

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)		<b>2 Total pages filed:</b>															
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border: none;"> <tr> <td style="width:15%; border: none;">MS / MRS / MR</td> <td style="width:35%; border: none;">FIRST <i>Laxmi</i></td> <td style="width:10%; border: none;">MI</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST <i>Tummala</i></td> <td style="border: none;">SUFFIX</td> <td style="border: none;"></td> </tr> </table>			MS / MRS / MR	FIRST <i>Laxmi</i>	MI		NICKNAME	LAST <i>Tummala</i>	SUFFIX		<b>OFFICE USE ONLY</b>  <b>RECEIVED</b>  <b>JAN 15 2016</b>  <b>City Secretary's Office</b> <i>@ 11:34 am</i> <i>che</i>							
	MS / MRS / MR	FIRST <i>Laxmi</i>	MI																
NICKNAME	LAST <i>Tummala</i>	SUFFIX																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address <i>14708 Harmony Ln Frisco TX 75035</i>																			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border: none;"> <tr> <td style="width:15%; border: none;">AREA CODE</td> <td style="width:35%; border: none;">PHONE NUMBER</td> <td style="width:10%; border: none;">EXTENSION</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;"><i>(972)</i></td> <td style="border: none;"><i>989-7815</i></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION		<i>(972)</i>	<i>989-7815</i>			Date Received  Date Hand-delivered or Date Postmarked							
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<i>(972)</i>	<i>989-7815</i>																		
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border: none;"> <tr> <td style="width:15%; border: none;">MS / MRS / MR</td> <td style="width:35%; border: none;">FIRST <i>Sridhar</i></td> <td style="width:10%; border: none;">MI</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST <i>Kodala</i></td> <td style="border: none;">SUFFIX</td> <td style="border: none;"></td> </tr> </table>			MS / MRS / MR	FIRST <i>Sridhar</i>	MI		NICKNAME	LAST <i>Kodala</i>	SUFFIX		Receipt # Amount \$							
	MS / MRS / MR	FIRST <i>Sridhar</i>	MI																
	NICKNAME	LAST <i>Kodala</i>	SUFFIX																
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) <i>14759 Begonia Dr, Frisco TX 75035</i>			Date Processed Date Imaged																
<b>8 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border: none;"> <tr> <td style="width:15%; border: none;">AREA CODE</td> <td style="width:35%; border: none;">PHONE NUMBER</td> <td style="width:10%; border: none;">EXTENSION</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;"><i>( )</i></td> <td style="border: none;"><i>214 907-8552</i></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>					AREA CODE	PHONE NUMBER	EXTENSION		<i>( )</i>	<i>214 907-8552</i>								
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<b>9 REPORT TYPE</b>	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border: none;"> <tr> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%;"></td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td><i>08</i></td> <td><i>28</i></td> <td><i>15</i></td> <td style="text-align: center;">THROUGH</td> <td><i>12</i></td> <td><i>31</i></td> <td><i>15</i></td> </tr> </table>					Month	Day	Year		Month	Day	Year	<i>08</i>	<i>28</i>	<i>15</i>	THROUGH	<i>12</i>	<i>31</i>	<i>15</i>
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<b>11 ELECTION</b>	<b>ELECTION DATE</b> Month      Day      Year <i>05 / 07 / 16</i>		<b>ELECTION TYPE</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																
	<b>12 OFFICE</b> OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <i>City Council</i>																

**GO TO PAGE 2**

**FORM C/OH**  
**COVER SHEET PG 2**

Laxmi Tummala.

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## Revised 9/8/2015

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

<b>19 FILER NAME</b> <i>Laxmi Tummala.</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 2000
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	\$

# 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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Laxmi Tummala.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/7/15	<b>5</b> Payee name Lamont PR - LMGC Creative Inc
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<b>6</b> Amount (\$) 2000 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 520 Central Pkwy E, Suite 218 Plano TX 75074
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Marketing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED