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: Muniraj | MI:
NICKNAME: | LAST: Janagarajan | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS (Change of Address)

ADDRESS (NO PO BOX): 6869 Shadow Glen Dr | APT / SUITE #: | CITY: Frisco | STATE: TX | ZIP CODE: 75035

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (972) | PHONE NUMBER: 900 3404 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Muniraj | MI:
NICKNAME: | LAST: Janagarajan | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 6869 Shadow Glen Dr | APT / SUITE #: | CITY: Frisco | STATE: TX | ZIP CODE: 75035

8 CAMPAIGN TREASURER PHONE

AREA CODE: (972) | PHONE NUMBER: 900 3404 | EXTENSION:

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☒ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

	Month	Day	Year		Month	Day	Year
	4	4	25	THROUGH	4	25	25

11 ELECTION

ELECTION DATE: Month 5 | Day 3 | Year 25

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☒ Other — Description: MUNICIPAL
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known)
FRISCO ISD Board of Trustees Place 1

14 NOTICE FROM POLITICAL COMMITTEE(S) (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: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: 4/25/25

Date Hand Delivered or Date Postmarked: 4/25/25

Receipt $: ø

Date Processed: 4/25/25

Date Imaged: 4/25/25

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 FILER NAME

16 FILER ID (TEC ASSIGNED)

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 156
	4	TOTAL POLITICAL EXPENDITURES	$ 3742
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 20,000

18 SIGNATURE I (we) 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.

J. Munirāj

Signature of Candidate or Officeholder

MICHELLE ARELLANO
NOTARY PUBLIC
STATE OF TEXAS
ID 131314246
EXP. 09-25-2027

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Munirāj Janagarajan this the 25th day of April

20 25 I certify which witness my hand and seal of office.

Michelle Arellano — Michelle Arellano — 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 _____ (month) 20 _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19			
20			
21			
		SCHEDULE A MONETARY POLITICAL CONTRIBUTIONS	$
		SCHEDULE A NON-MONETARY POLITICAL CONTRIBUTIONS	$
		SCHEDULE B PLEDGED CONTRIBUTIONS	$
4	■	SCHEDULE E LOANS	$ 20,000.00
5		SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6		SCHEDULE F2 NON-POLITICAL EXPENDITURES	$
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	$ 3742
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	$

LOANS

SCHEDULE E

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 for schedule E

2 FILER NAME
Muniraj Janagarajan

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan
01/17/2025

7 Name of lender ☐ out-of-state PAC (ID# _____)
Muniraj Janagarajan

9 Loan Amount ($)
20,000.00

6 Is lender a financial institution?
☐ Y ■ N

8 Lender address, City, State, Zip Code
6869 Shadow Glen Dr Frisco TX 75035

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
none

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

16 GUARANTOR INFORMATION
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

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount ($)

Is lender a financial institution?
☐ Y ☐ N

Lender address, City, State, Zip Code

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
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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/or Political Committee; Credit Card Payment; Event Expense; Fees; Food/Beverage Expense; Gifts/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 G: 01|02

2 FILER NAME: MUNIRAJ JANAGARAJAN

3 Filer ID (Ethics Commission Filers):

4 Date: 04|05|2025

5 Payee name: YT AD SERVICE

6 Amount ($): 700
Reimbursement from political contributions intended

7 Payee address: 2340 E TRINITY MILLS RD City: CARROLLTON State: TX Zip Code: 75006

8 PURPOSE OF EXPENDITURE

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

(b) Description: YOU TUBE AD

(c) 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: 04|10|2025

Payee name: THOMAS DAN STRICKLIN

Amount ($): 1025
Reimbursement from political contributions intended

Payee address: 856 CRYSTAL LAKE DR City: FRISCO State: TX Zip Code: 75034

PURPOSE OF EXPENDITURE

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

Description: MARKETING

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: 04|11|2025

Payee name: RPT

Amount ($): 740 VD
Reimbursement from political contributions intended

Payee address: 807 BRAZOS ST AUSTIN TX 78701 City: State: Zip Code:

PURPOSE OF EXPENDITURE

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

Description: PUSH CARDS MAILERS

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 PERSONAL FUNDS

SCHEDULE G

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; Food; Event 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 G	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
02/02	MUNIRAJ JANAGARAJAN	

Expenditure 1

4 Date	5 Payee name
04/17/2025	THOMAS DAN STRICKLIN

6 Amount ($)	7 Payee address:	City:	State:	Zip Code
887 (Reimbursement from political contributions intended)	856 CRYSTAL LAKE DR	FRISCO	TX	75034

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	MARKETING

(c) 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

Expenditure 2

Date	Payee name
04/17/2025	FIRST GRAPHICS

Amount ($)	Payee address:	City:	State:	Zip Code
265.50 (Reimbursement from political contributions intended)	229 GARVON ST	GARLAND	TX	75040

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSES	YARD SIGNS

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

Expenditure 3

Date	Payee name
04/21/2025	RPT

Amount ($)	Payee address:	City:	State:	Zip Code
125 (Reimbursement from political contributions intended)	807 BRAZOS ST	AUSTIN	TX	78701

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSES	PUSH CARDS

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