

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 1 of 2		OFFICE USE ONLY RECEIVED AUG 21 2019 11:26 AM OFFICE OF CITY SECRETARY CITY OF SUGARLAND, TX	
3 CANDIDATE / OFFICEHOLDER NAME		MS/MRS/MR Ms.	FIRST Nabila		
		NICKNAME	LAST Mansoor	SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	
		04 / 25 / 2019		05 / 29 / 2019	
		Date Hand-delivered or Date Postmarked Emailed		Receipt #	Amount \$
		Date Processed		Date Imaged	

6 EXPLANATION OF CORRECTION

The 8th day before election report for the June 8 election showed a donation by Yasneen Tahir for \$250 on May 29, 2019. This donation was actually made by Zafar Tahir for \$250. A corrected Schedule A1, page 9 is attached and reflects the correct donor name.

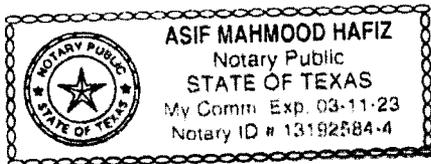
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nabila Mansoor, this the 10th day of August, 20 19, to certify which, witness my hand and seal of office.

[Handwritten Signature] Signature of officer administering oath ASIF HAFIZ Printed name of officer administering oath MANAGER Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 of 36

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

5/29

5 Full name of contributor

Zafar Tahir

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/29

Full name of contributor

Nancy Shah

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Cartrow

Date

5/29

Full name of contributor

Hina Syed

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

5/29

Full name of contributor

Atif Zamir

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Microsoft

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Ms.</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:35%;">Nabila</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="font-size: small;">MI</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">Mansoor</td> </tr> </table>	MS / MRS / MR	Ms.	FIRST	Nabila	NICKNAME		LAST				MI				SUFFIX			Mansoor			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p style="font-size: small;">Date Received</p> <p style="font-size: 2em; text-align: center; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">MAY 31 2019</p> <p style="text-align: center; font-weight: bold;">Office of City Secretary City of Sugar Land, TX</p> <p style="font-size: 1.5em; font-weight: bold; margin-left: 20px;">@6:27p.m.</p> <p style="font-size: small; margin-left: 20px;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 1.2em; font-weight: bold; margin-left: 20px;">E-mailed</p> <table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:25%;">ADDRESS / PO BOX:</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:15%;">STATE:</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">[REDACTED]</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	[REDACTED]																				
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td colspan="3" style="text-align: center;">[REDACTED]</td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	[REDACTED]																						
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Date Processed																													
Date Imaged																													
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:10%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">[REDACTED]</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	[REDACTED]																				
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>04</td> <td>/ 25</td> <td>/ 2019</td> <td></td> <td>05</td> <td>/ 29</td> <td>/ 2019</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	04	/ 25	/ 2019		05	/ 29	/ 2019												
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11 ELECTION	<table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td colspan="3" style="text-align: center;">ELECTION DATE</td> </tr> <tr> <td style="width:15%;">Month</td> <td style="width:15%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>06</td> <td>/ 08</td> <td>/ 2019</td> </tr> </table>	ELECTION DATE			Month	Day	Year	06	/ 08	/ 2019	<table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td colspan="2" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> Runoff</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Description</td> </tr> </table>		ELECTION TYPE		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other Description										
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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

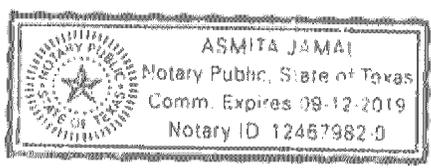
14 C/OH NAME Nabila Mansoor	15 Filer ID (Ethics Commission Filers)
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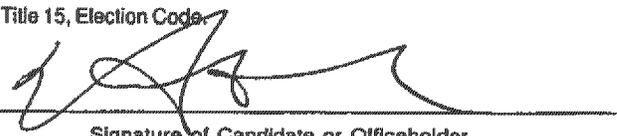
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 16,921.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 40,159.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,533.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

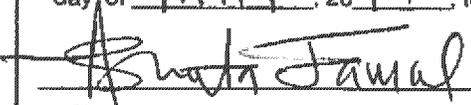
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nabila Mansoor, this the 31st day of MAY, 2019, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

ASMITA JAMAL
 Printed name of officer administering oath

Notary Public.
 Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,921.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 33,638.99
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	\$ 8,467.64
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:
66

2 FILER NAME

Nahla Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

4/26

5 Full name of contributor

William Campbell

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$75

6 Contributor address;

City: State: Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28

Full name of contributor

Katherine Kunz

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$75

Contributor address;

City: State: Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28

Full name of contributor

Carroll J. Haveni

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100

Contributor address;

City: State: Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Director

Siemens

Date

4/26

Full name of contributor

Amin Viani

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1000

Contributor address;

City: State: Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ASU

Self

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 *Nabih Mansour*

3 Filer ID (Ethics Commission Filers)

4 Date
5/10

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

7 Amount of contribution (\$)

\$500

6 Contributor address: _____ City: _____ State: _____ Zip Code: _____

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Self

Date
5/18

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

Amount of contribution (\$)

\$1000

Contributor address: _____ City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See instructions)

Employer (See instructions)

Financial Analyst

Self

Date
5/16

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

Amount of contribution (\$)

\$100

Contributor address: _____ City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See instructions)

Employer (See instructions)

Journalist

Self

Date
5/19

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

Amount of contribution (\$)

\$500

Contributor address: _____ City: _____ State: _____ Zip Code: _____

Principal occupation / Job title (See instructions)

Employer (See instructions)

MD

Primary & Preventative Care

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

5/20

5 Full name of contributor

Ozma Okanani

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

5/23

Full name of contributor

David Lee

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1000

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

5/19

Full name of contributor

Christian Monette

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)

Kirkland Ellis

Date

5/20

Full name of contributor

Elizabeth Pancer

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$200

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

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

Nabil Mansour

3 Filer ID (Ethics Commission Filers)

4 Date

5/10

5 Full name of contributor

Moien But

out-of-state PAC ID# _____

7 Amount of contribution (\$)

\$500

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Indiana med hospital

Date

5/9

Full name of contributor

Sudaf Patel

out-of-state PAC ID# _____

Amount of contribution (\$)

\$50

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

5/4

Full name of contributor

Fuaj Gehiwala

out-of-state PAC ID# _____

Amount of contribution (\$)

\$2000

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

One-step diagnostic

Date

5/5

Full name of contributor

Shaphik Khan

out-of-state PAC ID# _____

Amount of contribution (\$)

\$1000

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Shaphik Khan Associates

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

Najib Mansour

3 Filer ID (Ethics Commission Filer)

4 Date

5/12

5 Full name of contributor

Abdul Zakaria

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$200

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Investor

9 Employer (See Instructions)

Self

Date

5/12

Full name of contributor

Jafar Ibrahim

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

5/16

Full name of contributor

Masrur Khan

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Houston Methodist

Date

5/17

Full name of contributor

Tara Zafraan

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

JLW

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

Adabiah Hanson

3 Filer ID (Ethics Commission Filers)

4 Date

5/28

5 Full name of contributor

Yasmeen Zahin

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250

6 Contributor address:

City: State: Zip Code

[Redacted]

8 Principal occupation / Job title (See instructions)

Retiree

9 Employer (See instructions)

Date

5/28

Full name of contributor

Nancy Shah

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250

Contributor address:

City: State: Zip Code

[Redacted]

Principal occupation / Job title (See instructions)

Manager

Employer (See instructions)

Cartier

Date

5/28

Full name of contributor

Hina Safed

out-of-state PAC (ID# _____)

Amount of contribution (\$)

~~\$250~~ \$500

Contributor address:

City: State: Zip Code

[Redacted]

Principal occupation / Job title (See instructions)

—

Employer (See instructions)

—

Date

5/28

Full name of contributor

Ajia Zahin

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250

Contributor address:

City: State: Zip Code

[Redacted]

Principal occupation / Job title (See instructions)

Microsoft manager

Employer (See instructions)

Microsoft

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Navila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

5/27

5 Full name of contributor

Zohra Khan

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

MD

9 Employer (See Instructions)

Kaiser Permanente

Date

5/28

Full name of contributor

Aria Naqvi

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Kingswood Hospital

Date

5/27

Full name of contributor

Shagufa Naqvi

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27

Full name of contributor

Qaiser Zaman

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$308

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

IBM

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

5/28

5 Full name of contributor
ASIA Ali

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$100

6 Contributor address: City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

~~Business Development~~

9 Employer (See Instructions)

MSF

Date

5/11

Full name of contributor

Nanjouh Salama

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$2000

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Conoco Phillips

Date

9/29

Full name of contributor

Deepak Kanwar

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$95

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

IBM

Date

4/29

Full name of contributor

Juseem Park

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

ND

Employer (See Instructions)

Self

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Nabela Neisner

3 Filer ID (Ethics Commission Filers)

4 Date

4/28

5 Full name of contributor

out-of-state PAC (ID# _____)

Mohammed Atel

7 Amount of contribution (\$)

\$250

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

MD

9 Employer (See Instructions)

Doctor

Date

4/29

Full name of contributor

out-of-state PAC (ID# _____)

Rehan Farooq

Amount of contribution (\$)

\$500

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Suarez & Morfitt

Date

4/26

Full name of contributor

out-of-state PAC (ID# _____)

Jose Medina

Amount of contribution (\$)

\$50

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Assistant

Employer (See Instructions)

Self

Date

4/26

Full name of contributor

out-of-state PAC (ID# _____)

La Monica Orr Love

Amount of contribution (\$)

\$100

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Neville Monson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nessam Parzianov</i>	7 Amount of contribution (\$) <i>\$75</i>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>SCIP</i>
Date <i>4/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David Thomas Webster</i>	Amount of contribution (\$) <i>\$250</i> <i>\$250</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>James Block</i>
Date <i>4/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Emily Isaac</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Case Staffer</i>		Employer (See Instructions) <i>Gernie Sanders Campaign</i>
Date	Full name of contributor <input type="checkbox"/> 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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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 <i>Nadia Mansoor</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Christopher Hollins</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$) <i>\$300</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert Troszen</i> Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ashwin Vasen</i> Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Neal Sorkon</i> Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>Student</i>		Employer (See Instructions) <i>AZA</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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: Page 1 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/2019 5/6/2019	5 Payee name Aadib Uddin		
6 Amount (\$) \$310	7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px;"></div>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contract labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 5/6/2019	Payee name Adinakaehi Akuius		
Amount (\$) \$150	Payee address; City; State; Zip Code unknown		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser	
	Candidate / Officeholder name Office sought Office held		
Date 4/29/2019	Payee name Aisha Jalali		
Amount (\$) \$559.20	Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px;"></div>		
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 supplies	
	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: Page 2 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 5/8/2019	5 Payee name Allen Vu
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6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contract labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/2019	Payee name David Laogun
-------------------	----------------------------

Amount (\$) \$120	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/2019	Payee name David Laogun
-------------------	----------------------------

Amount (\$) \$150	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
-------------------------------	--	--

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
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: Page 3 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2019	5 Payee name David Laogun	
6 Amount (\$) \$310	7 Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contract labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/1/2019	Payee name Face2Face Media Group	
Amount (\$) \$401.50	Payee address; City; State; Zip Code [REDACTED]	
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 t-shirts, signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/22/2019	Payee name Fort Bend County Elections Administration	
Amount (\$) \$90	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense election data
	9 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)
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The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 4 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 4/15/2019	5 Payee name Hazel Lundy Services
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6 Amount (\$) \$506	7 Payee address; City; State; Zip Code 
------------------------	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/2019	Payee name Hazel Lundy Services
-------------------	------------------------------------

Amount (\$) \$1,226	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone banking
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/10/2019	Payee name Hazel Lundy Services
-------------------	------------------------------------

Amount (\$) \$716	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone banking
-------------------------------	--	--

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.

1 Total pages Schedule F1: Page 5 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 3/29/2019	5 Payee name Community Impact
---------------------	----------------------------------

6 Amount (\$) \$955	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
------------------------------------	---	---

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

Date 4/29/2019	Payee name Imagineering Films
-------------------	----------------------------------

Amount (\$) \$600	Payee address; City; State; Zip Code 
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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 campaign video
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/8/2019	Payee name Independence Strategy
------------------	-------------------------------------

Amount (\$) \$3,969	Payee address; City; State; Zip Code 
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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 Vote by mail
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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.

1 Total pages Schedule F1: Page 7 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 4/22/19, 4/25/19	5 Payee name Moiz Rashad
-------------------------------	-----------------------------

6 Amount (\$) \$235	7 Payee address; City; State; Zip Code [REDACTED]
------------------------	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/19	Payee name Moiz Rashad
-----------------	---------------------------

Amount (\$) \$510	Payee address; City; State; Zip Code [REDACTED]
----------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/30/2019	Payee name Moiz Rashad
-------------------	---------------------------

Amount (\$) \$350	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
-------------------------------	--	--

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.

1 Total pages Schedule F1: Page 8 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
4 Date 5/20/2019	5 Payee name Moiz Rashad	
6 Amount (\$) \$520	7 Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contract labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 5/3/2019	Payee name Nadeem Yousaf	
Amount (\$) \$200	Payee address; City; State; Zip Code unknown	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/29/2019 5/6/2019	Payee name Nicholas Santiago	
Amount (\$) \$255	Payee address; City; State; Zip Code unknown	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
	9 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 Expenses
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: Page 9 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 5/8/2019	5 Payee name Fareeda [LNU]
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6 Amount (\$) \$110	7 Payee address; City; State; Zip Code 
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food 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 Catering
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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 4/29/2019	Payee name Adinakaehi Akuius
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Amount (\$) \$145	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
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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 4/29/2019	Payee name Oluwadamilola Adenote
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Amount (\$) \$130	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
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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.

1 Total pages Schedule F1: Page 10 of 20	2 FILER NAME Nabia Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 5/6/2019	5 Payee name Oluwadamilola Adenote
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6 Amount (\$) \$130	7 Payee address; City; State; Zip Code [REDACTED]
------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contract labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/10/2019	Payee name Oluwadamilola Adenote
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Amount (\$) \$240	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/13/2019	Payee name Oluwadamilola Adenote
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Amount (\$) \$20	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	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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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: Page 11 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 5/20/2019	5 Payee name Omid Amanullah
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6 Amount (\$) \$160	7 Payee address: City; State; Zip Code [REDACTED]
------------------------	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/17/2019	Payee name Paige Martin
-------------------	----------------------------

Amount (\$) \$220	Payee address: City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
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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 5/24/2019	Payee name Pakistan News
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Amount (\$) \$200	Payee address: City; State; Zip Code [REDACTED]
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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
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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.

1 Total pages Schedule F1: Page 12 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			
Date 5/10/2019	Payee name Paradigm Development Services			
Amount (\$) \$300	Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 5/6/2019	Payee name Rish Oberoi			
Amount (\$) \$3,121.30	Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
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.

1 Total pages Schedule F1: Page 13 of 20		2 FILER NAME Nabila Mansoor		3 Filer ID (Ethics Commission Filers)	
4 Date 4/24/2019		5 Payee name Rodney Cartes			
6 Amount (\$) \$168		7 Payee address; City; State; Zip Code [REDACTED]			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) contract labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll greeter	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/1/2019		Payee name Rodney Cartes			
Amount (\$) \$460		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) contract labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll greeter	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/14/2019		Payee name Rodney Cartes			
Amount (\$) \$240		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) contract labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense poll greeter	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 14 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 4/29/2019	5 Payee name Sulman Yousuf
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6 Amount (\$) \$1,515.50	7 Payee address; City; State; Zip Code [REDACTED]
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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 reimbursement for credit card payment to Richmond Printing
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/10/2019	Payee name Romana Zaman
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Amount (\$) \$591.56	Payee address; City; State; Zip Code [REDACTED]
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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 supplies
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/5/2019	Payee name Sulman Yousuf
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Amount (\$) \$432	Payee address; City; State; Zip Code [REDACTED]
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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 Reimbursement for Payment to Zarina Hussain
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 15 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 4/24/2019	5 Payee name Sign Depot
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6 Amount (\$) \$377.59	7 Payee address: City; State; Zip Code [REDACTED]
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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 literature, door hangers
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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 5/2/2019	Payee name Sign Depot
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Amount (\$) \$516.59	Payee address: City; State; Zip Code [REDACTED]
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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 literature, door hangers
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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 5/9/2019	Payee name Zarina Hussain
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Amount (\$) \$504	Payee address: City; State; Zip Code Unknown
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone banking
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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.

1 Total pages Schedule F1: Page 16 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 4/25/2019	5 Payee name Tochi Dedeibe
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6 Amount (\$) \$145	7 Payee address; City; State; Zip Code [REDACTED]
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6/2019	Payee name Tochi Dedeibe
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Amount (\$) \$350	Payee address; City; State; Zip Code [REDACTED]
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvasser
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6/2019	Payee name Urdu Times
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Amount (\$) \$300	Payee address; City; State; Zip Code [REDACTED]
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10 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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: Page 17 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2019	5 Payee name VM Solutions	
6 Amount (\$) \$7,348.75	7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px;"></div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvassers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 5/13/2019	Payee name Voice of Asia	
Amount (\$) \$1,275	Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px;"></div>	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 5/27/2019	Payee name Zahida Khan	
Amount (\$) \$90	Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor - phone banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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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.

1 Total pages Schedule F1: Page 18 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
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4 Date 5/28/2019	5 Payee name Aadib Uddin
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6 Amount (\$) \$75	7 Payee address; City; State; Zip Code [REDACTED]
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8 PURPOSE OF EXPENDITURE	(e) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvasser
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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 5/29/2019	Payee name David Laogun
-------------------	----------------------------

Amount (\$) \$310	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvasser
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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 5/28/2019	Payee name Islamic Society of Greater Houston
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Amount (\$) \$100	Payee address; City; State; Zip Code [REDACTED]
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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 Eid Bazaar booth and banner
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 19 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2019	5 Payee name Lakshmi Ramakrishnan	
6 Amount (\$) \$151	7 Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for payment to Fort Bend Elections - <u>Election Day, Runoff Early Voting and BBM data</u>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 5/28/2019	Payee name Moiz Rashid	
Amount (\$) \$170	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvasser
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 5/29/2019	Payee name Adinakaehi Akuius	
Amount (\$) \$165	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvasser
	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 | 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: Page 20 of 20	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2019	5 Payee name Oluwadamilola Adenote	
6 Amount (\$) \$20	7 Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvasser
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/29/2019	Payee name Oluwadamilola Adenote	
Amount (\$) \$270	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvasser
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/29/2019	Payee name Tochi Dedeibe	
Amount (\$) \$165	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvasser
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Expense
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 G: 2	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2019	5 Payee name Hustle, Inc.	
6 Amount (\$) \$575.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 - text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/4/2019	Payee name NGP Van, Inc.	
Amount (\$) \$170 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - Robocalls	(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 4/29/2019	Payee name Richmond Printing	
Amount (\$) \$2,675.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - Mailer	(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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2	2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2019	5 Payee name Richmond Printing	
6 Amount (\$) \$2,706.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense - Mailer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/24/19-5/23/19	Payee name Facebook, Inc.	
Amount (\$) \$1,908.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - Social Media	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/5/2019	Payee name Zarina Hussain	
Amount (\$) \$432 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code unknown	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor - phone bank	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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