# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Laxmi	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
	Tunnal	a	RECEIVED		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	JAN <b>15</b> 2016		
MAILING ADDRESS	14708 Harmony Ln	City Secretary's Office			
Change of Address	1710 8 Hearmony Li	75035	@ 11: 34 0		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand delivered on Date Destroyled		
PHONE	(972) 989-7815		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Sridhar	МІ	Receipt # Amount \$		
NAME	NICKNAME LAST		Date Processed		
	Kodela	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	,	ZIP CODE		
(Residence or Business)	14759 Begonia	Dr. Frisco TX -	75035		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
	214 907-8552				
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 08 / 28 / 15	Month	Day Year		
	00/20//3	THROUGH /2/	31 /15		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	05/07/16 General	Special —————			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
		City Counc	al		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OLL NAME	,				
14 C/OH NAME Laxmi Tunnala.  15 Filer ID (Ethics Commission Filers)					
16 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ -0-		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2000		
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ -0-			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ -0-		
18 AFFIDAVIT					
ANGELA HOPE LUNSFORD Notary Public, State of Texas My Commission Expires November 03, 2019  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.  Signature of Coordinates or Office holder.					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said					
day of <u>January</u> , 20 16, to certify which, witness my hand and seal of office.					
angolax	enford	Angela Lunsterdam	Wary		
Signature of officer 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 Co	cs Commission Filers)			
	Laxmi Tummala.				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
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	\$ 2000			
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	\$			

## 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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/V Credit Card Payment				Wages/Contract Labor Other (enter a category not listed above			
Ĺ	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NA	ME	š		3 Filer ID (Ethics Co	ommission Filers)
	./	La	xmi Tummal	a.			
4	Date	5 Payee nan	ne				
	12/7/15	Lam	xm; Tummoul ne ont PR - L dress; City; State;	MGC	Creature Ir	16	
6	Amount (\$)	7 Payee add	dress; City; State;	Zip Code			
	2000		<i></i>	£ <	S., L. 718		
	Reimbursement from political contributions	520	Central Pkwy	E, 0	10/10		
	intended	Plane	75074				
8	PURPOSE	(a) Category (	(See Categories listed at the top of this	schedule) (I	b) Description		
	OF	Maria	4.0		Check if travel outside	of Texas. Complete Schedule 1	
	EXPENDITURE	Marke	?///Cg.		Check if Austin, TX	, officeholder living expense	·
9	Complete ONLY if direct		ate / Officeholder name		Office sought	Of	fice held
	expenditure to benefit C/0	Off					
F	Date	T 5					
	Date	Payee nan	ile				
_							
	Amount (\$)	Payee add	dress; City; State; 2	Zip Code			
	Reimbursement from political contributions						
L	intended						
	PURPOSE	Category (	See Categories listed at the top of this	schedule) (I	b) Description		
	OF					of Texas. Complete Schedule T	
	EXPENDITURE				Check if Austin, TX	, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	Of	fice held
	•						
	Date	Payee nam	ne				
	Amount (\$)	Payon odd	Iropa: City: State:	7in Code			
	Amount (ψ)	Payee add	Iress; City; State; 2	Lih Code			
	Reimbursement from political contributions						
	intended	Cataman	00-1	//	2) Description		
	PURPOSE	Category (	See Categories listed at the top of this	scnedule) (L	Description Chack if travel outside	of Toyon Complete Celed 1: 7	
OF EXPENDITURE				Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
			/ O#:				
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	(	Office sought	Off	ice held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						