

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Naushad	OFFICE USE ONLY Date Received <i>Received 04-04-19</i> <i>@ 12:25 p.m. by CER</i>	
	NICKNAME LAST SUFFIX (Nick) Kermally		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Nimesh	Receipt #	Amount \$
	NICKNAME LAST SUFFIX Patel	Date Processed	
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	[REDACTED]		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 12 / 30 / 18 THROUGH 03 / 25 / 19		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 19	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) <i>Sugar Land City Council District 2</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Naushad Kermally **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
 GENERAL
 SPECIFIC

COMMITTEE NAME

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)	\$ 26,800.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 35,258.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,313.45
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.

Naushad Kermally
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Naushad Kermally, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

Christine E Rankin CHRISTINE E RANKIN Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Naushad Kermally</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		\$ 22,427. ⁰⁰
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 4,373. ⁷⁵
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 5,000. ⁰⁰
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 15,876. ⁴⁷
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 19,382. ¹⁷
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: 11
2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek Weiss	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Voice Comm
Date 1/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saleem + Noureen Lakhani	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LAKHANI CPA
Date 1/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Drage	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) SALES Director		Employer (See Instructions) Voicecomm
Date 1/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jugel Sachdeva	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Self. Employed		Employer (See Instructions) Q2 Wireless
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

3,000.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Brown	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Account Manager		9 Employer (See Instructions) Asurion
Date 1/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Banerjee	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) SELF EMPLOYED
Date 1/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek Paetau	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Otterbox
Date 1/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine Lopez	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) VP-Sales		Employer (See Instructions) Ca Wireless

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

650

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Weiss	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) VP Sales		9 Employer (See Instructions) Voicecomm
Date 1/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amirali Z. Jamal	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions) Lyndel Bassell
Date 1/19/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Kermally	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student
Date 1/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jin Cho	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) LG Electronics

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

1525 ✓

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luanne Tram 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions) VP-Sales		9 Employer (See Instructions) C2 Wireless
Date 2/3/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Maxwell Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) U.P.		Employer (See Instructions) Prime Communications
Date 2/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakina Anwar Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/15/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiren PATEL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Acct. Mgr.		Employer (See Instructions) LG Electronics
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

1100 ✓

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME

Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/19

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

Shiraz Hirani

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

HIRANI Enterprises

Date

2/26/19

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

Aminali Panjwani

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

PANJWANI Enterprises

Date

2/26/19

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

Ibrahim and Rubina Charania

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/26/19

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

Kabir Shariff

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

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.

1000 ✓

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Naushad Kermally</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/26/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SAEED Virani</u>	7 Amount of contribution (\$) <u>\$ 250.00</u>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) <u>CEO</u>		9 Employer (See Instructions) <u>UM Enterprises.</u>
Date <u>2/26/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Inayat Jivani</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>—</u>
Date <u>2/26/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Imran Noorani</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/26/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sherwali + Nanzeen Haiderali</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <u>CEO</u>		Employer (See Instructions) <u>HAIDERALI Enterprises</u>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shamez K. Pirani	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) SELF Employee		9 Employer (See Instructions)
Date 2/26/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iqbal Aly Abdullah	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) JALUS.
Date 2/26/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Peffley	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/26/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farida + Rashid Rupani	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rupani Ent
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

1550-00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed Lakhani	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) Self.		9 Employer (See Instructions) Self.
Date 3/2/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Gaylor	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) PRIME Communications
Date 3/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jawed S. Momin	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) RIVER OAKS CLEANER
Date 3/17/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chetna + Nimesh Patel	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) U.P		Employer (See Instructions) PAYCHEX.
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

2750

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdul H.S. Jamal	7 Amount of contribution (\$) \$ 250.00
2/28/19	6 Contributor address; _____ City; State; Zip Code [REDACTED]	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) —
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dilshad + Salim Lakhani	Amount of contribution (\$) \$ 500.00
3/14/19	Contributor address; _____ City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) DR. LAKHANI
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIZAR + SHIROZ VIRANI	Amount of contribution (\$) \$ 1000.00
3/21/19	Contributor address; _____ City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions) TSD		Employer (See Instructions) DR. @ TSD
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moes Nasser	Amount of contribution (\$) \$ 1,000.00
3/21/19	Contributor address; _____ City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

2750

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Naushad Kermally</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/17/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chris Lee</u>	7 Amount of contribution (\$) <u>\$ 1,000.00</u>
6 Contributor address; _____ City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) <u>SALES</u>		9 Employer (See Instructions) <u>WAG.</u>
Date <u>2/9/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>George Hightower</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; _____ City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <u>VP SALES</u>		Employer (See Instructions) <u>ZAGG</u>
Date <u>3/24/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Subhash + Sarojini Gupta</u>	Amount of contribution (\$) <u>\$ 101.00</u>
Contributor address; _____ City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <u>CEO</u>		Employer (See Instructions) <u>STAR PIPES.</u>
Date <u>3/24/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Vijay + Sushma Pallod</u>	Amount of contribution (\$) <u>\$ 151.00</u>
Contributor address; _____ City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <u>Engineer</u>		Employer (See Instructions) <u>STAR PIPES.</u>

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

1352.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date 3/21/19

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

7 Amount of contribution (\$) \$ 5,000.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions) President

9 Employer (See Instructions) Prime Communications

Date 3/25/19

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

Amount of contribution (\$) \$ 500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

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)

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.

5500.00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

2 FILER NAME **Naushad Kermally**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **—**

5 Date
Jan 2019

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

R-Tech

7 Contributor address; City; State; Zip Code

[Redacted]

8 Amount of Contribution \$ **\$1,623.75**

9 In-kind contribution description
Printing Services - banners

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Printing Service

11 Employer (FOR NON-JUDICIAL) (See Instructions)
R-Tech

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

3/25/19

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

Azim Makanojiya

Contributor address; City; State; Zip Code

[Redacted]

Amount of Contribution \$ **\$2,750.00**

In-kind contribution description
Advertising bands, landyards, etc.

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
CEO

Employer (FOR NON-JUDICIAL) (See Instructions)
WB Promotion Services

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 Naushad Kermally		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ —
5 Date of loan 12/30/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Naushad Kermally	9 Loan Amount (\$) \$ 5,000.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) Executive U.P.		13 Employer (See Instructions) Prime Communications
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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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)

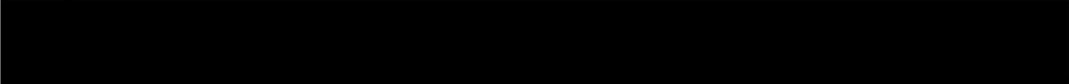
Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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: 3		2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)	
4 Date 12/30/2019		5 Payee name Varshal Shah			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Photography	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/31/2019		Payee name the write idea			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fin. Report / Writing / Editing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/26/2019		Payee name Agas Restaurant			
Amount (\$) \$3600.00		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering	
Complete ONLY 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: 3		2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)	
4 Date 2/10/2019		5 Payee name Afreen Ali			
6 Amount (\$) \$1,237.00		7 Payee address; City; State; Zip Code 			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Graphic ARTIST		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 2/20/2019		Payee name Drogin Group			
Amount (\$) \$2339.96		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held
Date 2/24/2019		Payee name AB Communications			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense camp. assistance		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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: 3		2 FILER NAME Naushad Kermally		3 Filer ID (Ethics Commission Filers)	
4 Date 3/17/2019		5 Payee name Print-O-Max			
6 Amount (\$) \$1715.76		7 Payee address; City; State; Zip Code [REDACTED]			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Printing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/17/2019		Payee name Varshal Shah			
Amount (\$) \$250.00		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense / Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/19/19		Payee name Drogim Group			
Amount (\$) \$5483.75		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing and Consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: 5	2 FILER NAME Nalushad Kermally	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ _____
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5 Date Jan. 23 / 2019	6 Payee name Outfront media
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7 Amount (\$) \$ 11,250.00	8 Payee address; City; State; Zip Code [REDACTED]
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboards
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Jan. 25 / 19	Payee name Sylvan Rodriguez
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Amount (\$) \$ 1825.00	Payee address; City; State; Zip Code [REDACTED]
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees / Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photo/Video Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: 5	2 FILER NAME Naushad Hermally	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ —
5 Date Jan. 18/2019	6 Payee name Rouxpour	
7 Amount (\$) \$ 38.00	8 Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date Jan. 21 /2019	Payee name MAC HAIK OUTDOOR MEDIA	
Amount (\$) \$ 1,679.23	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ —
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5 Date Feb. 27 / 2019	6 Payee name RATSAWI
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7 Amount (\$) \$189.44	8 Payee address; City; State; Zip Code [REDACTED]
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 Flyers.
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date MAR 1 / 2019	Payee name FORT BENO Education Foundation
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Amount (\$) \$2060.00	Payee address; City; State; Zip Code [REDACTED]
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Gala - table
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 5	2 FILER NAME Naushad Kermally	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ —
5 Date MAR 12/2019	6 Payee name Absolutely Focus Media	
7 Amount (\$) \$ 625.00	8 Payee address: City: State: Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Advertising
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date Feb. 4/19	Payee name Outfront media	
Amount (\$) \$ 650.00	Payee address: City: State: Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 5	2 FILER NAME Naushad Kermally	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ —
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5 Date MARCH 5/19	6 Payee name Pamela Printing
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7 Amount (\$) \$ 1065.00	8 Payee address; City; State; Zip Code [REDACTED]
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 magazine ad
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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