CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The GIOH Instruction Guida explains how to complete this form. 1 Filer ID Rena Commission From J High Local Filer OFFICE-HOLDER NAME ACANDIDATE / OFFICE-HOLDER NAME ADDRESS / PO BOX ACT SUITE X OT Y. ACANDIDATE / OFFICE-HOLDER NAME ADDRESS / PO BOX ACT SUITE X OT Y. ACANDIDATE / OFFICE-HOLDER NAME ACANDIDATE / OFFICE				
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MAILING ADDRESS Change of Address FISCA TX 75035 S CANDIDATE/ OFFICEHELD (14) 807-7538 EXTENSION Date Hand-delivered or Date Postmanked Date Hand-delivered or		NICKNAME LAST	SUFFIX	Date Received
AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICENDLOER PHONE AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked Date Processed Date Imaged Date Imaged Date Processed Date Imaged Date Imaged Date Imaged Date Processed Date Imaged Date Imaged Date Imaged Date Processed Date Imaged Date Imaged Date Processed Date Imaged Date Imaged Date Imaged Date Imaged Date Processed Date Imaged Date Processed Date Imaged Date	OFFICEHOLDER MAILING	14937 Begonia C	CHAIL ZIF CODE	JUL 1 3 2021
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7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE: ZIP CODE ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE NUMBER EXTENSION 9 REPORT TYPE January 15 Sth day before election Runoff Seceeded Modified Phone Reporting Limit 10 PERIOD COVERED Month Day Year T / 16/ 2020 THROUGH 12 OFFICE OFFICE HELD (st any) FIG. 13 OFFICE SOUGHT (st known) GO TO PAGE 2		A-1 -	SUFFIX	Date Imaged
TREASURER PHONE 9 REPORT TYPE January 15 Sth day before election Exceeded Modified (Officeholder Croft) To PERIOD COVERED Month Day Year To I 6 2020 THROUGH ELECTION TYPE Month Day Year Primary Runoff ELECTION TYPE Month Day Year Primary Runoff General Special Special GOTO PAGE 2	TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	SEBIL Frisco	STATE: ZIP CODE
January 15 January 15 Joly 15 Sth day before election Runoff Runoff Sth day after campaign treasurer appointment (Officeholder Only) Sth day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) Month Day Year Through Primary Runoff Other Description Special 12 OFFICE OFFICE HELD (if any) FISTO BOTO PAGE 2	TREASURER	THORE HOMBER	EXTENSION	
COVERED TO 16/2020 THROUGH 12/31/2020 11 ELECTION DATE Month Day Year Primary Runoff Other Description	9 REPORT TYPE		ion Exceeded Modified	treasurer appointment (Officeholder Only)
Month Day Year Primary Runoff Other Description 12 OFFICE OFFICE HELD (if any) FIGN BOT, Pace I GO TO PAGE 2			/2	
FBD BOT, Pace I GO TO PAGE 2	11 ELECTION	Month Day Year Primary	Runoff Other Description	
	12 OFFICE	Elitable Committee Committ	13 OFFICE SOUGHT (if known)	
forms provided by Toyon Filting On 11.				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	K Po	mangi	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO DORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S VLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE ICH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		(19-407			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION	1. TOTAL	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN			
TOTALS	PLEDG	ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ -		
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE	5. TOTAL I OF REP	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1920 @		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 1920 2 THE \$ 500 0		
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subscribed before me, by the said GOPAL PoJAJGI , this the 13 TH					
day of JUH, 20 2 , to certify which, witness my hand and seal of office.					
mile Cruther MICHELE L. CRYCHER JOHRY					
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	
Ĺ	Gopal K Ponana NIA Local	1 tiler
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 5000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan Name of lender out-of-state PAC (ID#: Loan Amount (\$) 10 Interest rate Is lender State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#: Interest rate Is lender Zip Code Lender address: City; State: a financial Institution? Maturity date Y Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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