

# 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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <i>Mrs</i> <i>Laxmi</i>			<b>OFFICE USE ONLY</b>  Date Received  Received: 8 Apr 2016 City Secretary's Office -KRM	
	NICKNAME      LAST      SUFFIX <i>Tummala</i>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>14708 Harmony Ln</i> <i>Frisco TX 75035</i>				
	AREA CODE    PHONE NUMBER    EXTENSION <i>(972)</i> <i>989-7815</i>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <i>Sridhar</i>			Receipt #      Amount \$  Date Processed  Date Imaged	
	NICKNAME      LAST      SUFFIX <i>Kodala</i>				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>14759 Bayou Dr, Frisco TX 75035</i>				
	AREA CODE    PHONE NUMBER    EXTENSION <i>(214) 907-8552</i>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	Month    Day    Year      Month    Day    Year <i>01 / 01 / 2015</i> THROUGH <i>4 / 7 / 2016</i>				
11 ELECTION	ELECTION DATE Month    Day    Year <i>05 / 07 / 2016</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE		13 OFFICE SOUGHT (if known)		
		<i>Frisco City Council Place 4</i>			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Laxmi Tummala 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

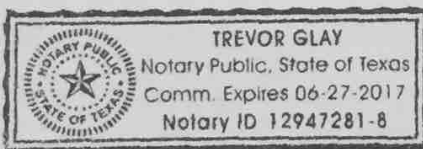
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3475
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9437.69
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



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Laxmi Tummala

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Laxmi Tummala, this the 8<sup>th</sup> day of April, 20 16, 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 Tummala*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3475
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4228.25
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	\$ 5209.44
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 of 2*

2 FILER NAME

*Laxmi Tummala*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/14/16*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*Nandini Velagapudi*

6 Contributor address;

City; State; Zip Code

*14726 Harmony Ln, Frisco TX 75035*

7 Amount of contribution (\$)

*\$1500*

8 Principal occupation / Job title (See Instructions)

*Retired Professor.*

9 Employer (See Instructions)

Date

*1/24/16*

Full name of contributor

☐ out-of-state PAC (ID#)

*Vijay Patkar*

Contributor address;

City; State; Zip Code

*409 Crestfield Ct Sunnyvale TX 75782*

Amount of contribution (\$)

*1000*

Principal occupation / Job title (See Instructions)

*physician*

Employer (See Instructions)

*VA North Texas*

Date

*2/27/16*

Full name of contributor

☐ out-of-state PAC (ID#)

*Srinasa Chebrothu*

Contributor address;

City; State; Zip Code

*6049 Canvas Bak Dr, Frisco TX 75034*

Amount of contribution (\$)

*200*

Principal occupation / Job title (See Instructions)

*physician*

Employer (See Instructions)

*self*

Date

*3/9/16*

Full name of contributor

☐ out-of-state PAC (ID#)

*Debra Nelson*

Contributor address;

City; State; Zip Code

*8574 Emerald Gak Ln, Frisco TX 75033*

Amount of contribution (\$)

*100*

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 of 2

2 FILER NAME

Laxmi Tummala

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Satish Vedala

6 Contributor address;

City; State; Zip Code

6787 York Castle, Frisco TX 75035

7 Amount of contribution (\$)

75

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Date

3/30/16

Full name of contributor

☐ out-of-state PAC (ID#:

Ashwin Joshi

Contributor address;

City; State; Zip Code

14747 Alstone Dr, Frisco TX 75035

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

E

Employer (See Instructions)

ERICSSON

Date

4/3/16

Full name of contributor

☐ out-of-state PAC (ID#:

Vishnu Kalidindi

Contributor address;

City; State; Zip Code

5964 Dripping Springs Dr, Frisco TX 75034

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

FHVI

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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 F1: <b>1</b>		2 FILER NAME <b>Laxmi Tummala</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/5/14</b>		5 Payee name <b>Sound O Rama</b>			
6 Amount (\$) <b>108.25</b>		7 Payee address; City; State; Zip Code <b>PO Box 2567, Coppell TX 75043</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Event Expenses.</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/29/16</b>		Payee name <b>LMCG Creative</b>			
Amount (\$) <b>4000</b>		Payee address; City; State; Zip Code <b>520 Central Pkwy E. Suite 218, Plano TX 75074</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>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 <b>3/24/16</b>		Payee name <b>North T SRW</b>			
Amount (\$) <b>120\$</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Event / Forum.</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

# 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: <i>1 of 3</i>		<b>2</b> FILER NAME <i>Laxmi Tummala</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>1/7/16</i>		<b>5</b> Payee name <i>Innovate Fast RSTech</i>			
<b>6</b> Amount (\$) <i>950</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code <i>1214 Lakebreeze, Garland TX 75043</i>			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Marketing - Website</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/16/16</i>		Payee name <i>DFW Impressions</i>			
Amount (\$) <i>335.58</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>930 N Beltline Rd #114, Irving TX 75061</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing</i>		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/3/16</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>18.37</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>5995 Eldorado Pkwy, Frisco TX 75033</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Supplies</i>		(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 <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 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: 2 of 3		2 FILER NAME Laxmi Tummala		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/16		5 Payee name Home Depot			
6 Amount (\$) 384.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 4600 State Hwy 121, Plano TX 75024			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Supplies		(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 3/16/16		Payee name Home Depot			
Amount (\$) 116.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 252 N Custer Rd, McKinney TX 75071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Supplies		(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 1/29/16		Payee name First Graphic Service Inc			
Amount (\$) 1775.30 <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) Signs		(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	

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# 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: 3 of 3		2 FILER NAME Laxmi Tummala		3 Filer ID (Ethics Commission Filers)	
4 Date 3/16/16		5 Payee name First Graphic Services, Inc.			
6 Amount (\$) 1001.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 229 Garvon St, Garland TX 75040			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Signs.		(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 4/1/16		Payee name Magnets on the Cheap			
Amount (\$) 227.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 11525 A Stonehollow Dr., Ste 100, Austin TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Signs.		(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 3/5/16		Payee name Vishnu Chimmula			
Amount (\$) 400 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 14033 Stears Rd, Frisco TX 75035			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event		(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	

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