


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>17</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received <b>4/7/25</b>	
	NICKNAME	LAST	SUFFIX		
	Mr	Suresh	B		
		Manduva			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 6th day before election			Date Hand Delivered or Date Postmarked <b>4/7/25</b>	
				Receipt #	
				Amount \$ <b>0</b>	
				Date Processed <b>4/7/25</b>	
5 ORIGINAL PERIOD COVERED	Month Day Year      Month Day Year <b>2 / 3 / 25</b> THROUGH <b>3 / 24 / 25</b>			Date Imaged <b>4/7/25</b>	
6 EXPLANATION OF CORRECTION Invoices and In-Kind Donations for Campaign Kickoff on 3/13/2025 were not received until after the original report was filed on 4/3/2025. Schedule A2 and F2 were added and Cover Sheets PG 2 and PG 3 were updated.					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: <input type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. <input checked="" type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
 <div style="text-align: right;"> <p><i>[Signature]</i> Signature of Candidate/Officeholder</p> <p>Please complete either option below:</p> <p>Sworn to and subscribed before me by <u>Suresh Manduva</u> this the <u>7th</u> day of <u>April</u>, 20<u>25</u>, to certify which, witness my hand and seal of office.</p> <p><i>[Signature]</i> <u>Michelle Arellano</u> <u>Notary</u> Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p> <p style="text-align: center;">OR</p> <p>(2) Unsworn Declaration</p> <p>My name is _____, and my date of birth is _____.</p> <p>My address is _____, _____, _____, _____, _____.</p> <p style="text-align: center;">(street)      (city)      (state)      (zip code)      (country)</p> <p>Executed in _____ County, State of _____, on the _____ day of _____, 20____.</p> <p style="text-align: center;">(month)      (year)</p> <p style="text-align: right;">_____ Signature of Candidate/Officeholder (Declarant)</p> </div>					
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

# 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:

16 + 1 CORRECTION/AMENDMENT AFFIDAVIT

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	Mr	Suresh	B		
	NICKNAME	LAST	SUFFIX	Date Received	
		Manduva			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
Change of Address	11871 Barrymore Dr. Frisco, TX 75035				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	( 469 )	777-8066			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	Mr.	Timothy	H	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
	Tim	Nelson			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
(Residence or Business)	6624 Waverly Ln. Frisco, TX 75035				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( 972 )	898-8461			
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year    2 / 3 / 25    THROUGH    3 / 24 / 25				
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	3	25		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			Frisco ISD Board of Trustees, Place 1		
14 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

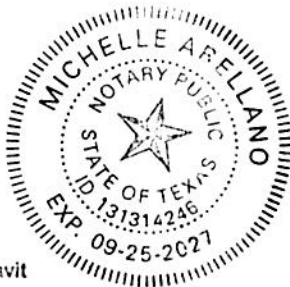
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Suresh Manduva		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,785.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,173.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 712.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

*M. Suresh*

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 7th day of April, 2025, to certify which, witness my hand and seal of office.

Michelle Arellano Michelle Arellano Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Suresh Manduva

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,585.37
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,200.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	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	\$ 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 CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****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: <b>4</b>
2 FILER NAME Suresh Manduva		3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2025	5 Full name of contributor out-of-state PAC (ID#: Satish Manduva 6 Contributor address; City; State; Zip Code 109 Corsica Ct. Coppell, TX 75019	7 Amount of contribution (\$)  <b>26.35</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2025	Full name of contributor out-of-state PAC (ID#: Satish Manduva Contributor address; City; State; Zip Code 109 Corsica Ct. Coppell, TX 75019	Amount of contribution (\$)  <b>104.48</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: Subhash Nelakanti Contributor address; City; State; Zip Code 3917 Hogan Manor Dr. Plano, TX 75025	Amount of contribution (\$)  <b>104.48</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: HARISH BABU VAJJA Contributor address; City; State; Zip Code 5401 Ruby Dr, Fairfax, VA 22030	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****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: <b>4</b>
2 FILER NAME Suresh Manduva		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2025	5 Full name of contributor out-of-state PAC (ID#: Anji Datla 6 Contributor address; City; State; Zip Code 6449 Coit Rd, Ste 112, Frisco 75035	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: Jacob Melancon Contributor address; City; State; Zip Code 7837 Excaliber Rd. Frisco, TX 75035	Amount of contribution (\$) <b>104.48</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: Cindy and Paul Hons Contributor address; City; State; Zip Code 7145 Yellowstone Dr. Frisco, TX 75033	Amount of contribution (\$) <b>104.48</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: Jayashree Anand Contributor address; City; State; Zip Code 12417 Emerald Gate Dr. Frisco, TX 75035	Amount of contribution (\$) <b>26.35</b>
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**

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: <b>4</b>
2 FILER NAME Suresh Manduva		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2025	5 Full name of contributor out-of-state PAC (ID#: Tim H. Nelson 6 Contributor address; City; State; Zip Code 6624 Waverly Ln. Frisco, TX 75035	7 Amount of contribution (\$) <b>26.35</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: Ven Karumudi Contributor address; City; State; Zip Code 2929 Ida Dr. Frisco, TX 75033	Amount of contribution (\$) <b>52.40</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: Jaya Prakash Lingareddy Contributor address; City; State; Zip Code 13759 Balint Ln. Frisco, TX 75035	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: Ram Yalamanchili Contributor address; City; State; Zip Code 5883 Trantina Ln. Frisco, TX 75035	Amount of contribution (\$) <b>208.65</b>
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**

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 Manduva

3 Filer ID (Ethics Commission Filers)

**4 Date**

03/18/2025

**5 Full name of contributor**

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

Tommy Thompson

7 Amount of contribution (\$)

**26.35**

6 Contributor address;

City;

State;

Zip Code

8016 Ship St. Frisco, TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

**Date**

03/18/2025

**Full name of contributor**

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

Satyan Kalyandurg

Amount of contribution (\$)

**101.00**

Contributor address;

City;

State;

Zip Code

2708 Schofield Ct, Plano, TX 75093

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 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 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.



**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**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 A2: <b>2</b>	
2 FILER NAME <b>Suresh Manduva</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>2,200.00</b>	
5 Date <b>03/13/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elite Live Productions</b> 7 Contributor address; City; State; Zip Code <b>Lewisville Texas 75056</b>	8 Amount of Contribution \$ <b>500.00</b>	9 In-kind contribution description <b>Photo, Video &amp; Audio</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>03/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richwoods Academy Frisco</b> Contributor address; City; State; Zip Code <b>4633 Coit Rd. Frisco, TX 75035</b>	Amount of Contribution \$ <b>700.00</b>	In-kind contribution description <b>Venue Rental</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**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 A2: <b>2</b>	
2 FILER NAME <b>Suresh Manduva</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>2,200.00</b>	
5 Date <b>03/13/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Simply Spice Caterers</b> 7 Contributor address; City; State; Zip Code <b>2429 Preston Rd. Suite #300 Frisco, TX 75035</b>	8 Amount of Contribution \$ <b>500.00</b>	9 In-kind contribution description <b>Food/Beverages</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>03/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SG Curry Point</b> Contributor address; City; State; Zip Code <b>6449 Coit Rd. Suite#112 Frisco, TX 75035</b>	Amount of Contribution \$ <b>500.00</b>	In-kind contribution description <b>Food/Beverages</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# 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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Suresh Manduva	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/26/2025	<b>5</b> Payee name Micropix Media LLC	
<b>6</b> Amount (\$) 303.10	<b>7</b> Payee address; City; State; Zip Code 2521 Brown Blvd, Arlington, TX 76006	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Flyers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/06/2025	Payee name Fred Lusk	
Amount (\$) 500.00	Payee address; City; State; Zip Code 9912 Mallory Dr. Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Sign Placement
	Check if travel outside of Texas. Complete Schedule T. 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 03/07/2025	Payee name Capital One - Visa	
Amount (\$) 1,894.38	Payee address; City; State; Zip Code PO Box 60519 City of Industry, CA 91716	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Signs
	Check if travel outside of Texas. Complete Schedule T. 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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Suresh Manduva	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/18/2025	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) 80.00	<b>7</b> Payee address; City; State; Zip Code 8621 Ohio Dr. Plano, TX 75024	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Refreshments for block walkers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/18/2025	Candidate / Officeholder name Wal-Mart	
Amount (\$) 22.86	Payee address; City; State; Zip Code 8801 Ohio Dr. Plano, TX 75024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Office Supplies
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/18/2025	Candidate / Officeholder name Great Plains Bank	
Amount (\$) 30.00	Payee address; City; State; Zip Code 7000 Preston Rd, Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank Fees
	Check if travel outside of Texas. Complete Schedule T. 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

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

### 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.

<b>1</b> Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">3</div>	<b>2</b> FILER NAME Suresh Manduva	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/18/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) <div style="font-size: 1.5em;">42.67</div>	<b>7</b> Payee address; City; State; Zip Code 340 Poydras Street Suite 1770 New Orleans, LA 70112	
<b>8</b> <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donation Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> 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	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

**UNPAID INCURRED OBLIGATIONS****SCHEDULE F2**

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 By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME Suresh Manduva	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 1,300.00
5 Date 03/13/2025	6 Payee name Elite Live Productions	
7 Amount (\$) 250.00	8 Payee address; City; State; Zip Code Lewisville, Texas 75056	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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 Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/13/2025	Payee name Richwoods Academy Frisco	
Amount (\$) 300.00	Payee address; City; State; Zip Code 4633 Coit Rd. Frisco, TX 75035	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Venue Rental
	Check if travel outside of Texas. Complete Schedule T. 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		

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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 By  
Candidate/Officeholder/Political Committee

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

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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME Suresh Manduva	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 1,300.00
5 Date 03/13/2025	6 Payee name Simply Spice Caterers	
7 Amount (\$) 250.00	8 Payee address; City; State; Zip Code 2429 Preston Rd. Suite #300 Frisco, TX 75034	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage <i>EXPENSE</i>	(b) Description Kickoff Event - Catering
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage <i>EXPENSE</i>	Description Kickoff Event - Catering
	Check if travel outside of Texas. Complete Schedule T. 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		

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**

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 By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4: 1	<b>2 FILER NAME</b> Suresh Manduva	<b>3 FILER ID (Ethics Commission Filers)</b>
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<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>	\$ 1,894.38
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<b>5 CREDIT CARD ISSUER</b>	Name of financial institution Capital One
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<b>6 PAYMENT</b>	(a) Amount Charged \$ 1,894.38	(b) Date Expenditure Charged 02/26/2025	(c) Date(s) Credit Card Issuer Paid 3/7/2025
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<b>7 PAYEE</b>	(a) Payee name Micropix Media LLC	(b) Payee address; City, State, Zip Code 2521 Brown Blvd., Arlington, TX 76006
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<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs and Materials
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
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<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
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<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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 Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Suresh Manduva	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/19/2025	<b>5</b> Payee name Micropix Media LLC	
<b>6</b> Amount (\$) 4,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2521 Brown Blvd., Arlington, TX 76006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Signs and Materials
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	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 Texas. Complete Schedule T. 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	Payee name	
Amount (\$)  Reimbursement from political contributions intended	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 Texas. Complete Schedule T. 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		