

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Sylvester Turner Campaign						
ADDRESS (number and street) PO Box 56386						
CITY Houston		STATE TX		ZIP CODE 77256		
2. NAME OF CANDIDATE Turner, Sylvester, , ,			3. OFFICE SOUGHT (State and District) House TX 18		4. FEC IDENTIFICATION NUMBER C00885301	
5. IS THIS AN AMENDMENT? ☐ NO, THIS IS A NEW FILING ☒ YES, IT AMENDS THE NOTICE FILED ON 11 / 04 / 2024						
A. FULL NAME Chintalapally, Latha, R, ,			Name of Employer 1960 Pharmacy		Date (month, day, year) 11/02/2024	
MAILING ADDRESS 1806 Rustic Hills Ct			Transaction ID : 5782888		Amount 3300.00	
CITY Sugar Land	STATE TX	ZIP CODE 77479-5582	Occupation Owner			
B. FULL NAME Chintalapally, Raghuveer, R, ,			Name of Employer RCC Construction		Date (month, day, year) 11/02/2024	
MAILING ADDRESS 1806 Rustic Hills Ct			Transaction ID : 5808686		Amount 3300.00	
CITY Sugar Land	STATE TX	ZIP CODE 77479-5582	Occupation Owner			
C. FULL NAME Madhu, Mallikarjuna, Reddy, ,			Name of Employer TATA Consultancy Services		Date (month, day, year) 11/02/2024	
MAILING ADDRESS 8455 Offenhauser Dr			Transaction ID : 5782880		Amount 3300.00	
CITY Reno	STATE NV	ZIP CODE 89511-1752	Occupation Regional Test Manager			
D. FULL NAME Mallapuram, Natalee, , ,			Name of Employer Houston Depart Of Health & Human Servi		Date (month, day, year) 11/02/2024	
MAILING ADDRESS 13605 Summer Cloud Ln			Transaction ID : 5782976		Amount 3300.00	
CITY Pearland	STATE TX	ZIP CODE 77584-2164	Occupation Manager			
E. FULL NAME Mallapuram, Ravishanker, , ,			Name of Employer A&M Real Estate		Date (month, day, year) 11/02/2024	
MAILING ADDRESS 23 Haven Shore Ln			Transaction ID : 5791434		Amount 3300.00	
CITY Sugar Land	STATE TX	ZIP CODE 77479-3748	Occupation Real Estate			
SIGNATURE (optional) Richardson, Teresa, L., ,				DATE 11/05/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov	

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Mekala, Malla, , , 3310 Oak Tree Ct Sugar Land TX 77479-2494		Name of Employer Infodat International Inc Transaction ID : 5782906 Occupation President Date (month, day, year) 11/02/2024 Amount 3300.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Mettu, Srinivas, K, , 6614 Miller Shadow Ln Sugar Land TX 77479-3567		Name of Employer ITG Technologies Inc Transaction ID : 5782860 Occupation Director Date (month, day, year) 11/02/2024 Amount 3300.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Mondalreddy, Narender, R, , 4542 Selwyn Rd Richmond TX 77407-1529		Name of Employer CHR Estates Transaction ID : 5791416 Occupation Investor Date (month, day, year) 11/02/2024 Amount 3300.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Murhebwa, Ndjabuka, F, , 4107 Rain Willow Ct Houston TX 77053-2571		Name of Employer Mighty Cine Beets LLC Transaction ID : 5782943 Occupation Owner Date (month, day, year) 11/02/2024 Amount 3300.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Pitta, Suchita, Reddy, , 4542 Selwyn Rd Richmond TX 77407-1529		Name of Employer SAIPS IT Transaction ID : 5782852 Occupation Executive Date (month, day, year) 11/02/2024 Amount 3300.00	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Shriya Solutions LLC 5680 Highway 6 Ste 186 Missouri City TX 77459-4188		Name of Employer Date (month, day, year) 11/02/2024 Amount 3300.00 Transaction ID : 5791447 Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Sudireddy, Ramashilpa, , , 3310 Oak Tree Ct Sugar Land TX 77479-2494		Name of Employer Date (month, day, year) 11/02/2024 Amount 3300.00 Transaction ID : 5782969 Occupation Physician	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount Occupation	