CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Etnics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS MRS MR **OFFICEHOLDER** OFFICE USE ONLY Mchammau MA NAME NICKNAME RECEIVED SUFFIX 4 CANDIDATE / ADDRESS PO BOX APT SHITE # APR 27 2019 STATE ZIP CODE **OFFICEHOLDER** MAILING Office of City Secretary **ADDRESS** City of Sugar Land, TX Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION **OFFICEHOLDER** PHONE 6 CAMPAIGN MS MRS MR M Amount & **TREASURER** 13745 WLA NAME Date Processed NICKNAME SUFFIX Date Imaged 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE). APT . SUITE # CHTY STATE ZIP CODE **TREASURER ADDRESS** :Residence or Businessi 8 CAMPAIGN AREA GODE PHONE NUMBER EXTENSION TREASURER **PHONE** 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) 8th day before election Exceeded \$500 limit Final Report (Attach C-OH FR) 10 PERIOD COVERED 105 04/26/2019 2019 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Buttoff Other Day Year 04/2019 General Special 12 OFFICE OFFICE HELD of any)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	MONGAMAC	5022" ALO7_ 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN	OUT THE CANDIDATE'S OR DEFICEHOLDER'S
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1 TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25
	2. TOTAL	\$ 2325	
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ 667.53	
	4. TOTAL	\$ 4133.03	
CONTRIBUTION BALANCE	5. TOTAL P OF REP	\$ 615.66	
OUTSTANDING LOAN TOTALS	6 TOTAL P LAST DA	\$	
AFFIX NOTARY STAME	FAIZA KHATRI otary Public, State o omm Expires 12-28 Notary ID 130944		ition required to be reported by me
Sworn to and subscr	, C	the said Notated Public Faire Kha	thinis the 26th
Signature of alli-	Jus !	Faila Khathi	Motary Public
Signature of officer ac	aminustering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Mohamman 1/227/ Ai)4Z	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE AT MONETARY POLITICAL CONTRIBUTIONS	\$ 2325
2	SCHEDULF A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E LOANS	\$
5	SCHEDULE FI POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 4133.0%
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 250
	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	SCHEDULE I. NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$
	The state of the s	

The	Instruction Guide explains how	1 Total pages Schedule At 0		
FILER NAME	Mohammad "Jazz" Aijaz			3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor	Out-of-state PA	C (ID#	7 Amount of contribution (\$)
4/12/2019	Hanif Mohamamed 6 Contributor address;	City. State	e. Zip Code	\$100
Principal occu Inforn	L pation : Job title (See Instructions) nation Technology		9 Employer (See Instruct HP Computers	ions)
Date	Full name of contributor Hussain Soomro	Out-of state PAC	C (ID#)	Amount of contribution (\$)
4/1/2019	Contributor address:	City; State	e: Zip Code	\$250
Principal occup Self Emp	ation: Job title (See Instructions) Dloyed	-	Employer (See Instructi	ions)
Date	Full name of contributor Plumbers Union #68 PAG	Out of state PAC	2 (ID#)	Amount of contribution (\$)
4/12/2019	Contributor address;	City; State	e. Zip Code	\$1000
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor Igbal Akhtar	Out-of-state PAC	C ((D#	Amount of contribution (\$)
4/22/2019	Contributor address:	City, State	. Zip Code	\$100
1				

Date Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$)	The	e Instruction Guide explains how	v to complete this form.	1 Total pages Schedule A1. 2
Date Full name of contributor City. State. Zip Code Full name of contributor City. State. Zip Code Full name of contributor Size Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Asit Rajiv Shah City. State. Zip Code Full name of contributor Contributor address: City. State. Zip Code Size Instructions) Employer (See Instructions) Date Full name of contributor Contributor address: City. State. Zip Code Size Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor City. State: Zip Code Size Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Size Amount of contribution (\$) Amount of contribution (\$)	! FILER NAME			3 Filer ID (Ethics Commission Filers
6 Contributor address: City State: Zip Code 3 Principal occupation Job title (See Instructions) Date Full name of contributor Joul of state PAC (IDs) Amount of contribution (\$) O4/06/2019 Contributor address: City State: Zip Code S100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Job of state PAC (IDs) Amount of contribution (\$) Elizabeth Alexandra Markowitz City State: Zip Code S25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Job of state PAC (IDs) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)			Out-of-state PAC flD#	
Date Full name of contributor Asit Rajiv Shah O4/06/2019 Contributor address: City: State: Zip Code S100 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Elizabeth Alexandra Markowitz O4/11/2019 Contributor address: City: State: Zip Code S25 Employer (See Instructions)	UM	6 Contributor address:	City. State. Zip Code	\$250
Asit Rajiv Shah 04/06/2019 Contributor address: City: State: Zip Code \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out of state PAC (IDir Amount of contribution (\$) Elizabeth Alexandra Markowitz 04/11/2019 Contributor address: City: State: Zip Code 525 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out of state PAC (IDir Amount of contribution (\$) Syed Arman Raza	Principal occu	upation Job title (See Instructions)	9 Employer (See	Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Elizabeth Alexandra Markowitz O4/11/2019 Contributor address: City: State: Zip Code 525 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date		Out-of-state PAC (IDN	Amount of contribution (\$)
Date Full name of contributor	04/06/2019	Contributor address;	City: State; Zip Code	\$100
Date Contributor address: City: State: Zip Code S25	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Syed Arman Raza Amount of contribution (\$)	Date		□ out at state PAC (ID#	Amount of contribution (\$)
Date Full name of contributor out of state PAC (ID#) Amount of contribution (\$) Syed Arman Raza	04/11/2019	Contributor address;	City: State: Zip Code	\$25
Syed Arman Raza Syed Arman Raza	Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)
	Date		☐ out of state PAC dO♥	Amount of contribution (\$)
04/20/2019 Contributor address. City. State Zip Code \$500	04/20/2019	Contributor address,	City. State Zip Code	\$500
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)

		EXPENDITURE CATE	EGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate:Officeholder/Politica Credit Card Payment	F F By G cal Committee L	Event Expense Fees Food/Beverage Expense Gift/Awards Memorials Expense egal Services The Instruction Guide expla	Office Over Polling Exp Printing Ex Salaries W	rpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	7				3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2019	5 Payee name	e Pronto Prints			1
6 Amount (\$) \$ 340.00	7 Payee addre	ress; City. State:	Zip Code		
8 PURPOSE OF EXPENDITURE		See Categories listed at the top of this	s schedule)		sutside of Texas. Complete Schedule T n. T.X. officeholder living expense.
Complete ONLY if direct expenditure to benefit C OF		e / Officeholder name		Office sought	Office held
Date 4/8/2019	Payee name Office D				
Amount (\$) \$ 16.55	Payee addre	ess; City; State; a	Zıp Code		
PURPOSE OF EXPENDITURE		g Expense	schedule:		tside of Texas. Complete Schedule T TX: officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C:OH		e/ Officeholder name		Office sought	Office held
Date 4/8/2019	Payee name Joseph	e ı Martinez			
Amount (\$) \$ 700.00	Payee addre	ess: City: State: 2	Zip Code		
PURPOSE OF EXPENDITURE		ee Categories listed at the top of this	schedulei		iside of Texas. Complete Schedule T. TX: officeholder, living, expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		/ Officeholder name		Office sought	Office held
	ATTAC	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food Beverage Expense Gift Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mohammad "Jazz" Aijaz 4 Date 5 Payee name ReadyGoSigns 4/10/2019 6 Amount (\$) 7 Payee address: City. State. Zip Code \$ 701.00 8 (a) Category (See Categories ested at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T PURPOSE OF **Printing Expense** Check if Austin, TX officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate Officeholder name Office sought Office held expenditure to benefit C OH Date Payee name Brenda's taqueria 4/12/2019 Amount (\$) Payee address: City: State: Zip Code 20.00 Category (See Categories listed at the top of this schedule: Description ___ Check if travel outside of Texas. Complete Schedule T PURPOSE Check if Austin Tx officeholder living expense Food Expense EXPENDITURE Candidate / Officeholder name Complete **QNLY** if direct Office sought Office held expenditure to benefit C/OH Date Payee name Sams Club 4/14/2019 Amount (\$) Payee address: City: State; Zip Code 47.39 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T OF EXPENDITURE Fundraising expense Check / Austin TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit CrOH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(8)						
Advertising Experise Accounting/Banking Consulting Experise Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift Awards: Memonals Legal Services	e Expense	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Gu	ulde explains	how to co	implete this form.	
1 Total pages Schedule F1:	2 FILER NA	ME Moi	hammad "Jazz"	' Aijaz		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2019	5 Payee nar	^{ne} Walmart		PP-Without Commission		
6 Amount (\$)	7 Payee add	dress; City:	State: Zip	Code		
\$ 54.71						
8	(a) Category	(See Categories listed at t	the top of this sch	edule)	(b) Description	
PURPOSE					Check d travelo	outside of Texas. Complete Schedule T
OF EXPENDITURE	Fundra	aising expense			L Check if Austi	in TX afficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C OF		te / Officeholder nar	me		Office sought	Office held
Date	Payee nan	ne				
4/14/2019	Bom	bay Bazaar				
Amount (\$)	Payee ado	Iress: City:	State: Zip	Code		
\$ 18.96						
PURPOSE OF EXPENDITURE		(See Categories listed at the	he lop of this sche	rdute:		utside of Teras Complete Schedule T TX officeholder Hving expense
EXPENDITURE	runura	aising expense				• ,
Complete <u>ONLY</u> if direct expenditure to benefit C'OH		le / Officeholder nan	ne	L	Office sought	Office held
Date	Payee nar	ne				
4/15/2019	Sweet	Tomatoes				
Amount (\$) \$ 21.16	Payee add	ress: City:	State, Zip (Code		
PURPOSE OF	Category (See Calegories listed at th	ie lop of this sche	du:e:	Description Check if travel ou	iside of Texas. Complete Schedule T
EXPENDITURE	Food E	xpense			Check if Austin	TX officeholder living expense
Complete ONLY if direct expenditure to benefit CrOH	Candidat	e / Officeholder nar	me		Office sought	Office held
	ATTA	CH ADDITIONAL	COPIES OF	THIC C	CHEDULE AS NEE	IDED
			COLIEG OF	11113 31	PUCDULE 42 NEE	נטבט

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credi Card Payment	al Committee 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)
4 *		ns how to complete this form.	
1 Total pages Schedule F1.	2 FILER NAME Mohammad "J:	azz" Aijaz	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2019	5 Payeename Brenda's taqueria		
6 Amount (\$)	7 Payee address: City; State; 2	Zip Code	
\$ 19.90			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Food Expense		outside of Texas. Complete Schiedule 1 in. TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C.O.	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/17/2019	Frost Bank		
Amount (\$)	Payee address: City: State; 2	/in Code	
\$ 8.00			
	Category (See Categories listed at the top of this:	schedule) Description	
PURPOSE			itside of Texas, Complete Schedule T
OF EXPENDITURE	Banking Fee Expense	Check it Austin	r TX officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/18/2019	Joseph Martinez		
Amount (\$)	Payee address: City: State; Z	ip Code	
\$ 700.00			
	Category (See Categories listed at the top of this s	ichedule: Description	and the second s
PURPOSE		Check if travel ou	itside of Texas. Complete Schedule T
OF EXPENDITURE	Consulting Expense	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 NEF	DED
			- THE MAN DAT

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	NAME AND ADDRESS OF THE OWNER OWNER OF THE OWNER O
Advertising Expense Accounting/Banking Consulting Expense Controlling Expense Controlling Expense Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Mohammad "Jaz	zz" Aijaz	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2019	5 Payee name Café Mawal		L
6 Amount (\$) \$ 45.78	7 Payee address; City: State: Zi	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel ou	utside of Texas. Complete Schedule T n - TX - afficeholder living expense
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 El Rancho Stafford		
Amount (\$) \$ 24.41	Payee address: City: State; Zij	p Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel out	tside of Taxas. Complete Schedule T TX: officeholder living expense
Complete ONLY if direct expenditure to benefit C OH	Candidate / Officeholder name	Office sought	Office held
Date 4/22/2019	Payee name Joseph Martinez		
Amount (\$) \$ 100.00	Payee address: City: State; Zip	o Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Check if travel outs	tside of Texas. Complete Schedule T. TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	DED

	EXPENDITURE CATE	EGORIES	FOR BOX 8(a)			
Advertising Expense Accounting Banking Consulting Expense Contributions/Donations Made B Gandidate/Officeholder/Politica Credit Card Payment		Office Over Polling Exp Printing Ex Salaries W.	xpense Vages Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	9 CH CD MALAC		omplete this toriii.			
7	Z FILEH NAME Mohammad "Ja	azz" Aijaz	Ī	3 Filer ID (Ethics Commission Filers)		
4 Date 4/22/2019						
6 Amount (\$)	7 Payee address; City: State: Z	Zip Code	_	Management & Company of the Company		
\$ 96.94						
8	(a) Category (See Calegories listed at the top of this s	schedule)	(b) Description	AMERICAN ASSESSMENT OF THE SECOND ASSESSMENT O		
PURPOSE OF EXPENDITURE Event Expense			Check if travel ou	utside of Texas Complete Schedule T n TX officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C ₂ OH	Candidate Officeholder name H		Office sought	Office held		
Date	Payee name					
4/23/2019	INNOVATIVE SOLUTIONS IT					
Amount (\$)	Payee address: City. State: Zi	p Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Kithedule		tside of Texas. Complete Schedule T		
Complete <u>QNLY</u> if direct expenditure to benefit C'OH	Candidate / Officeholder name	<u> </u>	Office sought	Office held		
Date	Payee name					
4/24/2019	Cricket Wireless					
Amount (\$) \$ 73.29	Payee address; City: State; Zip	p Code				
	Category (See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Office Overhead expense		Check if travelous	side of Texas. Complete Schedule T TX officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	<u> </u>	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	OF THIS SI	CHEDULE AS NEE!	DED		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatrons Made B Candidate/Officeholder/Politica Ciedit Card Payment	Event Expense Fees Food/Beverage Expense By Gift Awards: Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1	2 FILER NAME Mohammad "Ja	NAMES AND ADDRESS OF A STATE OF THE PARTY OF	3 Filer ID (Ethics Commission Filers)	
4 Date 4/25/2019	5 Payec name Office Depot			
6 Amount (\$) \$ 19.79	7 Payee address; City: State: Z	lip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Printing Expense	Check if trave	etoutside of Texas. Complete Schedule T ustin: TX: officeholder living expense	
Complete ONLY if direct expenditure to benefit C-OH	L Candidate / Officeholder name H	Office sought	Office held	
Date 4/26/2019	Payee name Walmart			
Amount (\$) \$ 11.73	Payec address, City; State; Zi	ip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Printing Expense	Check if travel	floutside of Texas. Complete Schedule T stin, TX. officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit CrOH	Candidate / Officeholder name	Office sought	Office held	
Date 4/25/2019	Payee name World Food Warehouse			
Amount (\$) \$ 88.42	Payee address City. State: Zi	ip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travels	ioutside of Texas, Complete Schedule T stin, 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 NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead Rental Expense Solicitation/Fundraising Expense Accounting Banking Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Salaries Wages/Contract Labor Gift-Awards-Memorials Expense Travel Out Of District Candidate Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2. 2 FILER NAME Mohammad "Jazz" Aijaz 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 04/12/2019 Pakistan Centre **7** Amount (\$) 8 Payee address. City: State: Zip Code \$250 TYPE OF Political **EXPENDITURE** Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Taxas. Complete Scriedule T. OF **Fundraising Expense** EXPENDITURE __Check if Austin, TX officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State. Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule Description PURPOSE Check if travel outside of Texas. Complete Schedule T OF Check if Austin TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C.OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED