

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	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="font-family: cursive; font-size: 1.2em;"> Mr. Saishashishekar Sai Krishnarajanagar </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY </div> <div style="padding: 5px;"> Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">JUL 16 2020</div> <div style="font-size: 0.8em; color: blue;">@ 9:11am jld</div> <div style="font-weight: bold;">CITY SECRETARY'S OFFICE</div> </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="font-family: cursive; font-size: 1.2em;"> 13059 AZRA TRL FRISCO TX 75035 </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-family: cursive; font-size: 1.2em;"> (302) 401- 8768 </div>		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="font-family: cursive; font-size: 1.2em;"> MY. SRINIVASA BADRACHALAM </div>		Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="font-family: cursive; font-size: 1.2em;"> 13248 AZRA TRL FRISCO TX 75035 </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-family: cursive; font-size: 1.2em;"> (312) 927- 4849 </div>		
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 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 checked="" 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	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 01 / 15 / 2020 </div> <div>THROUGH</div> <div> Month Day Year 07 / 15 / 2020 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 03 / 2020 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		CITY COUNCIL PLACE 6	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sai Krishna 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

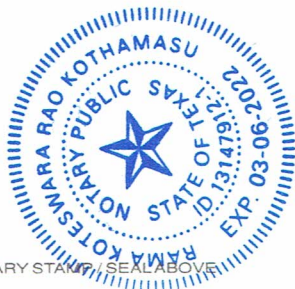
COMMITTEE CAMPAIGN TREASURER NAME

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	\$ 225.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9054.57
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 000.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,900.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 408.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,200.00

18 AFFIDAVIT



AFFIX NOTARY SEAL/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.

K.S. Saishashikar 7/15/2020

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Saishashikar Krishnaraj Anaparthi, this the 15th day of July, 2020, to certify which, witness my hand and seal of office.

K. S. Saishashikar
Signature of officer administering oath

RAMA KOTESWARA RAO
Printed name of officer administering oath

TEXAS PUBLIC NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Sai Krishna

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 5802.00

2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 3252.57

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☒ SCHEDULE E: LOANS

\$ 18000.00

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 23900.74

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

\$ 333.41

SCHEDULE A2

Revised 9/8/2015

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: 1 of 2
2 FILER NAME: Saishashishekar Krishnarajanagar
3 Filer ID (Ethics Commission Filers)

4 Date: 01-24-2020
01-31-2020
02-24-2020
5 Payee name: MUSTANG STRATEGIES.

6 Amount (\$): 8268.00
6008.00
3000.00
7 Payee address; City; State; Zip Code
JASON ZELOVICS
8745 GARY BURNS DR. #160, FRISCO TX 75034

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule)
CONSULTING EXPENSE
ADVERTISING EXPENSE
INSTALLING STREET SIGNS & Removal of signs.
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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: 01-28-2020
Payee name: BIG FROG OF FRISCO.

Amount (\$): 2165.00
Payee address; City; State; Zip Code
4280 Main St #450 Frisco TX 75034

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule)
Advertising Expenses (T-shirts printing).
Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name
Office sought
Office held

Date: 01-31-2020.
Payee name: FAST SIGNS.

Amount (\$): 311.00
Payee address; City; State; Zip Code
9411 Preston Rd. #105 FRISCO TX 75034

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule)
Advertising Expenses [6x90 size Banner].
Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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 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: 244		2 FILER NAME SAI KRISHNARAJANAGAR		3 Filer ID (Ethics Commission Filers)	
4 Date 05/01/2020 06/01/2020 07/01/2020		5 Payee name BANK OF AMERICA			
6 Amount (\$) \$16.00 \$16.00 \$16.00		7 Payee address: 3760- TX - 121 PLANO TX 75025		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES Monthly Account Maintenance Fees		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/11/2020 to 07/15/2020		Payee name Raise The Money INC			
Amount (\$) \$5.15		Payee address: P. O. BOX 26466 LITTLE ROCK , AR 72221		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES FUNDRAISING FEES		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		Payee name			
Amount (\$)		Payee address:		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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 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:

3-34

2 FILER NAME

Saishashishekar Krishnarajanagar

3 Filer ID (Ethics Commission Filers)

4 Date

2-14-2020
2-14-2020

5 Payee name

Ramesh Ramanathan Neelathangam

6 Amount (\$)

750 $\frac{00}{100}$
1000 $\frac{00}{100}$

7 Payee address;

City; State; Zip Code

8

PURPOSE
OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

EVENT Expense
Food / Beverage Expenses

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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

02-03-2020
03-02-2020
04-01-2020

Payee name

Bank of America

Amount (\$)

16 $\frac{00}{100}$
16 $\frac{00}{100}$
16 $\frac{00}{100}$

Payee address;

City; State; Zip Code

3760 -TX-121 plano TX 75025

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Fees
[Monthly Account
Maintenance Fees]

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

02-10-2020
to
03-11-2020

Payee name

Raise the Money Inc

Amount (\$)

\$138.77

Payee address;

City; State; Zip Code

P.O.Box 26466 Little Rock, AR 72221

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Fees
Fund Raising

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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 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: 3		2 FILER NAME Saishashishekar Krishnarajanagar		3 Filer ID (Ethics Commission Filers)	
4 Date 3-23-2020		5 Payee name Saishashishekar Krishnarajanagar			
6 Amount (\$) \$1800.00		7 Payee address; City; State; Zip Code 13059, AZRA TRL FRISCO TX 75035			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment [past payment]		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03-02-2020		Payee name ELAVON MERCHANT SERVICES.			
Amount (\$) \$25.41		Payee address; City; State; Zip Code ATLANTA GA			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card processing Fees [monthly]		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 9-3-2020		Payee name ELAVON MERCHANT SERVICES			
Amount (\$) \$333.41		Payee address; City; State; Zip Code ATLANTA GA			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card processing Fees		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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Saishashishekar Krishnarajanagar

3 Filer ID (Ethics Commission Filers)

4 Date

03-31-2020
03-31-2020

5 Name of person from whom amount is received

ELAVON MERCHANT SERVICES.

8 Amount (\$)

\$ 308.00
25.41
333.41

6 Address of person from whom amount is received; City; State; Zip Code

ATLANTA GA

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Refund For Credit Card payment processing ^{Service} Cancellation

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1-3	
2 FILER NAME Saishashishekar Krishnarajanagar		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 01-21-2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Saishashishekar Krishnarajanagar	9 Loan Amount (\$) \$900 ⁰⁰/₁₀₀	
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 13059 AZRA TRL FRISCO TX 75035	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Business		13 Employer (See Instructions) Self Employed.	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan 01-23-2020	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Saishashishekar Krishnarajanagar	Loan Amount (\$) \$10,000 ⁰⁰/₁₀₀
Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code 13059 AZRA TRL FRISCO, TX 75035	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self Employed.
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2 - 3
2 FILER NAME Saishashishekar Krishnarajanagar		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01-23-2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Saishashishekar Krishnarajanagar	9 Loan Amount (\$) \$ 3000 ⁰⁰/₁₀₀
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 13059 AZRA TRL FRISCO TX 75035	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Business		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 01-30-2020	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Saishashishekar Krishnarajanagar	Loan Amount (\$) \$ 800 ⁰⁰/₁₀₀
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 13059 AZRA TRL FRISCO TX 75035	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) BUSINESS		Employer (See Instructions) SELF EMPLOYED
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

3-3

2 FILER NAME

Saishashishekar Krishnarajanagar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

02-03-2020

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Saishashishekar Krishnarajanagar

9 Loan Amount (\$)

\$ 2300 ⁰⁰/₁₀₀

6 Is lender a financial institution?

Y (N)

8 Lender address;

City;

State;

Zip Code

13059 AZRA TRL FRISCO TX 75035

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

BUSINESS

13 Employer (See Instructions)

SELF EMPLOYED

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☒ not applicable

18 Guarantor address;

City;

State;

Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

02-24-2020

Name of lender

☐ out-of-state PAC (ID#: _____)

Saishashishekar Krishnarajanagar

Loan Amount (\$)

\$ 1000 ⁰⁰/₁₀₀

Is lender a financial institution?

Y (N)

Lender address;

City;

State;

Zip Code

13059 AZRA TRL FRISCO TX 75035

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☒ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☒ not applicable

Guarantor address;

City;

State;

Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1-7

2 FILER NAME

Sai Krishna

3 Filer ID (Ethics Commission Filers)

4 Date

1-27-2020

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Shiradi Sai Community Services LLC

6 Contributor address:

City:

State:

Zip Code

13059 AZRA TRL FRISCO TX 75035

7 Amount of contribution (\$)

\$450⁰⁰/₁₀₀

8 Principal occupation / Job title (See Instructions)

IT Manager

9 Employer (See Instructions)

TCS

Date

7/1/2020

Full name of contributor

☐ out-of-state PAC (ID# _____)

GOPAL PONANGI

Contributor address:

City:

State:

Zip Code

14937 Begonia Dr Frisco TX 75035

Amount of contribution (\$)

\$100⁰⁰/₁₀₀

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2-7

2 FILER NAME

Sai Krishna

3 Filer ID (Ethics Commission Filers)

4 Date

01-26-2020

5 Full name of contributor

GOPARAPU GIRIBABU

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100 ⁰⁰/₁₀₀

6 Contributor address:

City:

State:

Zip Code

12007 Peachtree Ln Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

Software ENGINEER

9 Employer (See Instructions)

SIRIUS COMPUTER solutions

Date

03-12-2020

Full name of contributor

Raishikhar ARLA

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 200 ⁰⁰/₁₀₀

Contributor address:

City:

State:

Zip Code

13155 AZRA TRL

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

BANK OF AMERICA

Date

03-14-2020

Full name of contributor

Hemant Kale, Fortune Makers

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 250 ⁰⁰/₁₀₀

Contributor address:

City:

State:

Zip Code

13445 Northern Dance way Frisco TX 75035

Principal occupation / Job title (See Instructions)

BROKE RAGE/CONSULTANT

Employer (See Instructions)

SELF EMPLOYED

Date

2-8-2020

Full name of contributor

NAGENDRA KRISHNAMURTHY

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 501 ⁰⁰/₁₀₀

Contributor address:

City:

State:

Zip Code

15233 Crystal Beach Ln Frisco TX 75035

Principal occupation / Job title (See Instructions)

V P

Employer (See Instructions)

Bank of America.

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:
3-7

2 FILER NAME

Sai Krishna

3 Filer ID (Ethics Commission Filers)

4 Date

1-27-2020

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

RAMJI K. MANI

7 Amount of contribution (\$)

\$ 501 ⁰⁰/₁₀₀

6 Contributor address;

City;

State;

Zip Code

13395 STRIKE GOLD BLVD FRISCO TX 75035

8 Principal occupation / Job title (See Instructions)

DIRECTOR

9 Employer (See Instructions)

COGNIZANT

Date

1-28-2020

Full name of contributor

☐ out-of-state PAC (ID# _____)

AARNA ACHIEVERS LLC

Amount of contribution (\$)

\$ 300 ⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

15962 W. ELDORADO PKWY #500, Frisco TX 75035

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

A

Date

2-10-2020

Full name of contributor

☐ out-of-state PAC (ID# _____)

VENKAT SIRIMALLE

Amount of contribution (\$)

\$ 450 ⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

13151 BOLD FORBES ST. Frisco TX 75035

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

VELASA CORPORATION

Date

02-15-2020

Full name of contributor

☐ out-of-state PAC (ID# _____)

SHWAKUMAR KRISHNEGOWDA

Amount of contribution (\$)

\$ 250 ⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

5719 DOMER DR FRISCO TX 75035

Principal occupation / Job title (See Instructions)

CHIEF ARCHITECT

Employer (See Instructions)

IBM

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

4-7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sai Krishna

3 Filer ID (Ethics Commission Filers)

4 Date

03-08-2020

5 Full name of contributor

MAHENDAR VENNAPU

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address: City: State: Zip Code

11045 ABERCROMBIE TRL FRISCO TX 75035

8 Principal occupation / Job title (See Instructions)

Software ENGINEER

9 Employer (See Instructions)

Baylor Scott and White

Date

03-08-2020

Full name of contributor

BHAVIN DESAI

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address: City: State: Zip Code

10354 LUCKY DEBONAIR Ln Frisco TX 75035

Principal occupation / Job title (See Instructions)

STRUCTURAL ENGINEER

Employer (See Instructions)

HILTI

Date

03-11-2020

Full name of contributor

SUNDAR SRIDHARAGOPAL

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 150.00

Contributor address: City: State: Zip Code

13085 Brokers Tip Ln. FRISCO TX 75035

Principal occupation / Job title (See Instructions)

INFORMATION TECHNOLOGY

Employer (See Instructions)

SMART ANALYTIX

Date

3-17-2020

Full name of contributor

VARIJAKSHI BOLAGYATHANAHALLY

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 250.00

Contributor address: City: State: Zip Code

13043 BOLD FORBES ST. FRISCO TX 75035

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

STATE FARM

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

5-7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sai Krishna

3 Filer ID (Ethics Commission Filers)

4 Date

2-10-2020

5 Full name of contributor

NAVEEN KORUTLA

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

City:

State:

Zip Code

13131 AZRA TRL FRISCO TX 75035

8 Principal occupation / Job title (See Instructions)

SELF-EMPLOYED

9 Employer (See Instructions)

GYGAMINDS Inc.

Date

2-10-2020

Full name of contributor

SRINIVASA BADRACHALAM

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

City:

State:

Zip Code

13248 AZRATRL FRISCO TX 75035

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

UNITED HEALTHCARE

Date

2-10-2020

Full name of contributor

OMPRAKASH SUBRAMANIAN

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

City:

State:

Zip Code

6027 CORVARA ST FRISCO TX 75035

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

ALL STATE INSURANCE AGENCY OWNER

Date

2-12-2020

Full name of contributor

SAI SAYMAARAJU

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 200.00

Contributor address:

City:

State:

Zip Code

13911 SAN MARINO DR FRISCO TX 75035

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

MAXIMUS INC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

6-7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sai Krishna

3 Filer ID (Ethics Commission Filers)

4 Date

2-17-2020

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

SANDEEP CHATURVEDI

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

13299 AZRATRL

FRISCO

TX

75035

8 Principal occupation / Job title (See Instructions)

SVP

9 Employer (See Instructions)

U.S. BANK

Date

2-19-2020

Full name of contributor

☐ out-of-state PAC (ID# _____)

SURYANARAYANARAJU VUDDARAJU

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

13911 SAN MARINO DR

FRISCO TX

75035

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2-21-2020

Full name of contributor

☐ out-of-state PAC (ID# _____)

Johnathon BUNCH

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

718 Winter Pines Ct

SPRING

TX

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

3MARK

Date

2-26-2020

Full name of contributor

☐ out-of-state PAC (ID# _____)

Johnathon BUNCH

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

718 Winter Pines Ct

SPRING

TX

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

3Mark Financial

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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:

7-7

2 FILER NAME

Sai Krishna

3 Filer ID (Ethics Commission Filers)

4 Date

2-27-2020

5 Full name of contributor

MAHESH SASTRY

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

City:

State:

Zip Code

13275 STRIKE GOLD BLVD FRISCO TX 75035

8 Principal occupation / Job title (See Instructions)

DIRECTOR

9 Employer (See Instructions)

SAP AMERICA

Date

2-27-2020

Full name of contributor

BRITE PRO LLC.

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 250.00

Contributor address:

City:

State:

Zip Code

13485 TABASCO CATTRL FRISCO TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-27-2020

Full name of contributor

RAVISHANKAR YATNATTI

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

City:

State:

Zip Code

10953 Stone House Ln FRISCO TX 75033

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

Vtech Services Inc

Date

2-28-2020

Full name of contributor

AVIK DE

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

City:

State:

Zip Code

13179 AZRA TRL FRISCO TX 75035

Principal occupation / Job title (See Instructions)

SERVICE

Employer (See Instructions)

Silicon Sage Builders LLC

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