

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: <u>6</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Laxmi</u>	MI	OFFICE USE ONLY Date Received RECEIVED APR 29 2015 City Secretary's Office <i>KRM</i> Date Hand-delivered or Date Postmarked <u>2:35 p.m.</u>
	NICKNAME	LAST <u>Tummala</u>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	<u>14708 Harmony Ln, Frisco TX 75035</u>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	<u>(972)</u>	<u>989-7815</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Sridhar</u>	MI	
	NICKNAME	LAST <u>Kodala</u>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	<u>14759 Begonia Dr, Frisco TX 75035</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	<u>()</u>	<u>214 907-8552</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year		Month Day Year	
	<u>4 / 8 / 2016</u>		THROUGH <u>4 / 29 / 2016</u>	
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		
	<u>05 / 07 / 2016</u>			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			<u>Frisco City Council Place 4</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

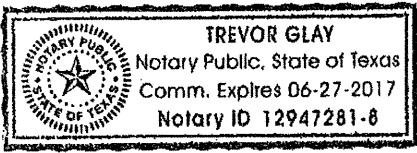
14 C/OH NAME <i>Laxmi Tummala</i>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3250
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4770.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Laxmi Tummala

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Laxmi Tummala, this the 29th day of April, 2016, to certify which, witness my hand and seal of office.

Trevor Glay

Signature of officer administering oath

Trevor Glay

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Laxmi Turnmala.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3200</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>4770.83</i>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *1/2*

2 FILER NAME

Laxmi Tummalala

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/16.

5 Full name of contributor

Ratna Sajja

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

640 Rio Vista Dr, Suwanee, GA 30024

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Physician

9 Employer (See Instructions)

RLOG

Date

4/14/16.

Full name of contributor

Steve South

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3549 Pinnacle Bay Pt, Little Elm TX 75068

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Frisco School of Music

Date

4/20/16

Full name of contributor

Chandra Boyapati

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

78 Wyndhurst Dr, Jackson TN 38305

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired.

Date

4/12/16

Full name of contributor

Prasad Velamanchali

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

801 E Stone Ct., Addison IL 60101

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *2/2*

2 FILER NAME

Laxmi Tummala

3 Filer ID (Ethics Commission Filers)

4 Date

4/20/16

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

Mohan + Saraya Tummala

6 Contributor address; City; State; Zip Code

4971 E. Cherry Circle, Springfield, MO 65809

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

physician

9 Employer (See Instructions)

Date

4/21/16

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

Ajay Reddy

Contributor address; City; State; Zip Code

8313 Novaro Dr, Plano TX 75025

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 1		2 FILER NAME Laxmi Tummala.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/8/16		5 Payee name The Direct Mail Agency			
6 Amount (\$) 3817.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 17805 K Avenue, Plano TX 75074			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Marketing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 4/22/16		Payee name First Graphic Services Inc			
Amount (\$) 465.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 229 Garvon St, Garland TX 75040			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Marketing.		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 4/8/16		Payee name CAP Digisoft Solutions			
Amount (\$) 488 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2770 Main St #93, Frisco TX 75033			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Marketing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED