

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: 12 | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Farha</div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Ahmed</div> | <div style="border: 2px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received RECEIVED</p> <p>JUL - 6 2018</p> <p>OFFICE OF CITY SECRETARY CITY OF SUGARLAND, TX</p> <p><i>Christy Kamen 2:13 PM</i></p> <p>Date Hand Delivered or Date Postmarked</p> </div> | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div> | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div> | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">MRS. Dianne</div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Wilson</div> | | | Receipt # | Amount \$ | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div> | Date Processed | Date Imaged | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div> | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <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 type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) |
| <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 type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">4 / 26 / 18</td> <td></td> <td style="text-align: center; font-size: 1.2em;">7 / 6 / 18</td> </tr> </table> | | | Month Day Year | THROUGH | Month Day Year | 4 / 26 / 18 | | 7 / 6 / 18 | | |
| Month Day Year | THROUGH | Month Day Year | | | | | | | | | |
| 4 / 26 / 18 | | 7 / 6 / 18 | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">5 / 05 / 18</div> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">sugar Land city council - At Large Position 2</div> | | | | | | | | | |

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)

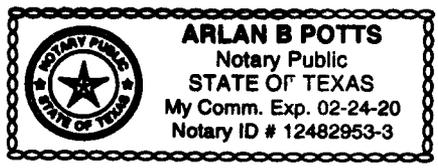
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | |
|--------------------------------------|----------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> 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) | \$ 3,620.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ — |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 19,348.10 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 252.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 15,592.34 |

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.

J. Ahmed

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said FARHA AHMED, this the 6th day of July, 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Arlan B. Potts
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|---|---|
| 19 FILER NAME <i>Farha Ahmed</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,345.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 275.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 16,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 19,348.10 |
| 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: **2**

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

4-27-18

5 Full name of contributor out-of-state PAC (ID#: _____)

Texas Real Estate PAC

7 Amount of contribution (\$)

\$ 2,000.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-30-18

Full name of contributor out-of-state PAC (ID#: _____)

Michael Berger

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-18

Full name of contributor out-of-state PAC (ID#: _____)

Aqil & Zehra Syed

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

[REDACTED]

received
4-26-18

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business

Self-employed

Date

5-22-18

Full name of contributor out-of-state PAC (ID#: _____)

Mahmood & Shaneda Mumtaz

Amount of contribution (\$)

\$ 600.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CPA

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: **2**

2 FILER NAME
Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date
5-22-18

5 Full name of contributor out-of-state PAC (ID#: _____)
L Jack & Maybelle Williams

7 Amount of contribution (\$)
\$ 25.00

6 Contributor address; City; State; Zip Code
[REDACTED]

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
5-22-18

Full name of contributor out-of-state PAC (ID#: _____)
Gary & Janice Gillen

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation / Job title (See Instructions)
owner

Employer (See Instructions)
Gillen Pest control

Date
5-22-18

Full name of contributor out-of-state PAC (ID#: _____)
David Lanagan & Angela McCain

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation / Job title (See Instructions)
DOCTOR

Employer (See Instructions)
Methodist Hospital

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME Farha Ahmed | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 05/03/18 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anila + Nick Mehdi | 8 Amount of Contribution \$ \$ 275 | 9 In-kind contribution description Food + drinks for event |
| 7 Contributor address: _____ City: _____ State: _____ Zip Code _____ | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business man | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) self-employed | |
| 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 (ID#: _____) | 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

5-1-18

7 Name of lender out-of-state PAC (ID#: _____)

SELF

9 Loan Amount (\$)

\$16,000.000

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code



10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

Self-employed

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender 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

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

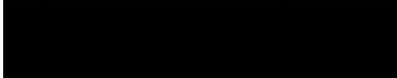
EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| 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: 4 | 2 FILER NAME Farha Ahmed | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

| | |
|--------------------------|---------------------------------------|
| 4 Date 5-23-18 | 5 Payee name The write idea |
|--------------------------|---------------------------------------|

| | |
|-------------------------------------|---|
| 6 Amount (\$) \$ 1,500.00 | 7 Payee address; City; State; Zip Code  |
|-------------------------------------|---|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) consulting | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|------------------------------------|
| Date 5-26-18 | Payee name BB&T Bank |
|------------------------|------------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$ 54.00 | Payee address; City; State; Zip Code  |
|--------------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Bank fee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------|--|
| Date 5-1-18 | Payee name Thomas Graphics, Inc. |
|-----------------------|--|

| | |
|-----------------------------------|---|
| Amount (\$) \$ 7,249.13 | Payee address; City; State; Zip Code  |
|-----------------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4 | 2 FILER NAME Farha Ahmed | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

| | |
|-------------------------|---|
| 4 Date 5-3-18 | 5 Payee name Allprint & office supply |
|-------------------------|---|

| | |
|-----------------------------------|--|
| 6 Amount (\$) \$ 351.81 | 7 Payee address; City; State; Zip Code |
|-----------------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) printing expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date 4-30-18 | Payee name Thomas Graphics, Inc. |
|------------------------|--|

| | |
|-----------------------------------|--|
| Amount (\$) \$ 1,576.12 | Payee address; City; State; Zip Code |
|-----------------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) printing expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|-----------------------------|
| Date 4-30-18 | Payee name Anedot |
|------------------------|-----------------------------|

| | |
|--------------------------------|--------------------------------------|
| Amount (\$) \$ 99.80 | Payee address; City; State; Zip Code |
|--------------------------------|--------------------------------------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense online donation 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|--|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME Farha Ahmed | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

| | |
|--------------------------|-------------------------------------|
| 4 Date 4-28-18 | 5 Payee name Sr3 Creative |
|--------------------------|-------------------------------------|

| | |
|-------------------------------------|---|
| 6 Amount (\$) \$ 2,550.00 | 7 Payee address; City; State; Zip Code [REDACTED] |
|-------------------------------------|---|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|--|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|---------------------------------|
| Date 5-11-18 | Payee name ABCcommunications |
|-----------------|---------------------------------|

| | |
|--------------------------|--|
| Amount (\$) \$ 150.00 | Payee address; City; State; Zip Code [REDACTED] |
|--------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) consulting/support | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------|-------------------------|
| Date 5-23-18 | Payee name Mailchimp |
|-----------------|-------------------------|

| | |
|--------------------------|--|
| Amount (\$) \$ 127.92 | Payee address; City; State; Zip Code [REDACTED] |
|--------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) email | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>4</i> | 2 FILER NAME <i>Farha Ahmed</i> | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date <i>4-30-18</i> | 5 Payee name <i>AB communications</i> | | | | |
| 6 Amount (\$) <i>\$ 29.66</i> | 7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div> | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>consulting/support</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date <i>6-21-18</i> | Payee name <i>sr3 creative</i> | | | | |
| Amount (\$) <i>\$ 252.00</i> | Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div> | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>fees</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date <i>7-5-18</i> | Payee name <i>Farha Ahmed</i> | | | | |
| Amount (\$) <i>\$ 5,407.66</i> | Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div> | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>loan repayment/reimbursement</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Farha Ahmed

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

F Ahmed

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

F Ahmed

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder