

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |   | <b>1 Filer ID (Ethics Commission Filers)</b>  | <b>2 Total pages filed:</b><br><span style="font-size: 1.5em; margin-left: 100px;">27</span> |  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                | MS / MRS / MR   | FIRST<br><b>Farha</b>   | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><span style="font-size: 1.5em;">04/26/18</span><br><br><span style="font-size: 1.5em;">RLH</span><br><br><span style="font-size: 1.5em;">4:18 p.m.</span> |  |
|   | NICKNAME  | LAST<br><b>Ahmed</b>  | SUFFIX   |  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |   |  |  |  |
|   |   |   |  |  |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                               | AREA CODE   | PHONE NUMBER  | EXTENSION  |  |  |
|   |   |   |  |  |  |
| <b>6 CAMPAIGN TREASURER NAME</b>                                      | MS / MRS / MR   | FIRST<br><b>Dianne</b>  | MI   | Date Hand-delivered or Date Postmarked<br><br><hr style="width: 50%; margin: 0 auto;"/>  |  |
|   | NICKNAME  | LAST<br><b>Wilson</b>   | SUFFIX   |  |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)        |   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |  |  |
|   |   |   |  |  |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                     | AREA CODE   | PHONE NUMBER  | EXTENSION  |  |  |
|   |   |   |  |  |  |
| <b>9 REPORT TYPE</b>  | <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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |  |  |  |
| <b>10 PERIOD COVERED</b>  | Month    Day    Year<br><b>03 / 27 / 2018</b>   |   | THROUGH  | Month    Day    Year<br><b>04 / 25 / 18</b>  |  |
| <b>11 ELECTION</b>  | ELECTION DATE   |   | ELECTION TYPE  |  |  |
|   | Month    Day    Year<br><b>05 / 05 / 18</b>   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special | Uniform election - May   |  |  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  |   | <b>13 OFFICE SOUGHT (if known)</b>   |  |  |
|   |   | <b>Sugar Land City Council - At Large Position 2</b>  |  |  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME** Farha Ahmed

**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

GENERAL

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

\$ /

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

\$ 13,850.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ /

4. TOTAL POLITICAL EXPENDITURES

\$ 20,676.03

**CONTRIBUTION  
BALANCE**

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

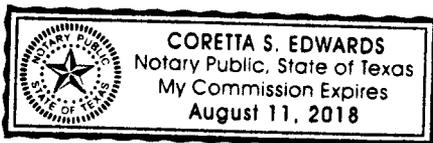
\$ 11,204.31

**OUTSTANDING  
LOAN TOTALS**

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

\$ 5,000.00

**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.

*F Ahmed*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said FARHA AHMED, this the 26<sup>th</sup> day of April, 20 18, to certify which, witness my hand and seal of office.

*Coretta Edwards*  
Signature of officer administering oath

CORETTA EDWARDS  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

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

|   |  |   |
|---|--|---|
| <b>19 FILER NAME</b><br><br>Farha Ahmed   |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  |  | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |  | \$ 13,850.00                                  |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |  | \$ 3,805.00                                   |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   |  | \$  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    |  | \$ 20,676.03                                  |
| 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:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.07.18

5 Full name of contributor

Tamwir Badar

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

04.07.18

Full name of contributor

Yousuf Zakaria

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

04.07.18

Full name of contributor

Asif Ehsan

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

Tahir H. Bhatti

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

**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

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1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.07.18

5 Full name of contributor

TARIQ ZAKA

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

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

self employed

Date

04.07.18

Full name of contributor

Ibrahim + Connie Khawaja

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

self emp.

Date

04.07.18

Full name of contributor

Wajid A. Khan

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self employed

Date

04.07.18

Full name of contributor

David Haider

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

TSU

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

3.28.18

5 Full name of contributor

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

FARHANA SWATI

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Park Oil

Date

4.04.18

Full name of contributor

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

Sabhal Sheikh

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

CCO

Employer (See Instructions)

Cybertech

Date

4.06.18

Full name of contributor

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

Sajjad + Naila Burki

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

LAIQUE REHMAN

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.03.18

5 Full name of contributor

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

Yasmin Kutty

6 Contributor address;

City; State; Zip Code

[Redacted]

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self-employed

Date

04.03.18

Full name of contributor

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

Nazlin + Richard P. Pflley

Contributor address;

City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

03.31.18

Full name of contributor

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

Ilyas Choudry

Contributor address;

City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

IHRD

Date

03.31.18

Full name of contributor

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

Sardar Q Imam

Contributor address;

City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Project mgr

Employer (See Instructions)

IBM

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.06.18

5 Full name of contributor

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

Sarmad Adnan

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

Sadaf Patel

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Housewife

Employer (See Instructions)

Date

04.09.18

Full name of contributor

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

Ira + Hillary Goldstein

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Technician

Employer (See Instructions)

Housewife /  
~~SE~~ Methodist Hosp. System

Date

04.10.18

Full name of contributor

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

PATRICIA HOUCK

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

FLORIST / Sm. Bus. Owner

Employer (See Instructions)

Self-employed

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.07.18

5 Full name of contributor

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

Dr Ashraf Abbasi

7 Amount of contribution (\$)

\$/ 250.00

6 Contributor address;

City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Date

04.07.18

Full name of contributor

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

Haroon Moghal

Amount of contribution (\$)

\$/ 350.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

Saeed Sheikh

Amount of contribution (\$)

\$/ 450.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

Javed Anwar

Amount of contribution (\$)

\$/ 1500.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Businessman

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.07.18

5 Full name of contributor

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

Tashfeen Rabbani

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

Rehman Motow

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

Date

04.07.18

Full name of contributor

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

Ed Krenck

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

Yaqub Sheikh

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.10.18

5 Full name of contributor

Asad Abbasi

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Insurance Agent

9 Employer (See Instructions)

Date

04.10.18

Full name of contributor

Saifuddin Ali Sohani

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

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

Date

04.07.18

Full name of contributor

Asaad Siddiqui

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

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04.07.18

Full name of contributor

Barbar Khan

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

Amount of contribution (\$)

\$/ 100.00

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.12.18

5 Full name of contributor

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

Gregory Kramer

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04.21.18

Full name of contributor

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

Asif Ali Sayyed

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

Date

04.11.18

Full name of contributor

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

Gagan Khan

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04.19.18

Full name of contributor

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

Billy Atkinson

Amount of contribution (\$)

\$ 100.00

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:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.07.18

5 Full name of contributor

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

Mohammad A Janjua

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

Abdur Raut Khan

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

04.07.18

Full name of contributor

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

Khalida Mian

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Housewife

Date

04.07.18

Full name of contributor

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

Mumtaz Khan

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.07.18

5 Full name of contributor

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

Sardar Sohrah Alam

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

P. J. Swah

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

Farida and Akhtar Abdullah

Amount of contribution (\$)

\$ 150.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See instructions)

Businessman

Date

04.07.18

Full name of contributor

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

Ghulam Murkaza + Fahima F. Ali

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.07.18

5 Full name of contributor

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

Mahmood Ahmad

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Retail

9 Employer (See Instructions)

Self employed

Date

04.07.18

Full name of contributor

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

Rubina Rauf

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Housewife

Employer (See Instructions)

Date

04.07.18

Full name of contributor

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

Pervez Iqbal

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

Date

04.07.18

Full name of contributor

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

Omar Khawaja

Amount of contribution (\$)

\$ 300.00

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self-employed

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: 14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.07.18

5 Full name of contributor

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

Nasir Ali Abbasi

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Deputy Sheriff

9 Employer (See Instructions)

Harris County

Date

04.07.18

Full name of contributor

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

Abdul Jabbar

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Finance Director

Employer (See Instructions)

self-employed

Date

04.08.18

Full name of contributor

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

John Healey For DA Campaign

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

DISTRICT ATTORNEY

Employer (See Instructions)

FORT BEND COUNTY

Date

04.09.18

Full name of contributor

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

Shoukat Ali Dhanani

Amount of contribution (\$)

\$ 2500.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

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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:

14

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

04.25.18

5 Full name of contributor

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

Muhammad Shaikh

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$ 200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04.17.18

Full name of contributor

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

PARIN HABIB + Imran Charania

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04.24.18

Full name of contributor

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

Stewart + Sharon Jacobson

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Financial Advisor / Bus. Woman - Education

Employer (See Instructions)

Dearborn + Creggs

Date

04.20.18

Full name of contributor

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

William E. Forman

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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If contributor 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  | 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:<br><b>7</b>                       | 2 FILER NAME<br><b>Farha Ahmed</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>04.25.18</b>                                    | 5 Payee name<br><b>Drogin Group</b>   |                                       |
| 6 Amount (\$)<br><b>\$9,100.00</b>                           | 7 Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>   |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising / marketing Expense / Consulting website</b>   |                                       |
|  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Facebook ads / messaging / design / content of matters.</b> |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |                                       |
| Date<br><b>4.21.18</b>                                       | Candidate / Officeholder name<br><b>Ashraf Abbasi</b>   |                                       |
| Amount (\$)<br><b>\$2,000.00</b>                             | Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>   |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  |                                       |
|  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>media</b>   |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |                                       |
| Date   | Candidate / Officeholder name   |                                       |
| Amount (\$)  | Payee address; City; State; Zip Code  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)  |                                       |
|  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense   |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |                                       |
| Date   | Candidate / Officeholder name   |                                       |
| Amount (\$)  | Payee address; City; State; Zip Code  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)  |                                       |
|  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense   |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |                                       |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 6(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: <u>7</u> |  | 2 FILER NAME<br>Farha Ahmed   |   | 3 Filer ID (Ethics Commission Filers) |                                |
| 4 Date<br>3/30/18                   |  | 5 Payee name<br>Right On The Money  |   |                                       |                                |
| 6 Amount (\$)<br>\$ 79.69           |  | 7 Payee address; City; State; Zip Code<br><div style="background-color: black; width: 100%; height: 20px;"></div> |   |                                       |                                |
| 8<br><b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense |   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>DATA LIST      |                                       |                                |
|                                     | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                         |   | Candidate / Officeholder name   |                                       | Office sought      Office held |
| Date<br>3/27/18                     |  | Payee name<br>Thomas Graphics   |   |                                       |                                |
| Amount (\$)<br>\$ 1,524.10          |  | Payee address; City; State; Zip Code<br><div style="background-color: black; width: 100%; height: 20px;"></div>   |   |                                       |                                |
| <b>PURPOSE OF EXPENDITURE</b>       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  |   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postage - Mailer 1 |                                       |                                |
|                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                           |   | Candidate / Officeholder name   |                                       | Office sought      Office held |
| Date<br>4.6.18                      |  | Payee name<br>Thomas Graphics   |   |                                       |                                |
| Amount (\$)<br>\$ 850.36            |  | Payee address; City; State; Zip Code<br><div style="background-color: black; width: 100%; height: 20px;"></div>   |   |                                       |                                |
| <b>PURPOSE OF EXPENDITURE</b>       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  |   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postage - Mailer 2 |                                       |                                |
|                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                           |   | Candidate / Officeholder name   |                                       | Office sought      Office held |

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# 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 | GR/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:<br><b>7</b> | 2 FILER NAME<br><b>Farha Ahmed</b>   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>4.22.18</b>               | 5 Payee name<br><b>OFFICE DEPOT</b>  |   |
| 6 Amount (\$)<br><b>\$ 22.23</b>       | 7 Payee address; City; State; Zip Code<br><b>[REDACTED]</b>  |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b>     | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>copies of flyer</b> |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |   |
| Date<br><b>4.22.18</b>                 | Payee name<br><b>Teacake Factory</b>   |   |
| Amount (\$)<br><b>\$ 125.00</b>        | Payee address; City; State; Zip Code<br><b>[REDACTED]</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>          | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Food + Drinks</b>       |
|  | Candidate / Officeholder name: _____ Office sought: _____ Office held: _____   |   |
| Date<br><b>4.24.18</b>                 | Payee name<br><b>Cost Co</b>   |   |
| Amount (\$)<br><b>\$ 15.99</b>         | Payee address; City; State; Zip Code<br><b>[REDACTED]</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>          | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>cookies</b>             |
|  | Candidate / Officeholder name: _____ Office sought: _____ Office held: _____   |   |

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# 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>7    | <b>2</b> FILER NAME<br>Farha Ahmed   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03.27.18                 | <b>5</b> Payee name<br>Anedot  |  |
| <b>6</b> Amount (\$)<br>\$ 95.70          | <b>7</b> Payee address; City; State; Zip Code  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fee - on line program                               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense                   |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |
| Date<br>03.30.18                          | Payee name<br>OFFICE DEPOT   |  |
| Amount (\$)<br>\$ 36.00                   | Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>                |  |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See Categories listed at the top of this schedule)<br><del>OFFICE DEPOT</del><br>ADVERTISING                         | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flyer Copies              |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |
| Date<br>04.02.18                          | Payee name<br>Office Depot   |  |
| Amount (\$)<br>\$ 1.32                    | Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>                |  |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See Categories listed at the top of this schedule)<br>Advertising  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flyer Copies - Self Serve |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |

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# 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: <b>2</b>                   |  | 2 FILER NAME<br><b>Farha Ahmed</b>   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><b>04.19.18</b>                             |  | 5 Payee name<br><b>Clients Now</b>   |  |   |  |
| 6 Amount (\$)<br><b>\$1200.00</b>                     |  | 7 Payee address; City; State; Zip Code<br>   |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br><b>OTHER</b>           |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>web site design/maintenance</b> |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br><b>04.21.19</b>                               |  | Payee name<br><b>VOTER TROVE, Inc.</b>   |  |   |  |
| Amount (\$)<br><b>\$555.90</b>                        |  | Payee address; City; State; Zip Code<br>   |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><b>OTHER</b>               |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Data / Mail + email</b>             |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br><b>04.16.18</b>                               |  | Payee name<br><b>FAST Signs</b>  |  |   |  |
| Amount (\$)<br><b>\$138.56</b>                        |  | Payee address; City; State; Zip Code<br>   |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><b>Advertising - Signs</b> |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Polling Locations</b>               |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |

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# 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><i>7</i> | <b>2</b> FILER NAME<br><i>Farha Ahmed</i>   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>04.14.18</i>              | <b>5</b> Payee name<br><i>Drogin Group</i>  |  |
| <b>6</b> Amount (\$)<br><i>\$ 2,000.00</i>    | <b>7</b> Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>                            |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>OTHER</i>   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><i>media / design / content / consulting</i> |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br><i>04.15.18</i>                       | Payee name<br><i>A B Communications</i>   |  |
| Amount (\$)<br><i>\$ 104.43</i>               | Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)<br><i>Reimbursement - Advertising</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><i>Sign Hardware</i>                                    |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br><i>04.15.18</i>                       | Payee name<br><i>A B Communications</i>   |  |
| Amount (\$)<br><i>\$ 400.00</i>               | Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)<br><i>Consulting / Support</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><i>various + sundry activities</i>                      |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |

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# 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1: <u>7</u> | <b>2</b> FILER NAME<br>Farha Ahmed  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>04.02.18                  | <b>5</b> Payee name<br>Right On The Money   |  |
| <b>6</b> Amount (\$)<br>\$ 2,236.56        | <b>7</b> Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>                            |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>PRINTING Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lg. Signs / Yard Signs |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br>04.02.18                           | Payee name<br>Right On The Money  |  |
| Amount (\$)<br>\$ 79.69                    | Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>              | Category (See Categories listed at the top of this schedule)<br>Other   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Voter DATA                        |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br>04.02.18                           | Payee name<br>FORR Bend Elections   |  |
| Amount (\$)<br>\$ 110.00                   | Payee address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div>                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>              | Category (See Categories listed at the top of this schedule)<br>Other   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>VOTER DATA                        |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A2: <b>3</b>  |
| 2 FILER NAME <b>Farha Ahmed</b>  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <b>NYA</b>  |
| 5 Date<br><b>04.15.18</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Naushad Kermally</b> | 8 Amount of Contribution \$ <b>\$ 350<sup>00</sup></b>                           |
| 7 Contributor address; _____ City; State; Zip Code   |  | 9 In-kind contribution description<br><b>Food + drinks for Meet + Greet</b>      |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Vice President</b> |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Prime Communications</b> |
| 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<br><b>04.09.18</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sue Sanchez</b> | Amount of Contribution \$ <b>\$ 130<sup>00</sup></b>                            | In-kind contribution description<br><b>Food + drinks for Meet + Greet</b> |
| 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)<br><b>Retired</b> |   | 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)                 |   |   |   |

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|  |   |   |  |
|--|---|---|--|
| The Instruction Guide explains how to complete this form.                            |   | 1 Total pages Schedule A2:  | 3  |
| 2 FILER NAME Farha Ahmed   |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                |   | \$ N/A  |  |
| 5 Date<br>4.7.18   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DR Ashraf Abbasi and Friends | 8 Amount of Contribution \$<br>\$2,850.00                                       | 9 In-kind contribution description<br>Food + drinks<br>@ fundraiser<br>+ media |
| 7 Contributor address; City; State; Zip Code<br>[REDACTED]                           |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>Realtor |   | 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)          |   |   |  |

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|--|---|---|---|
| Date<br>04.23.18   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jamal Marzouki | Amount of Contribution \$<br>\$175.00   | In-kind contribution description<br>Food + drinks |
| Contributor address; City; State; Zip Code<br>[REDACTED]                                 |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>Business Owner |   | Employer (FOR NON-JUDICIAL) (See Instructions)<br>self-employed                 |   |
| 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)                 |   |   |   |

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A2: <b>3</b>   |  |
| 2 FILER NAME <b>Farha Ahmed</b>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$  |  |
| 5 Date<br><b>04.10.18</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ferri Wang / Talat Ahmed</b><br>7 Contributor address: _____ City: _____ State: _____ Zip Code _____<br><div style="background-color: black; width: 100%; height: 15px; margin-top: 5px;"></div> | 8 Amount of Contribution \$<br><b>\$ 100<sup>00</sup></b>                       | 9 In-kind contribution description                                 |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Housewife / Housewife</b>  |  | 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<br><b>04.15.18</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Elizabeth Wolf</b><br>Contributor address: _____ City: _____ State: _____ Zip Code _____<br><div style="background-color: black; width: 100%; height: 15px; margin-top: 5px;"></div>               | Amount of Contribution \$<br><b>\$ 200.00</b>                                   | In-kind contribution description<br><b>Food + drinks for event</b> |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Nurse</b>   |  | 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)   |  |   |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |  |