

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1. Form ID: 2025-03-01-001

2. Total Page Count: 1

3 CANDIDATE / OFFICEHOLDER NAME	MR. MRS. MS.	FIRST	MI.	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (NO PO BOX PLEASE)	CITY	STATE	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
6 CAMPAIGN TREASURER NAME	MR. MRS. MS.	FIRST	MI.	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	

Date Reported	4/3/25
Date of Election	4/3/25
Date Reported	4-3-25
Date of Election	4-3-25

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) | APT. / SUITE # | CITY | STATE | ZIP CODE

6869 Shadow Glen Dr, Frisco, TX 75035

Residence or Business:

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(972) | 9003404

9 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officer Use Only)
 July 15
 80th day before election
 Extended Modified Reporting Limit
 Final Report (After C/OH Filing)

10 PERIOD COVERED

Month | Day | Year | THROUGH | Month | Day | Year

1 | 17 | 25 | THROUGH | 4 | 3 | 25

11 ELECTION

ELECTION DATE: Month | Day | Year

5 | 3 | 25

ELECTION TYPE:

 Primary Runoff Other (Description: Municipal)

 General Special

12 OFFICE: OFFICE TITLE (If any)

13 OFFICE SOURCE (If known): Frisco ISD Board of Trustees - Place 1

14 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
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Muniraj Janagarajan

16 Election District Number: _____

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 180.00
	4	TOTAL POLITICAL EXPENDITURES	\$ 10,153.59
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 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 or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP, SEAL

Sworn to and subscribed before me by Muniraj Janagarajan this the 3rd day of April 2025, to 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 _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (FFB) (FFC) (FFD) (FFE) (FFG) (FFH) (FFI) (FFJ) (FFK) (FFL) (FFM) (FFN) (FFO) (FFP) (FFQ) (FFR) (FFS) (FFT) (FFU) (FFV) (FFW) (FFX) (FFY) (FFZ)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 20,000
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10,153.59
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: 5 (Schedule E)
2 FILER NAME Muniraj Janagarajan						3 Filer ID (Texas Commission Filers)
4 TOTAL OF UNITEMIZED LOANS						\$
5 Date of loan		7 Name of lender <input type="checkbox"/> out-of-state PAC (DR)			9 Loan Amount (\$)	
01/17/2025		Muniraj Janagarajan			20,000.00	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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			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 (DR)			Loan Amount (\$)	
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" 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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX B(a)

- Advertising Expense
- Travel Expense
- Transportation Expense
- Telephone Expense
- Postage Expense
- Printing Expense
- Information Technology Expense
- Professional Fees
- Legal Expense
- Contractor Expense
- Other Expense

The Instruction Guide explains how to complete this form.

1. Total Expenditures: **2/5** 2. FILER NAME: **MUNIRAJ JANAGARAJAN** 3. Filer ID: _____

4. Date: **03/11/2025** 5. Payee name: **GO DADDY**

6. Amount (\$): **498.12** 7. Payee address: **100 SMILL AVE SUITE 1600** City: **TEMPE** State: **AZ** Zip Code: **85281**

8. PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** (b) Description: **WEBSITE**

9. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **03/10/2025** Payee name: **COMMUNITY IMPACT**

Amount (\$): **623.94** Payee address: **JG MEDIA PO BOX 224423** City: **DALLAS** State: **TX** Zip Code: **75222**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Description: **PRINT MEDIA**

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **03/12/2025** Payee name: **COMMUNITY IMPACT**

Amount (\$): **311.97** Payee address: **JG MEDIA PO BOX 224423** City: **DALLAS** State: **TX** Zip Code: **75222**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Description: **WEBSITE AD**

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)

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> Activities of Candidate Activities of Candidate's Campaign Activities of Candidate's Campaign Committee Activities of Candidate's Campaign Committee Activities of Candidate's Campaign Committee | <ul style="list-style-type: none"> Political Expense Fees Fixed Telephone Expense Gift Accounts/Membership Expense Legal Services | <ul style="list-style-type: none"> Direct Repayment of Loans/Overpayment Direct Payment of Political Expense Direct Payment Printing Expense Travel/Mileage/Contract Labor | <ul style="list-style-type: none"> Direct Payment of Political Expense Direct Payment of Political Expense Direct Payment of Political Expense Direct Payment of Political Expense Direct Payment of Political Expense |
|---|--|---|---|

The Instruction Guide explains how to complete this form

1. Tax year beginning on: 3/15	2. FILER NAME: MUNIRAJ JINAGARAJAN	3. FILER ID: (SEE INSTRUCTIONS)
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4. Date: 03/17/2025	5. Payee name: COMMUNITY IMPACT
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6. Amount (\$): 2542.46	7. Payee address: JG MEDIA POBOX 2244 23	City: DALLAS	State: TX	Zip Code: 75222
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8. PURPOSE OF EXPENDITURE	(a) Category: (See categories used at that, if this is checked)	(b) Description: IN-PAPER / WEBSITE AD
	(c) Check if Austin, TX, off-in-state living expense	

9. Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name:	Office sought:	Office held:
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Date: 02/26/2025	Payee name: FIRST GRAPHICS
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Amount (\$): 554.24	Payee address: 229 GARVON ST	City: GARLAND	State: TX	Zip Code: 75040
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PURPOSE OF EXPENDITURE	Category: (See categories used at that, if this is checked)	Description: YARD SIGNS
	Check if Austin, TX, off-in-state living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name:	Office sought:	Office held:
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Date: 3/11/2025	Payee name: FIRST GRAPHICS
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Amount (\$): 525.82	Payee address: 229 GARVON ST	City: GARLAND	State: TX	Zip Code: 75040
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PURPOSE OF EXPENDITURE	Category: (See categories used at that, if this is checked)	Description: YARD SIGNS
	Check if Austin, TX, off-in-state living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name:	Office sought:	Office held:
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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
- Automobile Operating Costs
- Charitable Contribution
- Contributions Made By Candidate/Political Committee
- Contributions
- Gift Tax Expense
- Gifts
- Food/Beverage Expense
- Gifts/Events/Memorials Expense
- Legal Expenses
- Limousine/Travel Expense
- Office/Personal/Travel Expense
- Printing Expense
- Political Wages/Expenses/Staff
- Political/Travel/Personal Expense
- Transportation Expense/Hotel/Travel/Meals
- Travel Expense
- Travel/Travel/Personal
- Other Personal Categories/Personal

The Instruction Guide explains how to complete this form

1 Total pages of Report G 5/5	2 FILER NAME MUNIDAS JAYAGARAJAN	3 Filer ID (EPCID, Commission F. ID)
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4 Date 03/25/2025	5 Payee name THOMAS DAN STRICKLIN
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6 Amount (\$) 1174.00 <small>(Amount must be reported with this form)</small>	7 Payee address 856 CRYSTAL LAKE DR	City FRUO	State TX	Zip Code 75034
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PURPOSE OF EXPENDITURE	(a) Category (Use Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description MARKETING
	(c) <input type="checkbox"/> Check to have no net Texas Complete Schedule 1	<input type="checkbox"/> Check if Austin, TX, off-holder being expense

9 Candidate / Officeholder name	Office sought	Office held
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Date 03/31/2025	Payee name MUNIDAS JAYAGARAJAN THOMAS DAN STRICKLIN
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Amount (\$) 1229.50 <small>(Amount must be reported with this form)</small>	Payee address 856 CRYSTAL LAKE DR	City FRISCO	State TX	Zip Code 75034
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PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MARKETING
	<input type="checkbox"/> Check to have no net Texas Complete Schedule 1	<input type="checkbox"/> Check if Austin, TX, off-holder being expense

Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <small>(Amount must be reported with this form)</small>	Payee address	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check to have no net Texas Complete Schedule 1	<input type="checkbox"/> Check if Austin, TX, off-holder being expense

Candidate / Officeholder name	Office sought	Office held
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