

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 MUNRAJ (MUNI) NICKNAME LAST SUFFIX JANAGARAJAN	OFFICE USE ONLY Date Received APR 04 2019 <i>JAL</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6869 SHADOW GLEN DR PRISCO, TX 75035		
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (972) 900 3404			
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI MAUNIRAJ NICKNAME LAST SUFFIX JANAGARAJAN			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6869 SHADOW GLEN DR PRISCO, TX 75035	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (972) 900-3404		
9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED Month Day Year Month Day Year 02 / 15 / 2019 THROUGH 04 / 04 / 2019			
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 04 / 2019 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FISD BOARD OF TRUSTEES - PLACE 3		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MUNIRAJ JANAGARAN 15 Filer ID (Ethics Commission Filers)

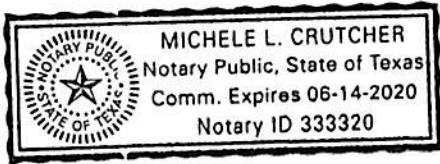
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	N/A
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, 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 OF REPORTING PERIOD	\$ 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



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.

J. Muniraj

Signature of Candidate for Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MUNIRAJ JANAGARAN, this the 4TH day of APRIL, 20 19, to certify which, witness my hand and seal of office.

Michele L. Crutcher
Signature of officer administering oath

MICHELE L. CRUTCHER
Printed name of officer administering oath

NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME MUNIRAS JANA GARAJAN	20 Filer ID (Ethics Commission Filers)
--	---

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1402
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS N/A	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MUNIRAJ JANA GARAJAN

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/2019

5 Full name of contributor

RAVINDAR VANAM

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$201

6 Contributor address; City; State; Zip Code

6817 SHADOW GLEN DR
FRISCO, TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/2019

Full name of contributor

MURALI PALANISAMY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$51

Contributor address; City; State; Zip Code

8308 SAND RIDGE DR
PLANO, TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/2019

Full name of contributor

MURUGANANDAN PALANISAMY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

6737 RANGER RD
FRISCO, TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/2019

Full name of contributor

NITITHYA RAGUPATHY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

5785 MATTERHORN DR
FRISCO, TX 75035

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MUNIRAJ JANA GARAJAN		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOPIKRISHNAN JAGADEESANU	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 5625 KERRY DR, FRISCO, TX 75035		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANTI KAY	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 6105 CLARIDGE LN, FRISCO, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIVAKUMARAN KRISHNAN	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 13063 AITA BADIA AVE FRISCO, TX 75035		
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.

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

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

3/27/2019

NAVEEN PRUDAYARAJ
6 Contributor address; City; State; Zip Code

\$400

12968 AVANTI DR
FRISCO, TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/19/2019

KALPANA B. PARIYAMPADI
Contributor address; City; State; Zip Code

\$250

235 FOXTHORNE WAY
ALPHARETTA, GA 30005

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)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME MUNIRAJ JANA GARAJAN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2-15-19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MUNIRAJ JANAGARAJAN	9 Loan Amount (\$) 10,000
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 <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 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: 10		2 FILER NAME MUNDIRAJ JANAGARJIAN		3 Filer ID (Ethics Commission Filers)	
4 Date 02/10/2019		5 Payee name GO DADDY			
6 Amount (\$) 105.13		7 Payee address; City; State; Zip Code 14455 N. HAYDEN RD, SUITE 219 SCOTTDALE, AZ 85260			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) WEBSITE REGISTRATION		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 02/14/2019		Payee name DATA L2			
Amount (\$) 950.00		Payee address; City; State; Zip Code 18912 NORTH CREEK PKWY, SUITE 201 BOTHELL WA 98011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DATA		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 02/14/2019		Payee name GROUND GAME			
Amount (\$) 550.00		Payee address; City; State; Zip Code 859 WILLAMETTE ST, SUITE 410 EUGENE, OR 97401			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SOFTWARE (APP)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 10	2 FILER NAME MUNIRAJ JANAGARAJAN	3 Filer ID (Ethics Commission Filers)
---	--	---------------------------------------

4 Date 02/15/2019	5 Payee name PICTURE PEOPLE
-----------------------------	---------------------------------------

6 Amount (\$) \$178.61	7 Payee address; City; State; Zip Code 2930 PRESTON RD #600 FRISCO, TX 75035
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PHOTOS WITH COPY RIGHTS	(b) Description <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 02/25/2019	Payee name H2 BRANDING
---------------------------	----------------------------------

Amount (\$) \$2468.92	Payee address; City; State; Zip Code 16591 COUNTY ROAD 15 TYLER, TX 75703
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SIGNS PRINTING	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 02/25/2019	Payee name ANTHEM
---------------------------	-----------------------------

Amount (\$) \$201.29	Payee address; City; State; Zip Code 2591 DALLAS PARKWAY #300 FRISCO, TX 75034
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME MUNIRAJ JANAGARAJAN	3 Filer ID (Ethics Commission Filers)
----------------------------------	-------------------------------------	---------------------------------------

4 Date 03/04/2019	5 Payee name GO DADDY
----------------------	--------------------------

6 Amount (\$) 55.24	7 Payee address; City; State; Zip Code 14455 N. HAYDEN RD, SUITE 219, SCOTTDALE, AZ 85260
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WEBSITE HOSTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/09/2019	Payee name TRACTOR SUPPLY
--------------------	------------------------------

Amount (\$) 27.00	Payee address; City; State; Zip Code 3350 N. CENTRAL EXPY, US-75, MCKINNEY TX 75071
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ZIP TIES, & SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/09/2019	Payee name TRACTOR SUPPLY
--------------------	------------------------------

Amount (\$) 56.21	Payee address; City; State; Zip Code 3350 N. CENTRAL EXPY, US-75, MCKINNEY TX 75071
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) T-POSTS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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: 10	2 FILER NAME MUNIRAJ JANAGARAJAN	3 Filer ID (Ethics Commission Filers)
----------------------------------	-------------------------------------	---------------------------------------

4 Date 03/05/2019	5 Payee name UNIQ GRAPHIX
----------------------	------------------------------

6 Amount (\$) 270.63	7 Payee address; City; State; Zip Code 2300 McDERMOTT RD 200-267 PLANO, TX 75025
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POP UP BANNER	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/06/2019	Payee name TRACTOR SUPPLY
--------------------	------------------------------

Amount (\$) 547.37	Payee address; City; State; Zip Code 3350 NORTH CENTRAL EXPY, US-75 MCKINNEY, TX 75071
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) T-POST, ZIP TIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/09/2019	Payee name HOME DEPOT
--------------------	--------------------------

Amount (\$) 12.47	Payee address; City; State; Zip Code 4600 STATE HWY 121, PLANO, TX 75024
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TOOLS & SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME MUNIRAJ JANAGARAJAN	3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2019	5 Payee name HOME DEPOT	
6 Amount (\$) 27.03	7 Payee address; City; State; Zip Code 4600 STATE HWY 121, PLANO, TX 75024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TOOLS - CUTTING H FRAME	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/09/2019	Payee name TACO CABANA	
Amount (\$) 27.03	Payee address; City; State; Zip Code 5350 PRESTON RD, FRISCO, TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD FOR CAMPAIGN WORKERS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 03/09/2019	Payee name JUAN BARRIOS	
Amount (\$) 360.00	Payee address; City; State; Zip Code 902 W SHADY GROVE #14 GRAND PRAIRIE, TX 75050	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR TO PUT SIGNS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME MUNIRAJ JANAGARAJAN	3 Filer ID (Ethics Commission Filers)
----------------------------------	-------------------------------------	---------------------------------------

4 Date 03/09/2019	5 Payee name AMAZON.COM
----------------------	----------------------------

6 Amount (\$) 71.94	7 Payee address; City; State; Zip Code PO BOX 81226, SEATTLE, WA 98108-1226
------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ZIP TIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/12/2019	Payee name BLUE RIBBON TROUSERS
--------------------	------------------------------------

Amount (\$) 21.65	Payee address; City; State; Zip Code 7632, 2915 W 15TH ST, PLANO, TX 75075
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) NAME TAG	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/12/2019	Payee name SPICE BAZZAR
--------------------	----------------------------

Amount (\$) 29.23	Payee address; City; State; Zip Code 4681 OHIO DR #105, FRIEDRICH, TX 75035
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SNACKS FOR VOLUNTEERS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME MUNIRAJ JANAGARAJAN	3 Filer ID (Ethics Commission Filers)
----------------------------------	-------------------------------------	---------------------------------------

4 Date 03/12/2019	5 Payee name ANDYS
----------------------	-----------------------

6 Amount (\$) 52.00	7 Payee address; City; State; Zip Code 9310 LEBANON RD, PRISW, TX 75035
------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD FOR VOLUNTEERS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/14/2019	Payee name DFW INDIA INC
--------------------	-----------------------------

Amount (\$) 299.00	Payee address; City; State; Zip Code 8668 JOHN HICKMAN PARKWAY, UNIT 907 PRISW, TX 75034
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/17/2019	Payee name STIK 2 IT. COM
--------------------	------------------------------

Amount (\$) 139.51	Payee address; City; State; Zip Code 925 STABLERSVILLE RD PARLTON, MD 21120
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) STICKY NOTES PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 10	2 FILER NAME MUNIRAJ JANA GARAJAN	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------------	---------------------------------------

4 Date 03/17/2019	5 Payee name TRACTOR SUPPLY
----------------------	--------------------------------

6 Amount (\$) 597.15	7 Payee address; City; State; Zip Code 3350 N. CENTRAL EXPY, US75, MCKINNEY, TX 75071
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) T-POSTS ZIPTIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/17/2019	Payee name JUAN BARRIOS
--------------------	----------------------------

Amount (\$) \$350.00	Payee address; City; State; Zip Code 902 W SHADY GROVE #14 GRAND PRAIRIE, TX 75050
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR TO PUT SIGNS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/31/2019	Payee name PAYPAL
--------------------	----------------------

Amount (\$) 29.64	Payee address; City; State; Zip Code 2211 NORTH FIRST ST, SAN JOSE, CA 95131
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PAYMENT FEE FROM POL. CONTRIBUTION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 10	2 FILER NAME MUNIRAS JANA GARAJAN	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------------	---------------------------------------

4 Date 04/02/2019	5 Payee name FACEBOOK
----------------------	--------------------------

6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025
------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING FEE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 04/03/2019	Payee name FACEBOOK
--------------------	------------------------

Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 04/03/2019	Payee name FACEBOOK
--------------------	------------------------

Amount (\$) 25.00	Payee address; City; State; Zip Code 1, HACKER WAY, MENLO PARK, CA 94025
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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: 10	2 FILER NAME MUNIRAJ JANAGARAJAN	3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2019	5 Payee name COMMUNITY IMPACT NEWSPAPER	
6 Amount (\$) 1280.00	7 Payee address; City; State; Zip Code 3600 E. PALM VALLEY BLVD, Box 3 ROUND ROCK, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <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	
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
	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
	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
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED