# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2	Total pages filed	17		OFFICE	USEONLY
3 CANDIDATE/ OFFICEHOLDER NAME	MSTMRSTMR Mr NICKNAME	Suresh LAST Manduva	a	MI B SUFFE		HIT	25
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election	limit 15th day	d modified reporting after treasurer cont (officeholder only)	Other (specify)	R	ate Hand selected a	Date Postmarked  25  Amount \$
5 ORIGINAL PERIOD COVERED		ear 15 THROU	Month JGH 3	Day 24 / 2	Year	ate imaged 1	25
after the origin	RRECTION In-Kind Donations f nal report was filed and PG 3 were upd	on 4/3/20	ign Kickoff 25. Schedu	on 3/13/20 ile A2 and	25 were	e not receiv e added and	ed until d Cover
7 SIGNATURE I swe	ar, or affirm, under pe	nalty of per	jury, that this	corrected re	eport is t	rue and corre	ect.
Chec	k ONLY if applicable:						
Semiannual mislead or to	reports: I swear, or affin o misrepre-sent the infor	m, that the o	original report	was made in	good faiti	n and without a	an intent to
date I learne	s: I swear, or affirm, that de that the report as originally fill	nally filed Is ed was mad -	Inaccurate or	Incomplete.  Signature of C	A swear, c	or affirm, that a	es day after the ny error or
NOTARY STAMPS STA	11111	eshp	landu:	Va_this	the <u>7</u> +	day of _	tpril.
10 day ( L. I de A	which, witness my hand and	seal of office.	10 Am I	lano	X	Idani	
Signature of officer administe	ring oath Pri	aled name of of	ficor administering	g oath		Title of oticer	administering oath
	OR .						
(2) Unsworn Declaration	on					The state of the s	AND SHOP OF THE PARTY OF THE PA
. ·							
My name is			, and	my date of bir	th is		· · · · · · · · · · · · · · · · · · ·
My address is					•		,
	(streat)			(city)	(state)	(zip code)	(country)
Executed in	County, State of		, on the	day of(n	nonth)	, 20	1)
			•	Shoothers of C	andul-1-/O		
Remember To Attac	h Any Part Of The Can	majan Fina	nce Report E			fficeholder (Decl	
	into the can	demand to the	me report r	our recated	to tehe	m And Explai	in Corrections

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 16 + | CORRECTION LANCONS 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. AFFIDAVIT MS / MRS / MR CANDIDATE / FIRST MI OFFICE USE ONLY OFFICEHOLDER Mr Suresh NAME Date Received NICKNAME LAST SUFFIX Manduva 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: ZIP CODE **OFFICEHOLDER** 11871 Barrymore Dr. Frisco, TX 75035 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (469) 777-8066 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN MI **TREASURER** Timothy Mr. Н.... NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Tim Nelson STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE: ZIP CODE TREASURER 6624 Waverly Ln. Frisco, TX 75035 **ADDRESS** (Residence or Business) PHONE NUMBER AREA CODE CAMPAIGN EXTENSION TREASURER PHONE (972 898-8461 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year COVERED 3 25 3 24 2 / 25 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Description Day 25 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Frisco ISD Board of Trustees, Place 1 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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Suresh Manduva 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00 PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTALS TOTAL POLITICAL CONTRIBUTIONS 5,785.37 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 0.00 \$ TOTALS 8,173.01 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 712.36 BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00LOAN 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, STARY SO TARY 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 Th day of April 96 to certify which, witness my hand and seal of office. Whell & Avellano Michelle Avellano Signature of officer administering oath (2) Unsworn Declaration \_\_, and my date of birth is \_ My name is \_\_\_ My address is \_\_\_ (street) (city) (state) (zip code) County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_ Executed in (month) Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	FILER N	AME Manduva	20 Filer ID (Ethics Con	mmissi	on Filers)
	SCHEDU	JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,585.37
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 2,20			2,200.00	
з.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	S. SCHEDULE E: LOANS			\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	2,873.01
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	1,300.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			s	1,894.38
9.	•	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			4,000.00
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	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TONS RETURNED	\$	

#### SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:	
2 FILER NAME Suresh Ma	nduva		3 Filer ID (Ethics Commission Filers)	
4 Date	4 Date 5 Full name of contributor out-of-state PAC (ID#:) Satish Manduva		7 Amount of contribution (\$)	
02/11/2025	6 Contributor address; City; s 109 Corsica Ct. Coppell, TX	Tate; Zip Code 75019	26.35	
8 Principal occu		Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
02/15/2025	Contributor address; City; s 109 Corsica Ct. Coppell,	State; Zip Code TX 75019	104.48	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
02/27/2025	02/27/2025 Subhash Nelakanti  Contributor address; City; State; Zip Code  3917 Hogan Manor Dr. Plano, TX 75025		104.48	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date ,	Full name of contributor out-of-state PAC (ID#;		Amount of contribution (\$)	
03/11/2025	······	22030	2,000.00	
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.				

## SCHEDULE A1

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: 4	
2 FILER NAME Suresh Ma	nduva	3 Filer ID (Ethics Commission Filers)		
4 Date	Anji Datla	; (ID#:)	7 Amount of contribution (\$)	
03/12/2025	6 Contributor address; City; 6449 Coit Rd, Ste 112, Fr	State; Zip Code	500.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Jacob Melancon	; (ID#:)	Amount of contribution (\$)	
03/13/2025	Contributor address; City; 7837 Excaliber Rd. Frisc	o, TX 75035	104.48	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	10.0	: (ID#:)	Amount of contribution (\$)	
03/13/2025		State; Zip Code	104.48	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC  Jayashree Anand	; (ID#:)	Amount of contribution (\$)	
03/13/2025	Contributor address; City;	State; Zip Code	26.35	
12417 Emerald Gate Dr. Frisco, TX 75035				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4		
<sup>2</sup> FILER NAME Suresh Ma	nduva	3 Filer ID (Ethlos Commission Filers)			
4 Date 03/13/2025	Tim H. Nelson  6 Contributor address; City;  6624 Waverly Ln. Frisco,		7 Amount of contribution (\$) $26.35$		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date 03/13/2025	Full name of contributor out-of-state PAG  Ven Karumudi  Contributor address; City;  2929 Ida Dr. Frisco, TX	State; Zlp Code	Amount of contribution (\$) 52.40		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 03/13/2025	Jaya Prakash Lingareddy  Contributor address; City;  13759 Balint Ln. Frisco,	State; Zip Code	Amount of contribution (\$)  200.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 03/14/2025	Full name of contributor  Ram Yalamanchili  Contributor address;  City;  5883 Trantina Ln. Frisco	State; Zip Code	Amount of contribution (\$)  208.65		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES C				
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	The Instruction Guide explains how to complete this form.					
2 FILER NAME Suresh Ma	nduva		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC out-of-state	(ID#:)	7 Amount of contribution (\$)			
03/18/2025	6 Contributor address; City; 8016 Ship St. Frisco, TX 7	State; Zip Code	26.35			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (	1D#:)	Amount of contribution (\$)			
03/18/2025	2025 Contributor address; City; State; Zip Code 2708 Schofield Ct, Plano, TX 75093		101.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (  Contributor address; City;		Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state PAC (	IO#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	•		10			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

	he Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2: 2		
2 FILER NAM			3 Filer ID (Ethics Commission Filers)		
Suresh M	landuva	y 200			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 2,200.00		
5 Date	6 Full name of contributor   out-of-state PAC (ID#:	8 Amount of 19 In-kind contribution			
Elite Live Productions			Contribution \$   description		
03/13/2025 7 Contributor address; City; State; Zip Code			500.00 Photo, Video & Audio		
Lewisville Texas 75056					
10 - 1 1 1			Check If travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of In-kind contribution		
	Richwoods Academy Frisco		Contribution \$ description		
03/13/2025	Contributor address; City; State;	700.00   Venue Rental			
	4633 Coit Rd. Frisco, TX 75035	0677 M 0077 ( T070 ( T070 )			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T.		
		Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			ALLON		
1	ATTACH ADDITIONAL COPIES OF THE Contributor is out-of-state PAC, please see Instruction				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

-	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 2		
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)	
Suresh M	landuva		/		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 2,200.0	0	
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:		8 Amount of	9 In-kind contribution	
	Simply Spice Caterers		Contribution \$	description	
03/13/2025	7 Contributor address; City; State;	Zip Code	500.00	Food/Beverages	
	2429 Preston Rd. Suite #300 Frisco, T	Ser <u>a</u> constitutes	Observation of a series		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	de of Texas. Complete Schedule T.	
10 T Interpation	apartition and the transfer appropriate the manufactions)	11 Employe	(1 011 1101100	AL/(Coo manacions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of	In-kind contribution	
0.70.500.71	SG Curry Point		Contribution \$	description	
03/13/2025	Contributor address; City; State;	Zip Code	500.00	Food/Beverages	
	6449 Coit Rd. Suite#112 Frisco, TX		Ot 1: W 1		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T.  Employer (FOR NON-JUDICIAL) (See Instructions)			
		Limploye	a (i ok ivok-sobiola	AL)(Gee mandalons)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
1	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see instruction			requirements.	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

					5.000,000.00		_
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officoholder/Politic Credt Card Payment		Event Expense Fees Food/Baverage Expense Gift/Awards/Momorials Expense Legal Services	Office Ove Polling Exp Printing Ex Seleries/M	rpense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Exponso	)
	<b>,</b>	The Instruction Guide explain	is how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N Suresh M				3 Filer ID (Ethio	s Commission Filers)	
4 Date 02/26/2025	5 Payee no Micropio	me « Media LLC					
6 Amount (\$)	7 Payee ac			City;	State;	Zip Code	_
303.10	2521 Br	2521 Brown Blvd, Arlington, TX 76006					
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			_
PURPOSE OF EXPENDITURE	Printing	Expense		Flyers			
	(c)	Check if trevel outside of Texas, Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expenso	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					_
03/06/2025	Fred Lus	sk					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
500.00	9912 Ma	allory Dr. Frisco, TX 75	5035				
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Adverti	sing		Sign Placeme	nt		
		Check if travel outside of Texas, Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY If direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ime					_
03/07/2025	Capital (	One - Visa					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	_
1,894.38	PO Box	30519 City of Industry	, CA 91	716			
	Category	(See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Credit C	ard Payment		Signs			
		Check if travel outside of Texas, Complete Sc	hedula T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	ř.	Office held	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Alages/Contract Labor	Travel Out Of District Other (enter a categorial)	
1 Total pages Schedule F1:	2 FILER NAME Suresh Manduva		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
03/18/2025	Sam's Club			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
80.00	8621 Ohio Dr. Plano, TX 75024			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Food/Beverage Expense	Refreshments	for block wal	kers
OF EXPENDITURE			TOI DICON INC.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name i	Office sought		Office held
Date	Payeo name			
03/18/2025	Wal-Mart			
Amount (\$)	Payee address;	City;	State;	Zip Code
22.86	8801 Ohio Dr. Plano, TX 75024			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Office Supplie	s	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/18/2025	Great Plains Bank		995 (227 T)	
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		
PURPOSE OF EXPENDITURE	Fees	Bank Fees		
	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	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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

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

Event Expense Focs Food/Beverage Expense Git/Awards/Momorials Expense Legal Septices Loan Repayment/Reimbursoment Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Advance Contract Labor Solicitation/Fundraising Exponso Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politics Credit Card Payment		Wages/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 Payee name		
03/18/2025	Anedot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
42.67	340 Poydras Street Suite 1770 New	Orleans, LA 701	112
8	(a) Category (See Cetegories listed at the top of this schedule)	(b) Description	
PURPOSE	Fees	Donation Fees	
OF EXPENDITURE	1 666	Donation	,
	(C) Check if travel outside of Texas, Complete Schedula T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Calegory (See Categories listed at the top of this schedule)	Description	
PURPOSE	ĺ		
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schodulo T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payce name		
	) 		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	f <sup>1</sup>		
EXPENDITURE	1		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expanse
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

# **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

If the requested infor	mation is not applicable, DO NOT include thi	If the requested information is not applicable, DO NOT include this page in the report.				
	Accounting/Banking Fees Office Overhead/Rental Expense					
1 Total pages Schedule F2:		Oliphete and John	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	S	\$ 1,300.00			
5 Date 03/13/2025	6 Payce name Elite Live Productions					
7 Amount (\$) 250.00	8 Payee address: Lewisville, Texas 75056	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Poli	litical				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description Photo, Video	& Audio			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	Office sought	Office held			
Date 03/13/2025	Payee name Richwoods Academy Frisco					
300.00	Payee address; 4633 Coit Rd. Frisco, TX 75035	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Poli	litical				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description Venue Re	ental			
17	Chack if travel outside of Texas, Complete Schedule T.	Check if Au	ustin, TX, officeholder living exponse			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	ffice sought	Office held			
	з		i			
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NE	EDED			

# **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

if the requested information is not applicable, DO NOT include this page in the report.					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office Overhes Food/Beverage Expense Polling Expens By GifVAwards/Memortals Expense Printing Expen	sent/Reimbursement ad/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F2:	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITER	\$ 1,300.00				
5 Date 03/13/2025	6 Payee name Simply Spice Caterers				
7 Amount (\$) 250.00	8 Payoe address; City; State; Zip Code 2429 Preston Rd. Suite #300 Frisco, TX 75034				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	Food/Beverage Expose K	Description lickoff Event - Catering			
Complete ONLY if direct expenditure to benefit C/OH  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held					
Date 03/13/2025	Payee name SG Curry Point				
Amount (\$) 500.00	Payee address; City; State; Zip Code 6449 Coit Rd. Suite 112 Frisco, TX 75035				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Kickoff Event - Catering			
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 NEEDED					

### **EXPENDITURES MADE BY CREDIT CARD**

Forms provided by Texas Ethics Com

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#### SCHEDULE F4

Revised 1/1/2025

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

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officahelder/Politic	By Gift/Award	rage Expenso s/Memorials Expense ices	Office Of Polling E Printing I		Transpo Travel Ir Travel C Other (e	District out Of District oter a category	ont & Rolated Expense not listed above)
1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Suresh Manduva				3 FILE	ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  \$ 1,894.38						.38	
5 CREDIT CARD ISSUER	Name of financial institut Capital One	ion					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Iss	uer Paid		
3.333	\$ 1,894.38	02/26/2	2025	3/7/2025			
7 PAYEE	(a) Payee name		(b) Payee ad	dress; C	ity,	State,	Zip Code
	Micropix Med	lia LLC	2521 Br	own Blvd., Arling	ton, T	X 76006	
8 PURPOSE OF	(a) Category (See Categories lis	ted at the top of this scher	dule)	(b) Description			
EXPENDITURE    Political	Printing Expense			Signs and Mate	erials		
Political Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.	Check if Aust	in, TX, offic	eholder living e	expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Iss	uer Paid		10 7/10 - 10 7/10
	\$						
PAYEE	(a) Payee name		(b) Payee add	dress; C	ity,	State,	Zip Code
PURPOSE OF EXPENDITURE  Description	(a) Category (See Categories listed at the top of this schedule)			(b) Description			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held						
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Issu	uer Pald		
PAYEE	(a) Payee name		(b) Payee add	dress; C	ity,	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories lis	ted at the top of this sched	lule)	(b) Description			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austi				ıstin, TX, of	ficeholder livin	g expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought				Office Held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Reset Page

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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 Exponse
Contributions/Jonations Made By
Candidate/Officeholdor/Political Committee

Event Expenso Fees Food/Beverage Expenso Gift/Awards/Memorials Expenso Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Suresh Manduva		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
03/19/2025	Micropix Media LLC				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
4,000.00  Reimbursement from political contributions intended	2521 Brown Blvd., Arlington, TX 76	006			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Signs and Materials			
	(c) Check if travel outside of Texes. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
EST (The STOPPING - On The STOPPING STOPPING are any account or the stopping stoppin	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expensa			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended			2		
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule)	Description			
O CONTRACTOR DESCRIPTION ASSESSMENT OF	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 NEEDED					