

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

MRS RANGOLI

NICKNAME LAST SUFFIX

MATHUR

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

[REDACTED] CARROLLTON TX 75007

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

[REDACTED]

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

MR RAJESH

NICKNAME LAST SUFFIX

BALAKRISHNAN

7 CAMPAIGN
TREASURER
ADDRESS

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

[REDACTED] CARROLLTON TX 75007

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

[REDACTED]

9 REPORT TYPE

- January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officeholder Only)
 July 15
 6th day before election
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
 04 / 03 / 2025 THROUGH 04 / 25 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description: MUNICIPAL

05 / 03 / 2025 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CFBISD SCHOOL BOARD TRUSTEE

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

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

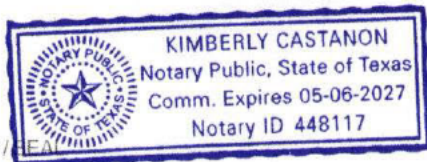
15 C/OH NAME RANGOLI MATHUR		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1397.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2365.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$ 963.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$ 500.00

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.

Rangoli Mathur
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rangoli Mathur this the 25th day of April, 2025, to certify which, witness my hand and seal of office.
Kimberly Castanon Kimberly Castanon Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is RANGOLI MATHUR and my date of birth is 11/14/1979
 My address is [REDACTED] CARROLLTON TX 75007 USA
 (street) (city) (state) (zip code) (country)
 Executed in DALLAS County, State of TX on the 25th day of APRIL, 2025
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <p style="text-align: center; font-size: 1.2em;">RANGOLI MATHUR</p>	20 Filer ID (Ethics Commission Filers)
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		21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/>	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 410.00
2	<input checked="" type="checkbox"/>	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 987.87 2365.50
3	<input type="checkbox"/>	SCHEDULE B PLEDGED CONTRIBUTIONS	\$
4	<input type="checkbox"/>	SCHEDULE E LOANS	\$
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 checked="" type="checkbox"/>	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2365.50
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 IN FUNDS 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 **2**

2 FILER NAME

RANGOLI MATHUR

3 Filer ID (Ethics Commission Filers)

4 Date

04-03-2025

5 Full name of contributor

KENNETH KENWORTHY

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address

City,

State,

Zip Code

CARROLLTON TX 75007

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04 04 2025

Full name of contributor

AMANDA NAUERT

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 50.00

Contributor address

City

State

Zip Code

CARROLLTON TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-04-2025

Full name of contributor

JLA MANUJ

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 25.00

Contributor address

City

State

Zip Code

COPPELL TX 75019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-07-2025

Full name of contributor

MARY PATTON

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 50.00

Contributor address

City,

State

Zip Code

DALLAS, TX 75234

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 **2**

2 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

2 FILER NAME

RANGOLI MATHUR

4 Date

04-08-2025

5 Full name of contributor

SARAH AMOND

6 Contributor address

CARROLLTON TX 75006

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04-08-2025

Full name of contributor

TATJANA PROFFITT

Contributor address

IRVING TX 75039

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-08-2025

Full name of contributor

DIDEM MIZE

Contributor address

CARROLLTON TX 75006

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-11-2025

Full name of contributor

AARON SEITZ

Contributor address

CARROLLTON TX 75006

Amount of contribution (\$)

\$ 10.00

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2 2	
2 FILER NAME RANGOLI MATHUR		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 247.02 987.87	
5 Date 04 16 2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC filer LISA SUTTER	8 Amount of Contribution \$ \$102.70	9 In-kind contribution description PRINTING
7 Contributor address, City State Zip Code [REDACTED] CARROLLTON TX 75006		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 04 21 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC filer LISA SUTTER	Amount of Contribution \$ \$144.33	In-kind contribution description PRINTING
Contributor address, City State Zip Code [REDACTED] CARROLLTON TX 75006		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
Principal occupation / job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2 2	
2 FILER NAME RANGOLI MATHUR		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4 9 25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (if # _____) BRADY BARNETT	8 Amount of Contribution \$ \$740.84	9 In-kind contribution description PRINTING
7 Contributor address, City, State, Zip Code [REDACTED] CARRALLTON TX 75006		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (if # _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address, City, State, Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
Principal occupation / Job title (FOR NON JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Bookkeeping	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made by Candidate/Officeholder/Political Committee	Gift/Awards/Memorial Expense	Political Expense	Travel Out Of District
Credit Card Payment	Legal Services	Other (enter a category not listed above)	

The Instruction Guide explains how to complete this form

1 Total pages Schedule G 2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 04-25-2025	5 Payee name GOOGLE WORKSPACE BUSINESS PLUS	
6 Amount (\$) \$49.50 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City State Zip Code 1600 AMPHITHEATRE MOUNTAIN VIEW CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EMAIL	(b) Description CAMPAIGN EMAIL
	<input type="checkbox"/> Check if travel outside of Texas (Form 1 Schedule I)	<input type="checkbox"/> Check if a personal officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04-09-2025	Payee name DFW DIRECT MARKETING	
Amount (\$) \$ 2222.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City State Zip Code 931 CUSTER RD RICHARDSON TX 75080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description MAILERS
	<input type="checkbox"/> Check if travel outside of Texas (Form 1 Schedule I)	<input type="checkbox"/> Check if a personal officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04-07-2025	Payee name THE UPS STORE	
Amount (\$) \$ 63.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City State Zip Code 3108 OLD DENTON RD CARROLLTON TX 75007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description FLYERS
	<input type="checkbox"/> Check if travel outside of Texas (Form 1 Schedule I)	<input type="checkbox"/> Check if a personal 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 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	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/Memorabilia 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 G 2	2 FILER NAME RANGOLI MATHUR	3 Filer ID (Ethics Commission Filers)
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4 Date 4.9.2025	5 Payee name BANK OF AMERICA
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6 Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, 222 BROADWAY	City, NEW YORK	State, NY	Zip Code 10038
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WIRE TRANSFER FOR MAILERS.
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address,	City	State	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address,	City	State	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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