

# 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  
**Ms. Nabila Mansoor**  
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received  
**RECEIVED**

APR 10 2019

Office of City Secretary  
City of Sugar Land, TX

Date Hand Delivered or Date Postmarked  
*by STH*

E-mailed @ 9:56 a.m.

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**Mr. Afaq J Durrani**  
NICKNAME LAST SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

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

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
Jan / 01 / 2019 THROUGH March / 25 / 2019

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
May / 04 / 2019  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sugar Land City Council District 2

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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)

\$ **\$44,885**

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ **\$13,284**

CONTRIBUTION  
BALANCE

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

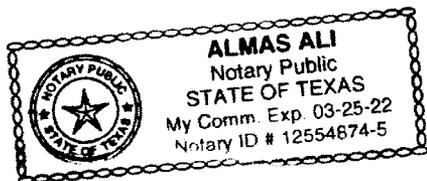
\$ **\$20,692**

OUTSTANDING  
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nabila Mansoor, this the 10<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Almas Ali

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

Nabila Mansoor

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$44,705
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$180
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	\$ \$13,284
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	\$ \$1752.84
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 FILER NAME  
Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date  
1/19/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nasir Abbas

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$1,000

8 Principal occupation / Job title (See Instructions)  
Deputy Sheriff

9 Employer (See Instructions)  
Harris County

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  
1/19/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arif Gafur

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$700

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Citizen's Foundation

Date  
3/2/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jaseem Pasha

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$500

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
ISEEK

**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 FILER NAME  
Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date  
1/29/2019

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Amina Ishaq

7 Amount of contribution (\$)  
\$500

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

8 Principal occupation / Job title (See Instructions)  
Self

9 Employer (See Instructions)  
Self

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tauseef Siddiqui

Amount of contribution (\$)  
\$500

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

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
Citizen's Foundation

Date  
2/28/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Farhat Halim

Amount of contribution (\$)  
\$500

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dalia AbdelHalim

Amount of contribution (\$)  
\$500

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

Principal occupation / Job title (See Instructions)  
Self

Employer (See Instructions)  
Pharmacy

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/19

5 Full name of contributor

Shazma Matin

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

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/19

Full name of contributor

Saima Razzack

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

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

None

Date

3/23/19

Full name of contributor

Imran Mohiuddin

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

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Physician

Houston Methodist

Date

3/2/19

Full name of contributor

Mamdouh Salama

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

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineer

Conoco Phillips

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/19

5 Full name of contributor

Altaf-UR Rahman

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

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Self

Date

3/2/19

Full name of contributor

Rizwan Mistry

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Pem-Tech

Date

3/1/19

Full name of contributor

Jamal Razzack

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$2,500

Principal occupation / Job title (See Instructions)

MD Memorial Hermann

Employer (See Instructions)

Date

3/1/19

Full name of contributor

Shariq Khwaja

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Memorial Hermann

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME  
**Nabila Mansoor**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/1/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Abbas Rana**

7 Amount of contribution (\$)  
**\$500**

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

8 Principal occupation / Job title (See Instructions)  
**MD**

9 Employer (See Instructions)  
**Self**

Date  
**3/1/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Shah-Nawaz Dodwad**

Amount of contribution (\$)  
**\$500**

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

Principal occupation / Job title (See Instructions)  
**MD**

Employer (See Instructions)  
**Self**

Date  
**1/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bangladesh-American Business Assoc**

Amount of contribution (\$)  
**\$1,250**

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

Principal occupation / Job title (See Instructions)  
**PAC**

Employer (See Instructions)

Date  
**1/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jeffrey M. Stern**

Amount of contribution (\$)  
**\$1,000**

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

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Self**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/19

5 Full name of contributor

Farrukh Shamsi

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

7 Amount of contribution (\$)

\$1,000

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

Texas Healthcare Clinic

Date

1/19/19

Full name of contributor

Amir Mireskandari

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

Amount of contribution (\$)

\$2,000

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

1/19/19

Full name of contributor

Shapnik Khan

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

Amount of contribution (\$)

\$1,000

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Shapnik Khan & Associates

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)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/19

5 Full name of contributor

Ibbrahim Khawaja

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

7 Amount of contribution (\$)

\$500

6 Contributor address;

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

First Asst. DA

9 Employer (See Instructions)

Fort Bend District Attorney

Date

1/19/19

Full name of contributor

Otto Cantu

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

Amount of contribution (\$)

\$500

Contributor address;

City: State: Zip Code

Info Requested

Principal occupation / Job title (See Instructions)

Info Requested

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

1/19/19

Full name of contributor

Shahadat H Bhuiyan

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

Amount of contribution (\$)

\$250

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
**Nabila Mansoor**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/19/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mark Gibson**  
6 Contributor address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

7 Amount of contribution (\$)  
**\$100**

8 Principal occupation / Job title (See Instructions)  
**Project Manager**

9 Employer (See Instructions)  
**WM corporation**

Date  
**1/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Eric Fagan**  
Contributor address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$)  
**\$25**

Principal occupation / Job title (See Instructions)  
**Candidate**

Employer (See Instructions)  
**Self**

Date  
**1/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Shahdat Khan**  
Contributor address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$)  
**\$100**

Principal occupation / Job title (See Instructions)  
**Realtor**

Employer (See Instructions)  
**Remax**

Date  
**1/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ali N. Dhanani**  
Contributor address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of contribution (\$)  
**\$250**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Self**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/19

5 Full name of contributor

Golam Mostofa

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

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

UniversalPegasus International

Date

1/19/19

Full name of contributor

Sonia Behrana

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

1/19/19

Full name of contributor

Joseph Cortegura

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Stern Law Group

Date

1/19/19

Full name of contributor

Nabile R. Shike

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$75

Principal occupation / Job title (See Instructions)

Candidate

Employer (See Instructions)

Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
**Nabila Mansoor**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/19/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sohela Hassan**

7 Amount of contribution (\$)  
**\$200**

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

8 Principal occupation / Job title (See Instructions)  
**Wellness Professional**

9 Employer (See Instructions)  
**Self**

Date  
**1/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Omar Khawaja**

Amount of contribution (\$)

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

**\$500**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Self**

Date  
**1/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Charles Rencher**

Amount of contribution (\$)

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

**\$50**

Principal occupation / Job title (See Instructions)  
**Realtor**

Employer (See Instructions)  
**Self**

Date  
**1/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Marzia Alam**

Amount of contribution (\$)

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

**\$50**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Nabila Mansoor**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/23/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Selma Tameez**

7 Amount of contribution (\$)  
**\$2,500**

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**2/20/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mustafa Tameez**

Amount of contribution (\$)  
**\$2,500**

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

Principal occupation / Job title (See Instructions)  
**Owner**

Employer (See Instructions)  
**Outreach Strategies**

Date  
**3/19/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Plumbers Local Union No. 68**

Amount of contribution (\$)  
**\$1,000**

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

Principal occupation / Job title (See Instructions)  
**PAC**

Employer (See Instructions)

Date  
**3/2/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Azamuddin Khawaja**

Amount of contribution (\$)  
**\$300**

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

Principal occupation / Job title (See Instructions)  
**MD**

Employer (See Instructions)  
**Memorial Hermann**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/19

5 Full name of contributor

Emily Deakins

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

7 Amount of contribution (\$)

\$250

6 Contributor address; City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

None

9 Employer (See Instructions)

Date

3/2/19

Full name of contributor

Mahmood El Gamal

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

Amount of contribution (\$)

\$250

Contributor address; City: State: Zip Code

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Rice University

Date

3/2/19

Full name of contributor

Naureen Ahmeduddin

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

Amount of contribution (\$)

\$250

Contributor address; City: State: Zip Code

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Memorial Hermann

Date

3/2/19

Full name of contributor

Fatima Mukhtar

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

Amount of contribution (\$)

\$250

Contributor address; City: State: Zip Code

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/19

5 Full name of contributor

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

Faheem Khawaja

7 Amount of contribution (\$)

\$250

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Self

Date

2/2/19

Full name of contributor

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

Angie Dimassi

Amount of contribution (\$)

\$250

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#: \_\_\_\_\_)

Hoda Badr

Amount of contribution (\$)

\$200

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/19

Full name of contributor

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

Zafar Mohammed

Amount of contribution (\$)

\$200

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
**Nabila Mansoor**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/1/2019**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Shabbir Husain**

7 Amount of contribution (\$)

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

**\$200**

8 Principal occupation / Job title (See Instructions)  
**Engineer**

9 Employer (See Instructions)  
**Chevron**

Date  
**1/30/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Shah Haleem**

Amount of contribution (\$)

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

**\$200**

Principal occupation / Job title (See Instructions)  
**Realtor**

Employer (See Instructions)  
**Self**

Date  
**3/25**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jamil Zaman**

Amount of contribution (\$)

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

**\$100**

Principal occupation / Job title (See Instructions)  
**VP**

Employer (See Instructions)  
**Optima**

Date  
**2/1/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mohammad Imran Qadri**

Amount of contribution (\$)

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

**\$100**

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:

2 FILER NAME  
**Nabila Mansoor**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/17/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rakhee Matlapudi**  
6 Contributor address; City; State; Zip Code  
[REDACTED]

7 Amount of contribution (\$)  
**\$100**

8 Principal occupation / Job title (See Instructions)  
**None**

9 Employer (See Instructions)

Date  
**2/1/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Parvez Hussain**  
Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
**\$100**

Principal occupation / Job title (See Instructions)  
**Consultant**

Employer (See Instructions)  
**Self**

Date  
**1/31/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sohail Hassan**  
Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
**\$100**

Principal occupation / Job title (See Instructions)  
**Founder**

Employer (See Instructions)  
**MarketSpace**

Date  
**1/31/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Paul Asofsky**  
Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
**\$200**

Principal occupation / Job title (See Instructions)  
**Professor**

Employer (See Instructions)  
**University of Houston**

**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 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/19

5 Full name of contributor

Rishab Oberoi

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

7 Amount of contribution (\$)

\$10

6 Contributor address;

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Development Director

9 Employer (See Instructions)

Ekal Vidyalaya

Date

1/18/19

Full name of contributor

Sharjeel Hanif

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

Amount of contribution (\$)

\$250

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Associate

Employer (See Instructions)

Investment Banker

Date

1/1/19

Full name of contributor

Eliz Markowitz

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

Amount of contribution (\$)

\$50

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Candidate

Employer (See Instructions)

Self

Date

1/4/19

Full name of contributor

Hina Sayed

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

Amount of contribution (\$)

\$1000

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Self

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:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/19

5 Full name of contributor

Deborah Ann Beck

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

7 Amount of contribution (\$)

\$1000

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

3/2/19

Full name of contributor

Zain Shauk

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

Amount of contribution (\$)

\$300

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Reporter

Employer (See Instructions)

Houston Chronicle

Date

3/2/19

Full name of contributor

Nihala Zakaria

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

Amount of contribution (\$)

\$100

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/19

Full name of contributor

Sameer Khan

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

Amount of contribution (\$)

\$100

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Info Requested

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:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/19

5 Full name of contributor

Susan E. Nerlove

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

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/11/2019

Full name of contributor

Karthik Soora

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

Amount of contribution (\$)

\$15

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Campaign Manager

Employer (See Instructions)

Raj for Houston

Date

1/11/19

Full name of contributor

Nancy Shah

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

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/19

Full name of contributor

Muhammad Javaid

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

Amount of contribution (\$)

\$200

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:

2 FILER NAME **Nabila Mansoor**

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

**Pilar Hernandez**

6 Contributor address; City: State; Zip Code

**\$40**

8 Principal occupation / Job title (See Instructions)  
**None**

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

**Shawn Quinn**

Contributor address; City: State; Zip Code

**\$50**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**3/19/19**

**Sabeena Hasan**

Contributor address; City: State; Zip Code

**\$100**

Principal occupation / Job title (See Instructions)

**None**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**Mohammed Nasim**

Contributor address; City: State; Zip Code

**\$200**

Principal occupation / Job title (See Instructions)

**Professor**

Employer (See Instructions)

**UH Clear Lake**

**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 FILER NAME <b>Nabila Mansoor</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Muhammad Akhtar</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  <b>\$20</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/1/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shah-Jahan Dodwad</b> Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div>	Amount of contribution (\$)  <b>\$75</b>
Principal occupation / Job title (See Instructions) <b>MD</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/1/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Saba Ahmed</b> Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div>	Amount of contribution (\$)  <b>\$150</b>
Principal occupation / Job title (See Instructions) <b>Dentist</b>		Employer (See Instructions) <b>Village Park Dental</b>
Date <b>3/1/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Junaid H Soomro</b> Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div>	Amount of contribution (\$)  <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>Self</b>		Employer (See Instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME **Nabila Mansoor**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/1/19**

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

**Umarah Zakaria**

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

**\$200**

8 Principal occupation / Job title (See Instructions)  
**ED**

9 Employer (See Instructions)  
**Emgage**

Date  
**3/1/19**

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

**Salmaan Aadir Memon**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**\$50**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/1/19**

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

**Muzammil Shafi**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**\$250**

Principal occupation / Job title (See Instructions)  
**MD**

Employer (See Instructions)  
**Houston Radiology Association.**

Date  
**3/1/19**

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

**Nadia Faiz**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**\$100**

Principal occupation / Job title (See Instructions)  
**None**

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:
2 FILER NAME <b>Nabila Mansoor</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/1/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Tina Chadha</b> 6 Contributor address; City: State; Zip Code _____	7 Amount of contribution (\$)  <b>\$250</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>3/1/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maheen Shahzad</b> Contributor address; City: State; Zip Code _____	Amount of contribution (\$)  <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/1/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frieda Aboul-Fotouh</b> Contributor address; City: State; Zip Code _____	Amount of contribution (\$)  <b>\$250</b>
Principal occupation / Job title (See Instructions) <b>MD</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/1/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Qhudsia Arhsee</b> Contributor address; City: State; Zip Code _____	Amount of contribution (\$)  <b>\$250</b>
Principal occupation / Job title (See Instructions) <b>None</b>		Employer (See Instructions) <b>None</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/19

5 Full name of contributor

Farhan Qazi

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

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/19

Full name of contributor

Sarah Gowayed

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

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

Full name of contributor

Nabila Ansari

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

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

3/2/19

Full name of contributor

Mohammad Dosani

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

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Auto Pampering System

**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 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/19

5 Full name of contributor

Aleyda Dosani

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

7 Amount of contribution (\$)

\$225

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

None

9 Employer (See Instructions)

Date

3/2/19

Full name of contributor

Zain Moiuddin

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

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Physician d

Employer (See Instructions)

Self

Date

3/2/19

Full name of contributor

Faisal Shakil Alvi

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

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Datavox

Date

3/2/19

Full name of contributor

Kazim Mirza

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

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Anderson Cancer Center

**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 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/19

5 Full name of contributor

Mobin AKhtar

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

7 Amount of contribution (\$)

\$200

6 Contributor address;

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Business owner

9 Employer (See Instructions)

Self

Date

3/2/19

Full name of contributor

Masood Murtuza

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

Amount of contribution (\$)

\$200

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Founder

Employer (See Instructions)

Octavo Systems

Date

3/2/19

Full name of contributor

Dilshad Lalani

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

Amount of contribution (\$)

\$250

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/19

Full name of contributor

Nishan Khan

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

Amount of contribution (\$)

\$180

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Remax

**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 FILER NAME <b>Nabila Mansoor</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/23/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Salma Siddiqi</b> 6 Contributor address; City: State: Zip Code [REDACTED]	7 Amount of contribution (\$) <b>\$500</b>
8 Principal occupation / Job title (See Instructions) <b>Self</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>3/23/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Samiah Khan Asaduddin</b> Contributor address; City: State: Zip Code [REDACTED]	Amount of contribution (\$) <b>\$500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/24/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Helen Shih</b> Contributor address; City: State: Zip Code [REDACTED]	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/24/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shahzad Baig</b> Contributor address; City: State: Zip Code [REDACTED]	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME  
Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date  
3/24/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bassel Choucair  
6 Contributor address; City; State; Zip Code  
[REDACTED]

7 Amount of contribution (\$)  
\$150

8 Principal occupation / Job title (See Instructions)  
ED

9 Employer (See Instructions)  
UTHSC

Date  
3/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Abdul Moosa  
Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$200

Principal occupation / Job title (See Instructions)  
MD

Employer (See Instructions)  
Self

Date  
3/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mohammad ALam  
Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$200

Principal occupation / Job title (See Instructions)  
Self

Employer (See Instructions)  
Self

Date  
3/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mohammed Nasrullah  
Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$100

Principal occupation / Job title (See Instructions)  
Project Manager

Employer (See Instructions)  
Boeing

**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

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 180

5 Date

3/2/2019

6 Full name of contributor

Nishan Khan

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

7 Contributor address;

City: State: Zip Code

8 Amount of Contribution \$

\$180

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

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

Realtor

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

Remax

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

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

Contributor address;

City: State: Zip Code

Amount of Contribution \$

In-kind contribution description

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender

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

9 Loan Amount (\$)

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)

13 Employer (See Instructions)

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  
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>Nabila Mansoor</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>1/21/19</b>	<b>5</b> Payee name <b>Paradigm Development Services</b>
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<b>6</b> Amount (\$) <b>\$300</b>	<b>7</b> Payee address; City; State; Zip Code 
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Consulting fees</b>	<b>(b)</b> 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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/28/19</b>	Payee name <b>Face2Face Media Group</b>
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Amount (\$) <b>\$3,750</b>	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Yard Signs</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/25/19</b>	Payee name <b>CG Studios</b>
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Amount (\$) <b>\$3,500</b>	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Website/Digital services</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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	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: 3	<b>2</b> FILER NAME Nabila Mansoor	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1/28/2019	<b>5</b> Payee name Ammar Selo
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<b>6</b> Amount (\$) \$270	<b>7</b> Payee address; City; State; Zip Code 
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting expense - Photography	<b>(b)</b> 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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/13/2019	Payee name Hassan Studios
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Amount (\$) \$900	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising - Videography	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/15/2019	Payee name Print N' Sign
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Amount (\$) \$627	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	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
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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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# 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Nabila Mansoor</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/25/2019</b>	<b>5</b> Payee name <b>Paradigm Development Services</b>	
<b>6</b> Amount (\$) <b>\$475</b>	<b>7</b> Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>3/14/2019</b>	Payee name <b>Sign Depot</b>	
Amount (\$) <b>\$137</b>	Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <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	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>3</b>	2 FILER NAME <b>Nabila Mansoor</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/18/19</b>	5 Payee name <b>Fort Bend Forum</b>
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6 Amount (\$) <b>\$65</b>	7 Payee address; City; State; Zip Code <b>Info Requested</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/14/19</b>	Payee name <b>Salman Yusuf</b>
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Amount (\$) <b>\$1,752</b>	Payee address; City; State; Zip Code <b>[REDACTED]</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Loan Repayment</b>	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 <u>ONLY</u> 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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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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