

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) N/A local
2 Total pages filed 9		OFFICE USE ONLY Date Received APR 07 2022 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs FIRST Kelly MI L NICKNAME LAST Karthik SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 909 Touchstone Rd, Frisco, TX 75036 APT / SUITE # CITY STATE ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (217) PHONE NUMBER 721-4932 EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr FIRST Vijay MI NICKNAME LAST Karthik SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) 909 Touchstone Rd, Frisco, TX 75036 APT / SUITE # CITY STATE ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (217) PHONE NUMBER 721-4832 EXTENSION	
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 (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 01 22 03 28 22	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 05 07 22 General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FISD Board of Trustees Pl - 2
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 COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2		

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Kelly Karthik		16 Filer ID (Ethics Commission Filers) N/A Local	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$	785.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	4940.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	785.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4000

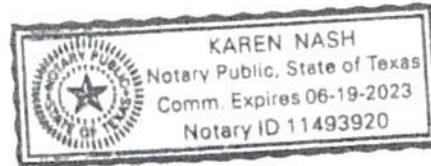
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kelly Karthik
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

State of Texas
County of Collin
NOTARY STAMP/SEAL



Sworn to and subscribed before me by Kelly Karthik this the 7th day of April, 2022, to certify which, witness my hand and seal of office

Karen Nash Karen Nash 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 Kelly Karthik		20 Filer ID (Ethics Commission Filers) N/A Local
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 785.66
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	■ SCHEDULE E: LOANS	\$ 4000
5	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4940.31
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$
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	\$

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 3
2 FILER NAME Kelly Karthik		3 Filer ID (Ethics Commission Filers) NA LOCAL
4 Date 01/05/2022	5 Full name of contributor David Smith <small>out-of-state PAC ID# _____</small>	7 Amount of contribution (\$) 100
	6 Contributor address City State Zip Code 101 E Park Blvd, #600, Plano TX 75074	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2022	Full name of contributor Sharon Stark <small>out-of-state PAC ID# _____</small>	Amount of contribution (\$) 20.22
	Contributor address City State Zip Code 9818 Bell Rock Rd, Frisco TX 75035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2022	Full name of contributor Misty Hook <small>out-of-state PAC ID# _____</small>	Amount of contribution (\$) 100
	Contributor address City State Zip Code 1543 Timber Edge Dr, McKinney TX 75072	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2022	Full name of contributor Catherine Lustgarten <small>out-of-state PAC ID# _____</small>	Amount of contribution (\$) 100
	Contributor address City State Zip Code 7380 Stonebook Pkwy, Frisco TX 7034	
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

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 3
2 FILER NAME Kelly Karthik		3 Filer ID (Ethics Commission Filers) NIA LOCAL
4 Date 02/24/2022	5 Full name of contributor <small>out-of-state PAC ID# _____</small> Michelle Ingalls 6 Contributor address, City, State Zip Code 9414 Shirland Ln, Frisco TX 75035	7 Amount of contribution (\$) 22.22
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2022	Full name of contributor <small>out-of-state PAC ID# _____</small> Sanford Thatcher Contributor address, City, State Zip Code 8201 Edgewater Dr, Frisco, TX 75034	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2022	Full name of contributor <small>out-of-state PAC ID# _____</small> Balaji Ramanan Magalingam Contributor address, City, State Zip Code 9484 Robinwoods Dr, Frisco TX 75035	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2022	Full name of contributor <small>out-of-state PAC ID# _____</small> Delight Hogan Contributor address, City, State Zip Code 15329 Ridgewood Dr, Frisco, TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 3
2 FILER NAME Kelly Karthik		3 Filer ID (Ethics Commission Filers) N/A local
4 Date 03/24/2022	5 Full name of contributor Michelle Ingalls <small>out-of-state PAC ID# _____</small>	7 Amount of contribution (\$) 22.22
	6 Contributor address 9414 Shirland Ln, Frisco TX 75035 <small>City State Zip Code</small>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/26/2022	Full name of contributor Tom Metcalfe <small>out-of-state PAC ID# _____</small>	Amount of contribution (\$) 201.00
	Contributor address 3941 Legacy Drive, #204, Plano TX 75023 <small>City State Zip Code</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2022	Full name of contributor Randy Shoults <small>out-of-state PAC ID# _____</small>	Amount of contribution (\$) 20.00
	Contributor address 9937 Bell Rock Rd, Frisco, TX 75035 <small>City State Zip Code</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC ID# _____</small>	Amount of contribution (\$)
	Contributor address <small>City State Zip Code</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 Schedule E: 1
2 FILER NAME Kelly Karthik		3 Filer ID (Ethics Commission Filers) NA Local
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/17/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (PAC) _____ Vijay Karthik	9 Loan Amount (\$) 4000
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address: City State Zip Code 909 Touchstone Rd, Frisco TX 75036	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions) N/A
14 Description of Collateral: <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 (PAC) _____	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> 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	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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Scrivator/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Parking 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 2		2 FILER NAME Kelly Karthik		3 Filer ID (Ethics Commission Filers) NA Local	
4 Date 01/02/2022		5 Payee name Minuteman Press Frisco			
6 Amount (\$) 54.23		7 Payee address 8200 Stonebrook Pkwy, Ste 107, Frisco TX 75034			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description		
	(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					
Date 01/10/2022		Candidate / Officeholder name Minuteman Press Frisco			
Amount (\$) 253.79		Payee address 8200 Stonebrook Pkwy, Ste 107, Frisco TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		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 02/20/2022		Payee name Printsoncheap			
Amount (\$) 3680.07		Payee address 11525A Stonehollow Dr, Ste100, Austin TX 78758			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		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					

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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 | 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 2	2 FILER NAME Kelly Karthik	3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2022	5 Payee name Texas Democratic Party	
6 Amount (\$) 900.00	7 Payee address, City, State, Zip Code PO Box 15707, Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation	(b) Description
	(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 03/14/2022	Payee name Barney's Brunch House	
Amount (\$) 52.22	Payee address, City, State, Zip Code 5480 FM 423 #700, Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev 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
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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