

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Raj</b> LAST	MI  SUFFIX
<b>Narayanan</b>			<b>OFFICE USE ONLY</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4517 Goodfellow Dr. Dallas, TX 75229</b>		Date Received  Date Hand-delivered or Date Postmarked  Receipt #  Amount  Date Processed  Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(469)</b>	PHONE NUMBER <b>831 9170</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Michael</b> LAST	MI <b>H</b> SUFFIX
<b>Morath</b>			<div style="border: 1px solid black; padding: 2px;">                 CITY SECRETARY                  DALLAS, TEXAS                  2008 JUL 30 AM 10:51                  RECEIVED                  FILED                  100             </div>
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>5533 Winton St. Dallas TX 75206</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>629 8927</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 <b>04 / 16 / 08</b>		THROUGH    Month    Day    Year <b>07 / 15 / 08</b>
11 ELECTION	ELECTION DATE Month    Day    Year <b>  /  /  </b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>District 13 City Council Seat</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name  Address / PO Box; Apt. / Suite #; City; State; Zip Code		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 255.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3920.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

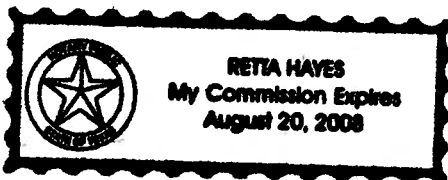
\$ 4175.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 20000.00

19 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raj Narayanan, this the 28th day of July, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath 00002

085036

POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME *Raj Narayanan* 3 ACCOUNT # (Ethics Commission filers)

4 Date *6/8/08* 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *Mike Morath*  
6 Contributor address; City; State; Zip Code *5533 Winton St. Dallas, TX 75206*  
7 Amount of contribution (\$) *1000-* 8 In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) *Business Owner / ET* 10 Employer (See Instructions) *Minute Menu*

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) \_\_\_\_\_  
Contributor address; City; State; Zip Code \_\_\_\_\_  
Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions) \_\_\_\_\_

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) \_\_\_\_\_  
Contributor address; City; State; Zip Code \_\_\_\_\_  
Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions) \_\_\_\_\_

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) \_\_\_\_\_  
Contributor address; City; State; Zip Code \_\_\_\_\_  
Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions) \_\_\_\_\_

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) \_\_\_\_\_  
Contributor address; City; State; Zip Code \_\_\_\_\_  
Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions) \_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements  
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Raj Narayanan for District 13 Campaign Bank Statement-Fund Raising

<b>Name</b>	<b>Address</b>	<b>amt</b>
Mike Morath	5533 Winton St. Dallas, TX 75206	\$1,000.00
Andrew Jee	6218 Lakehurst Ave Dallas, TX 75230	\$250.00
V. Scott Ellis	1613 Knoll Wood Ct. Frisco TX 75034	\$100.00
Kastl Law P.C.	4144 N. Central Expwy Ste: 640 Dallas TX 75204	\$100.00
Mike Dietz		\$20.00
Habib Khan	3547 Ridge Oak Way Dallas, TX 75234	\$100.00
Chris Thompson		\$250.00
Chris Boyd	6226 Mercedes Ave. Dallas, TX 75214	\$1,000.00
Jeff Slakter		\$100.00
Naresh Narayanan		\$1,000.00
<b>Total</b>		<b>\$3,920.00</b>

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

2 FILER NAME

Raj Narayanan

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6/1/08

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Felix Lozano

7 Pledgor address; City; State; Zip Code

Frisco, TX

8 Amount of pledge (\$)

1000 -

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

5/10/08

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Corbett Nichter

Pledgor address; City; State; Zip Code

S. Lake, TX

Amount of pledge (\$)

1000 -

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Raj Narayanan</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <i>5/15/08</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>V. Raj Narayanan</i>	9 Loan Amount (\$) <i>20000 -</i>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address;   City;   State;   Zip Code <i>4517 Goodfellow Dr Dallas, TX 75229</i>	10 Interest rate <i>2%</i>
		11 Maturity date <i>5/15/13</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	16 Name of guarantor  ..... 17 Guarantor address;   City;   State;   Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
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		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

None

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name ..... 6 Payee address; City; State; Zip Code	8 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	

*None*

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

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*None*

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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

*Done*

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	