address; City; State; Zip Code  12972 Sherbrooke Dr., Frisco, TX 75035	500.00			
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)			
	ATTACH ADDITIONAL CODIES OF THIS COVERNIL	A & NEEDED			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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 A1:		
2 FILER NAME Suresh Mai	nduva		3 Filer ID (Ethics Commission Filers)		
4 Dale	5 Full name of contributor out-of-state PAC ( VENKATARAMA JONNAL	(ID#:)	7 Amount of contribution (\$)		
04/03/2025	6 Contributor address; City; 1024 Cedar Valley Dr., Irving, TX 750	State; Zip Code	250.00		
8 Principal occur		9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)		
04/17/2025	Contributor address; City; 24806 Lenah Crossing Dr, Aldie, VA	State; Zip Code 20205	1,000.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date		ID#:)	Amount of contribution (\$)		
04/18/2025	CHIRANJEEVI M INDU  Contributor address; City; State; Zip Code  10067 Teal Hollow Dr, Frisco, TX 75035		100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date		ID#:	Amount of contribution (\$)		
04/22/2025	SUBBARAO PONNURU  Contributor address; City;  3401 Bentley Ct, Hightland Village, T	State; Zip Code	251.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc				

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 A1: 6		
2 FILER NAME Suresh Mai	nduva		3 Filer ID (Ethics Commission Filers)		
4 Date 04/09/2025	5 Full name of contributor out-of-state PAC Lakshmana Kuruchelapati 6 Contributor address; City; 8201 Bent Tree Springs Dr, Pla	State; Zip Code	7 Amount of contribution (\$) 2,000.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC Venkatasuneetha Mupparaju	; (ID#:)	Amount of contribution (\$)		
04/16/2025		State; Zip Code le Elm, TX 75068	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-stelle PAC	; (ID#:	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ctions)		
	-				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

#### SCHEDULE F1

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

	EXPENDITUR	E CATEGOR	RIES FOR	BOX 8/a
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Advertising Exponso
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidata/Officaholder/Political Committee

Event Expense Foes Food/Bovorage Expense Gift/Awards/Momorials Expenso Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Potling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travol In District Travol Out Of District

Legal Services Other (onter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Suresh Manduva 4 Date 5 Payee name 04/22/2025 Anedot State: Zip Code City; 6 Amount (\$) 7 Payee address; 66.13 340 Poydras Street Suite 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE **Donation Fees** Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Fred Lusk 03/26/2025 Zip Code City: State: Amount (\$) Payee address; 9912 Mallory Dr. Frisco, TX 75035 531.00 Description Category (See Categories listed at the top of this schedule) Sign Placement PURPOSE Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/31/2025 Hispano Hablantes Zip Code City; State: Amount (\$) Payee address; 5400 Preston N Dr. Frisco, TX 75034 100.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Food/Beverage Expense Food/Beverage OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

### 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
Candidata/Officaholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rontal 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Caro (error a careg	A) (10(11000 000 10)		
1 Total pages Schedule F1:	2 FILER NAME Suresh Manduva		3 Filer ID (Ethlo	Commission Filers)		
4 Date 04/01/2025	5 Payee name Hope Floats Creative		•			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
610.00	3223 Bannon Drive Thunderbolt, GA	31404				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Magazine Ad				
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
04/01/2025	Community Impact Magazine					
Amount (\$)	Payee address;	City;	State;	Zip Code		
1,125.00	16225 Impact Way Unit 1 Pflugerville	e, TX 78660-440	04			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Magazine Ad				
	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expanse					
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
03/31/2025	Micropix Media LLC					
Amount (\$)	Payee address;	City;	State;	Zip Code		
811.88	2521 Brown Blvd., Arlington, TX 7600	06				
	Category (See Categories listed at the top of this schedule)	Description		enese and a second		
PURPOSE OF EXPENDITURE	Advertising Expense	Printing, Signs	s, Flyers			
	Check if travel outside of Toxes, Complete Schedule T.	Check if Aus	lin, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	282 004	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			
				Devilered 444 1201		

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Momorials Expense Legal Services

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

Candidate/Officeholder/Politics Credit Card Payment	, interior	Mages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Suresh Manduva		3 Filer ID (Ethics Commission Filers)
4 Date	5 Pavee name		L
04/10/2025	Frisco Printing & Graphics Center		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,571.46	8585 John Wesley Dr, Suite 200 Fris	co, TX 75034	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Printing Maile	er Cards & EDDM
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expanse
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/15/2025	Micropix Media LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
1,623.75	2521 Brown Blvd., Arlington, TX 760	06	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Yard signs, fly	/ers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/16/2025	Great Plains Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
30.00	7000 Preston Rd., Frisco, TX 75034		
	Category (See Categories listed at the top of this schedule)	Description	20000000
PURPOSE OF EXPENDITURE	Fees	Bank Fees	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advortising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Ovorhead/Rental Expense Polling Expenso Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Trunsportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Suresh Manduva		3 Filer ID (Ethlo	Commission Filers)
4 Date	5 Payee name			
04/18/2025	SG Curry Point			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	6449 Coit Rd., Suite 112 Frisco, TX 7	5035		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Kickoff Event -	Catering	
	(c) Check if travel outside of Taxas, Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			***************************************
04/22/2025	Renee Sample			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	1378 Trail View Ln. Frisco, TX 75034			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Voter Data		
Check if travel outside of Texas. Complete Schedulo T. Check If Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee namo	LUCIUA POSSULO		4
04/23/2025	Twilio			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.00	101 Spear Street, 5th Floor, San Fran	icisco, CA 9410	5	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Phone Verificat	ion	
20000000000	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
-	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

#### 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

Event Expenso Fees Food/Beverage Expenso Gift/Awards/Memorials Expense Local Services

Loan Repaymont/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politics Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	·	•	3 Filer ID (Ethics Commission Filers)
5	Suresh Manduva		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/23/2025	Brad Sharp		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
500.00	4230 Artisan Park Unit 205, Frisco, T	X 75034	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Voter Data An	alytics
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	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 Taxas. 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 (\$)	Payes 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 Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			