CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MUMRAJ CM NICKNAME LAST JANAGARAJA	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 00 6869 SHADOW GL PRISCO, TX 7503	STATE: ZIP CODE	APR 0 4 2019
5 CANDIDATE/ OFFICEHOLDER PHONE	972) 900 3404	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST PUHIDAJ NICKNAME LAST JANAGARAS	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI 6869 SHADOW G PRISCO, TX 750	19172	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(972) 900-34	EXTENSION O	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02/15/2019	THROUGH 04	04/2019
11 ELECTION	ELECTION DATE Month Day Year □ Primary 05 04 2019 ☒ General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know FISD BOX TRUSTEES	Hed OF -PLACE 3
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	LASINU1	JANA GARAJAN 15 Filer	ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	FROM 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			
	GENERAL SPECIFIC	COMMITTEE NAME N/A COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$135	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1402			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$94 4. TOTAL POLITICAL EXPENDITURES \$8782.05			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1507.36			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000			
18 AFFIDAVIT				
MICHELE L. CRUTCHER Notary Public, State of Texas Comm. Expires 06-14-2020 Notary ID 333320 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. Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subse	cribed before me,	by the said MUNIRAJ JANAGARA JAN	_, this the 4TH	
day of APPIL , 20 19 , to certify which, witness my hand and seal of office.				
mules Couther MicHELE L. CENTCHER JOTARY				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Commission Filers)				
	MALASTA JANA GARAJAN				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1402		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	ons	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS N/A		\$		
4.	SCHEDULE E: LOANS		\$ 10,000		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$		
10.	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.	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	MUNITAGE L'ASTINUM	HABA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
3/17/2019	6 Contributor address; City; State; 6817 SHADOW GLEN DR. FRESLU, 7X 75035	Zip Code	\$201
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 3 24 2019	Full name of contributor out-of-state PAC MURALI PALAMISAMY Contributor address; City; State; 8308 SAND PLOGE DIL PLAMO, TX 7:		Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/26/2019	Contributor address; City; State; 6737 PANGER RD PRILOW, TX 750 pation / Job title (See Instructions)	VISAMY Zip Code	\$100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
3 26 20 19	Full name of contributor out-of-state PAC NITHYA RAGURATHY Contributor address; City: State 5785 MATTERHORN 212 FRISCO, TX 75035	; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	į.	ā	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

1

WONET	ARY POLITICAL CONTRI	SCHEDULE A1	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	MUNIPAJ JANA GAPAJ	47)	3 Filer ID (Ethics Commission Filers)
4 Date 3 26 2019	5 Full name of contributor out-of-state PAC (ID#: GOPI KRISHMAN JAGADEE SALU 6 Contributor address; City; State; Zip Code 5625 KETTRY DR, PRISUATION 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 3 26 2019	Full name of contributor out-of-state PAC SHANTI KAY Contributor address; City: State 6105 CHARIDGE FN, FR	(ID#:) 15 (2) TX 75035	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 3 27 2919	Full name of contributor out-of-state PACE STAND LOSS HAVE COntributor address; City; State 13063 ALTA DADIA AVE ERISUO, TX 750	AIJ ; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date .	Full name of contributor out-of-state PAC Contributor address; City; State	e; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ttions)
			N
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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MONET	ARY POLITICAL CONTRI	SCHEDULE A1	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	,	2	3 Filer ID (Ethics Commission Filers)
4 Date 3 27 2019	5 Full name of contributor Out-of-state PAC NAVEN FRUDAYARAS 6 Contributor address; City; State; 12968 AVANTI DRL FRISW, TX 75035	(ID#:) Zip Code	7 Amount of contribution (\$)
8 Principal occu		9 Employer (See Instruct	ions)
Date 3 19 2019	Full name of contributor out-of-state PAC KALPANA B PARTYAMPA Contributor address; City; State 235 POXTHORNE WAY ALPHARIETTA, GA 5006		Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC Contributor address; City; State		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date .		(ID#:) ; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
		it.	÷.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	HIRAT JANA GA	HRAJAN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)
2-15-19	PAMAG JANAG	MARAJAN	10,000
6 Is lender a financial	8 Lender address; City; S	State; Zip Code	10 Interest rate
Institution?	6869 SHADOW GLE	NDR, FRICH, TX 75035	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	I on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION		State; Zip Code	Amount Guaranteed (\$)
	ion (See Instructions)	Employer (See Instructions)	
If	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NI	

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gilt/Awards/Memorials Expense	URIES FOR BOX 8(a) 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)
Credit Card Payment	The Instruction Guide explains		Control arcategory not issued above)
1 Total pages Schedule F1:	2 FILER NAME	SAM JAN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	JAM 191 SAIT	
02/10/2019	GO DADD	1	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
105.13	SCOTT DALE, AZ	25260	219
8 .	(a) Category (See Categories listed at the top of this sch		
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	WEBSITE REGISTRAT	710N Check if Austi	n, TX, officeholder living expense
	, , , , , , , , , , , , , , , , , , , ,		
Series Series Series			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02 14 2019	DATEA 12		
Amount (\$)	Payee address; City; State; Zip	Code PKWY, SUI	715 201
950.00	18912 NORTH CREEN		18 201
150.0	BOTHELL IWA	98011	
	Category (See Categories listed at the top of this sci	hedule) Description	
PURPOSE	DATA	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	DA(A	Check if Austin	n, TX, officeholder living expense
	ľ		¥
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/14/2019	GROUND GAME		
Amount (\$)	Payee address; City; State; Zip	Code	5 410
550.00	859 WILLAMETTE	SUIZ TERE	B 410
220	BUGINE, OP 97	401	
	Category (See Categories listed at the top of this sc	hedule) Description	27
PURPOSE	Con	Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	SOFTWARE (APP	Check if Austi	n, TX, officeholder living expense
	Condidate / Office helder name	04100	0#
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
70			The second secon
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

₹ EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi Legal Services Salar	Repayment/Reimbursement a Overhead/Rental Expense ag Ex	
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 19UNIPAJ JANAGA	PAJAN 3 Filer ID (Ethics Commission Filers)	
02 15 2019	5 Payee name PICTURE PEOPLE		
\$178.61	7 Payee address; City; State; Zip Coo 2930 PRESTON PD - PRISW, TX 75035	# 600	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule PHOTOS WITH COPY RIGHTS	(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	Payee name	,	
02/25/2019	H2 BRANDING		
Amount (\$) \$2468.92	Payee address; City; State; Zip Cool 16591 COUNTY ROAD 1 TYLER 17X 75703		
PURPOSE OF EXPENDITURE	SIGNS 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	Payee name		
02 25 2019	ANTHEM		
Amount (\$) \$201.29	Payee address; City; State; Zip Co. 259) DAHAS PARKN FRISW, TX 750	4780	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	Y EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Y Gift/Awards/Memorials Expense	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)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME AND JANAGO	PRAJAN	3 Filer ID (Ethics Commission Filers)
4 Date 03 04 2019	5 Payee name GODADDY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6 Amount (\$)	7 Payee address; City; State; Zip		
55.24	14455 N. HAYDEN SCOTT DALE.	AZ 85260	
8 .	(a) Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	PUIT20H 3TI2813W		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/09/2019	TRACTOR SUPPLY		
Amount (\$) 27,00	Payee address; City; State: Zip 3550 N. CENTRAL	Expy, US-75	, tackinhy
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF	2 .		side of Texas. Complete Schedule T.
EXPENDITURE	ZIP TIES, & SUPPLIES	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		HAPPEN HER POT DE COMP
03/09/2019	TRACTOR SUPPLY	1	
Amount (\$)	Payee address; City; State; Zip		P 10 100 10 10 10 10 10 10 10 10 10 10 10
56.21	3350 N. CENTRAL TX 75071	EXPY, US-1	5, MCKINHBY
	Category (See Categories listed at the top of this sch	Description	
PURPOSE OF	T 0000'		side of Texas. Complete Schedule T.
EXPENDITURE	T-209-T	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	× EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Boverage Expense Pollin Gilt/Awards/Memorials Expense I Committee Legal Services Salar	Repayment/Reimbursement 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 MUNITRAJ JANAGA	3 Filer ID (Ethics Commission Filers)		
03 05 2019	5 Payee name ONIQ GRAPIX			
6 Amount (\$)	7 Payee address; City: State: Zip Coo	de		
270.63	2300 MCDERMOTT PLANO, TX 7502	5 200-267		
8 .	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE	•==	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	POP UP BANNETZ	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,	Payee name	0		
03 06 2019	TRACTOR SUPPLY			
Amount (\$)	Payee address; City; State; Zip Co.	de		
547.37	3350 NORTH CENTRA	L 102 - 75		
	Category (See Categories listed at the top of this schedul			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	T-POST, ZIP TIES	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
03 09 2019	HOME DEPOT			
Amount (\$)	Payee address; City; State; Zip Co	de 7500 :		
12.47	4600 STATE HWY 1	21, PLANO, TX 75024		
	Category (See Categories listed at the top of this schedul			
PURPOSE OF EXPENDITURE	TOOLS & SUPPLIES	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME MUNITAJ JANA	GARATAN	3 Filer ID (Ethics Commission Filers)
4 Date 03 09 2019	HOME DEDOT	,	
27.03	Paris and the first section of the control of the c	ip Code 121, PLANO, 7	× 75024
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s TOOLS . CUTTING H FRAME	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held
Date 03 09 2019 Amount (\$) 27.03	Payee name TACO CASANA Payee address; City; State; 2 5350 PRESTON R		× 75034
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this: FOOD FOR CAMPAIGN WORK	Check if travel or Check if Austin	utside of Texas. Complete Schedule T. n, TX, officeholder living expense .
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
O3 09 2019	Payee name JUAN BARRIO	20	
360.00	Payee address; City; State; 2 902 W SHADY GRAND PRAIR	GROVE #14 1E, TX 750!	50
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this LABOR TO PUT SI	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

× EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		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 explain	ns how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME MUNIRAJ JANO	GARATAN	3 Filer ID (Ethics Commission Filers)			
4 Date 03 09 2019	5 Payee name AMAZON. COM					
6 Amount (\$)	7 Pavee address: City: State: Zin Code					
71.94	POBOX 81226, SEATTREE, WA 98108-1226					
. 8	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE OF EXPENDITURE	ZIP TIES		side of Texas. Complete Schedule T. TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
03/12/2019	BLUE PURSON TR	dishir?				
Amount (\$)	Payee address; City; State;					
21.65	7632, 2915 W 15 TH ST, PLANO, TX 75075					
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE OF			side of Texas. Complete Schedule T.			
EXPENDITURE NAME TAG			TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
03/12/2019	SPICE BAZZA	12				
Amount (\$) 29.23	Payee address; City; State; 7	TIDE, PRISID,	TX 75035			
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	SNACKS FOR Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	VOLUNTIEBRS	VOLUNTISERS				
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
ATTACTABLE OF ILL OF THICOCILEDGE ACTIEDED						

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoni Legal Services	enso als Expense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wi		Travel In District Travel Out Of Dist	ipment & Related Expense
1 Total pages Schedule F1:		AME	TALLA (7000	ral	3 Filer ID (Ethi	ics Commission Filers)
4 Date 03 12 2019	5 Payee na	me, sys		190			
52.00	7 Payee ac 931			Zip Code	7, व्ययम	x 750	35
8 PURPOSE OF EXPENDITURE	FOOD	(See Categories listed) FOR OUNTEER		is schedule)		utside of Texas. Complete	
9 Complete ONLY if direct expenditure to benefit C/Ol-		ate / Officeholder	name		Office sought		Office held
Date 193/14/2019	Payee na		DIA.	INC		2	
Amount (\$) 299.00	Payee as			AAN P	ARKWAY,U	NIT 90;	7
PURPOSE OF EXPENDITURE		(See Categories lister		27-20		tside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder	name		Office sought		Office held
Date 03 17 2019	Payee n	ame k 2 I 7.	6019				
Amount (\$) 139.51	Payee at 9 2 PA	ddress; ci STABL RILTON	ity; State; ERSV , MI	ILLE	RP 120	20.	
PURPOSE OF EXPENDITURE	STI	(See Categories liste Ly NOT PRINTING	es	1572		utside of Texas. Completen, TX, officeholder livie	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candio	date / Officeholde			Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

	* EXPENDITURE CA	ATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
- Jerovo ajmak	The Instruction Guide ex	plains how to complete this form.		
1 Total pages Schedule F1:		A GARAJAN	3 Filer ID (Ethics Commission Filers)	
Date 03 17 2019	5 Payee name TRACTOR SUP!	74 14		
6 Amount (\$)	7 Payee address; City; State	; Zip Code		
597.15	3350 N. CENT	FILL EXPY, UST	۲ ۶ ,	
21112		The state of the s	5071	
8 .	(a) Category (See Categories listed at the top o			
PURPOSE			rel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	T-POSTS ZIPT	TES Check if A	ustin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office equals	Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

₹ EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EASINUM 4 Date 5 Payee name FACEBOOK 04/02/2019 7 Payee address; City; State; Zip Code MENTO PARK, CA 94025 HACKER WAY, 25.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense ADVERTISING FEE **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 2019 FACEBOOK City; State; Zip Code Amount (\$) MARNLO PARK, Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense ADVERTISING FEE **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date DACE BOOK 2019 03 Amount (\$) City; State; Zip Code LER WAY, MENLO PARK, 25.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** FEE ADVERTISING __ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

¥ EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	Committee	Legal Services	Salaries/Wa	ges/Contract Labor	Travel Out Of District Other (enter a category not	listed above)	
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