

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 <div style="text-align: center; font-size: 1.2em;">SAI</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">KRISHNA</div>	OFFICE USE ONLY Date Received <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">APR 21 2021</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">07:49 AM - AC</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CITY SECRETARY'S OFFICE</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <div style="font-size: 1.2em;">13059 AZRA TRL FRISCO TX 75035</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(302) 401 8768</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">SRINIVASA</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BADRACHALAM</div>		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <div style="font-size: 1.2em;">13248 AZRA TRL Frisco TX 75035</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="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 type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" 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	Month Day Year Month Day Year <div style="font-size: 1.2em;">03 / 31 / 2021 THROUGH 04 / 21 / 2021</div>		
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex;"> <div style="flex: 1;"> Month Day Year <div style="font-size: 1.2em;">05 / 01 / 2021</div> </div> <div style="flex: 1;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">City Council Place 3</div>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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15 C/OH NAME		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,201.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 249.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5711.89
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. Sankar

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Saishashishekhar Krishnarajanagar this the 21st day of April, 2021, to certify which, witness my hand and seal of office.

K. Ram Koteswara Rao KOTHAMASU TEXAS PUBLIC NOTARY
Signature of officer administering oath Printed name of officer administering oath 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

SAI KRISHNA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6201.00
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	\$ 249.75
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

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

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 03/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AMARNATH LAKSHMINARAYAN	7 Amount of contribution (\$) 251 ⁰⁰/₁₀₀
6 Contributor address; City; State; Zip Code 1325 MIAMIDY CARROLLTON TX 75010		
8 Principal occupation / Job title (See Instructions) Medical Doctor		9 Employer (See Instructions) TEXAS HEALTH
Date 04/04/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHAIKESH SOOD	Amount of contribution (\$) 50 ⁰⁰/₁₀₀
Contributor address; City; State; Zip Code 4034 Laurelhurst Ln Frisco TX 75033		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) HUMANA
Date 04/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR. BALU CHANDRA	Amount of contribution (\$) 500 ⁰⁰/₁₀₀
Contributor address; City; State; Zip Code 5220 Reims Ct Colleyville TX 76034		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) DHAT
Date 04/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAMSI K. MANI	Amount of contribution (\$) 250 ⁰⁰/₁₀₀
Contributor address; City; State; Zip Code 13395 Strike gdd Blvd Frisco TX 75035		
Principal occupation / Job title (See Instructions) Engineer/manager		Employer (See Instructions) Cognizant
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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

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 4/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRABHU PATIL	7 Amount of contribution (\$) 200.00 <small>100</small>
6 Contributor address; City; State; Zip Code 13589 Leeson Lane Frisco TX 75035		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) PROLIM
Date 4/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAJESH Gogineni	Amount of contribution (\$) 4000.00 <small>100</small>
Contributor address; City; State; Zip Code 5991 HIDDEN CREEK Frisco TX 75036		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ravishankar Yatratti	Amount of contribution (\$) 100.00 <small>100</small>
Contributor address; City; State; Zip Code 10953 Stonehoun Ln Frisco TX 75033		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Vtek Services
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANUMESH SRINIVASAIAH	Amount of contribution (\$) 200.00 <small>100</small>
Contributor address; City; State; Zip Code 4405 CREEKSTONE DR Plano TX 75093		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Infosys
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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

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

04/12/2021

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ORION MULTIFAMILY INVESTMENTS LLC

7 Amount of contribution (\$) 500 ⁰⁰/₁₀₀

6 Contributor address;

City;

State;

Zip Code

1302 BRIDLE BLVD Frisco TX 75036

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/18/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MUKESH G PARNA

Amount of contribution (\$) 150 ⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

5811 KERRY DR Frisco TX 75035

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self Employment

Date

Full name of contributor

☐ 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

☐ 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

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		3 Filer ID (Ethics Commission Filers)	
	SAI KRISHNA			
4 Date	5 Payee name			
04/01/2021	BANK OF AMERICA			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
16.00	3760 - TX-121	Plano	TX	75025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Accounting/Banking		Monthly Account Maintenance Fees	
	(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			
04/05/2021 04/06/2021 04/13/2021 04/20/2021	Raise the money Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
233.75	P.O. Box 26466	Little Rock	AR	72221
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	SOLICITATION/Fundraising Expenses.		Fundraising Commissions	
	<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				

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