

# 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;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">SAI</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">KRISHNA</div>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>   Date Received   <div style="font-size: 1.2em; font-weight: bold;">RECEIVED</div>  <div style="font-size: 1.2em; font-weight: bold;">MAR 30 2021</div>  <div style="font-size: 1.2em;">1:49 PM A.C.</div>  CITY SECRETARY'S OFFICE   Date Hand-delivered or Date Postmarked   <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Date Processed</div> <div>Date Imaged</div> </div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX, APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">13059 AZRA TRL FRISCO TX 75035</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">(302) 401- 8768</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">SRINIVASA</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">BADRACHALAM</div>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">13248 AZRA TRL Frisco TX 75035</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">(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 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 Modified Reporting 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</div> <div>Month Day Year</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">01 / 16 / 2021 THROUGH 03 / 30 / 2021</div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Month Day Year</div> <div> <input type="checkbox"/> Primary  <input checked="" type="checkbox"/> General  <input type="checkbox"/> Runoff  <input type="checkbox"/> Special  <input type="checkbox"/> Other Description </div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">05 / 01 / 2021</div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">City Council, Place 3.</div>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

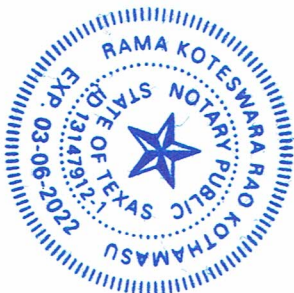
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		SAI KRISHNA	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 9,467.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9467.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,000.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -160.64	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 33,950.00	

18 SIGNATURE 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. Saishashishekar*

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by SAISHASHISHEKAR KRISHNARAJANACAR this the 30<sup>th</sup> day of March.

20 21, to certify which, witness my hand and seal of office.

*K. S. Saishashishekar*  
Signature of officer administering oath

KOTHAMASU  
RAMA KOTESWARA RAO  
Printed name of officer administering oath

TEXAS NOTARY  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 9467 <sup>00</sup>/<sub>100</sub>

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

\$ 9184 <sup>52</sup>/<sub>100</sub>

6. ☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$ 16,500 <sup>00</sup>/<sub>100</sub>

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

\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>SAI KRISHNA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02-06-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Prashanth Devoraj</b>	7 Amount of contribution (\$) <b>500<sup>00</sup>/<sub>100</sub></b>
6 Contributor address; City; State; Zip Code <b>10695 Ferdinand View Frisco TX 75035</b>		
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions) <b>SAMSUNG ELECTRONICS.</b>
Date <b>02-07-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gangaadhar Thoppay</b>	Amount of contribution (\$) <b>100<sup>00</sup>/<sub>100</sub></b>
Contributor address; City; State; Zip Code <b>13316 BOLDVENTURE AVE Frisco TX 75035</b>		
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions) <b>None</b>
Date <b>02-07-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>V. Tech Services Inc</b>	Amount of contribution (\$) <b>200<sup>00</sup>/<sub>100</sub></b>
Contributor address; City; State; Zip Code <b>10953 StoneHouse Ln Frisco TX 75035</b>		
Principal occupation / Job title (See Instructions) <b>Engineers Consulting</b>		Employer (See Instructions) <b>None</b>
Date <b>02-07-2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SWAMY BALE</b>	Amount of contribution (\$) <b>100<sup>00</sup>/<sub>100</sub></b>
Contributor address; City; State; Zip Code <b>200 Rabbit Ct Fremont CA 94539</b>		
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 02-09-2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAND LINK REALITY	7 Amount of contribution (\$) 500 <sup>00</sup> / <sub>100</sub>
6 Contributor address; City; State; Zip Code 2735 TROPHY CLUB DR Trophy club TX 76262		
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Self Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geoffery Mbaku	Amount of contribution (\$) 50 <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 15175 Palo Pinto Dr Frisco TX 75035		
Principal occupation / Job title (See Instructions) Sr Business Consultant		Employer (See Instructions) Infosys
Date 02-25-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SRIDHAR GADDAM	Amount of contribution (\$) 200 <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 13585 DAY STAR Way Frisco TX 75035		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NORTHROP GRUMMAN
Date 02-26-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Taber	Amount of contribution (\$) 400 <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 3718 Lakeview Dr Grapevine TX 76051		
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) Columbus Life Insurance
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

02-25-2021

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Johanthan Bunch.

7 Amount of contribution (\$) 1000<sup>00</sup>/<sub>100</sub>

6 Contributor address;

City;

State;

Zip Code

4419 Sugarvine Ct Lakecity TX 77573

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03-02-2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Keystone Mortgage

Amount of contribution (\$) 200<sup>00</sup>/<sub>100</sub>

Contributor address;

City;

State;

Zip Code

2301 Ohio Dr Plano TX 75093.

Principal occupation / Job title (See Instructions)

Loan Originator

Employer (See Instructions)

Self

Date

03-03-2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Spoorthy Chittargi

Amount of contribution (\$) 500<sup>00</sup>/<sub>100</sub>

Contributor address;

City;

State;

Zip Code

659 Revalen Ln Frisco TX 75034

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self Employed

Date

03-07-2021

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rajesh Goggineni

Amount of contribution (\$) 1001<sup>00</sup>/<sub>100</sub>

Contributor address;

City;

State;

Zip Code

5991 Hidden Creek Frisco TX 75036

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Everest

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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 03-12-2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doddanna Gouda Chandel	7 Amount of contribution (\$) 300 <sup>00</sup> / <sub>100</sub>
6 Contributor address; City; State; Zip Code 1105 Chestnut Dr Frisco TX 75034		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self Employed
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raghavendra Shet	Amount of contribution (\$) 1000 <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 15139 Bull Run Dr Frisco TX 75035		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Infosys
Date 03/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waterfront Dentistry	Amount of contribution (\$) 1500 <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 5605 FM423 Frisco TX 75036		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self Employed
Date 3/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOMASUNDARAM GomATHINayagam	Amount of contribution (\$) 100 <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 13076 Deep River Dr Frisco TX 75035		
Principal occupation / Job title (See Instructions) Restor Financial Services		Employer (See Instructions) Self
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 03/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VINAY KADAM	7 Amount of contribution (\$) 500 <sup>00</sup> / <sub>100</sub>
6 Contributor address; City; State; Zip Code 13115 BOLD FORBES Frisco TX 75035		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Capgemini
Date 03/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NFG Capital Partners	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2525 Mainst Frisco TX 75035		
Principal occupation / Job title (See Instructions) Retail Store		Employer (See Instructions) Self Employed
Date 03-22-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SRINIVASA BADRACHALAM	Amount of contribution (\$) 500 <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 13248 AZRATRL Frisco TX 75035		
Principal occupation / Job title (See Instructions) Engineer I		Employer (See Instructions) United Health
Date 03-22-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Satish Dintakurti	Amount of contribution (\$) 216 <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 13545 Iron Liege Dr Frisco TX 75035		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Blue Yonder Inc
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>SAI KRISHNA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03-26-2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAJESH VOOTURI</b>	7 Amount of contribution (\$) <b>100<sup>00</sup>/<sub>100</sub></b>
6 Contributor address; City; State; Zip Code <b>13335 SPOKANE WAY FRISCO TX 75035</b>		
8 Principal occupation / Job title (See Instructions) <b>Architect Engineer</b>		9 Employer (See Instructions) <b>Sales Force</b>

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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:		2 FILER NAME <b>SAI KRISHNA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02-01-2021</b> <b>03-01-2021</b> <b>04-01-2021</b>		5 Payee name <b>BANK OF AMERICA</b>			
6 Amount (\$) <b>\$16.00</b> <b>\$16.00</b> <b>\$16.00</b>		7 Payee address; <b>3760 -TX-121, Plano TX -75025</b>		City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		(b) Description <b>monthly Account maintaining Fees</b>		
	(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 <b>03/25/2021</b>		Payee name <b>KAMADHENU MARKETING LLC</b>			
Amount (\$) <b>8500.00</b> <b>100</b>		Payee address; <b>13059 AZRA TRL</b>		City; State; Zip Code <b>Frisco TX 75035</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b> <b>Printing Expense</b>		Description <b>Pushcarts/Door Hangers, Banners, Graphic design, Street signs, Name Badges, Yard signs,</b>		
	<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 <b>Prashanth Deraraj</b>			
Amount (\$) <b>\$500.00</b> <b>100</b>		Payee address; <b>10695 Ferdinand view</b>		City; State; Zip Code <b>Frisco TX 75035</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>		Description <b>Returned Contribution due to Residential status.</b>		
	<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

If the requested information is not applicable, DO NOT include this page in the report.

### 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:		2 FILER NAME <b>SAI KRISHNA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/16/2021, 2/9/2021, 3/23/2021, 3/17/2021, 3/9/2021, 3/25/2021</b>		5 Payee name <b>Raise the Money, Inc</b>			
6 Amount (\$) <b>152.52</b>		7 Payee address; <b>P.O. Box 26466</b>		City; <b>Little Rock</b>	State; <b>AR</b>
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b><del>Other</del> Fundraising Expenses</b>		(b) Description <b>Fundraising Commissions</b>	
		(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		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		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
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		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
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>		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



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <b>SAI KRISHNA</b>		3 Filer ID (Ethics Commission Filers)																		
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS			\$ 16,500 <sup>00</sup> / <sub>100</sub>																		
5 Date <b>02/01/2021</b>	6 Payee name <b>KAMADHENU MARKETING</b>																				
7 Amount (\$) <b>16,500 <sup>00</sup>/<sub>100</sub></b>	8 Payee address; <b>13059 AZRA TRL</b>	City; <b>Frisco</b>	State; <b>TX</b>	Zip Code <b>75035</b>																	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political																				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Contract</b>		(b) Description <b>Advertising Expenses Printing Expenses</b>																		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense																				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH																					
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