

# 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:

13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS MRS MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MC  
Jazz  
Mohammad  
Alik

OFFICE USE ONLY

Date Received

RECEIVED

APR 27 2019

Office of City Secretary  
City of Sugar Land, TX

@ 12:06 a.m. by [Signature]  
E-mailed

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE

[Redacted]

Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[Redacted]

6 CAMPAIGN  
TREASURER  
NAME

MS MRS MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs  
Daisy  
Martin

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

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

[Redacted]

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[Redacted]

9 REPORT TYPE

- January 15   
  30th day before election   
  Runoff   
  15th day after campaign treasurer appointment (Officerholder Only)  
 July 15   
  6th day before election   
  Exceeded \$500 limit   
  Final Report (Attach C/OH FR)

10 PERIOD  
COVERED

Month Day Year

04 / 05 / 2019

THROUGH

Month Day Year

04 / 26 / 2019

11 ELECTION

ELECTION DATE

Month Day Year

05 / 04 / 2019

ELECTION TYPE

- Primary   
  Runoff   
  Other Description  
 General   
  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sugar Land City Council  
District 1

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Mohammed "Jazz" Aziz

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS

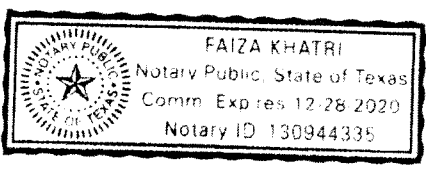
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 35
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2325
3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 667.23
4.	TOTAL POLITICAL EXPENDITURES	\$ 4133.03
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 615.66
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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said Notary Public / Faiza Khatri, this the 26<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Faiza Khatri 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 **Mohammad "Jazz" Ajaz** 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 2325
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 checked="" type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 483.05
6. <input checked="" type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ 250
7. <input type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 2

2 FILER NAME Mohammad "Jazz" Ajaz

3 Filer ID (Ethics Commission Filers)

4 Date  
4/12/2019

5 Full name of contributor  out-of-state PAC ID#  
Hanif Mohamamed

7 Amount of contribution (\$)  
\$100

6 Contributor address: City: State: Zip Code

8 Principal occupation / Job title (See Instructions)  
Information Technology

9 Employer (See Instructions)  
HP Computers

Date  
4/1/2019

Full name of contributor  out-of-state PAC ID#  
Hussain Soomro

Amount of contribution (\$)

\$250

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)

Date  
4/12/2019

Full name of contributor  out-of-state PAC ID#  
Plumbers Union #68 PAC Fund

Amount of contribution (\$)

\$1000

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/22/2019

Full name of contributor  out-of-state PAC ID#  
Iqbal Akhtar

Amount of contribution (\$)

\$100

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME  
 Mohammad "Jazz:" Ajjaz

3 Filer ID (Ethics Commission Filers)

4 Date  
 04/22/2019

5 Full name of contributor  out-of-state PAC ID#  
 Dr. Barkat Charania

7 Amount of contribution (\$)  
 \$250

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC ID#  
 Asit Rajiv Shah

Amount of contribution (\$)

04/06/2019

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

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC ID#  
 Elizabeth Alexandra Markowitz

Amount of contribution (\$)

04/11/2019

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

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC ID#  
 Syed Arman Raza

Amount of contribution (\$)

04/20/2019

Contributor address: City: State: Zip Code

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# 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	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 7	<b>2</b> FILER NAME Mohammad "Jazz" Ajaz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/5/2019	<b>5</b> Payee name Pronto Prints
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<b>6</b> Amount (\$) \$ 340.00	<b>7</b> Payee address: City, State, Zip Code [REDACTED]
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule): Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/8/2019	Payee name Office Depot
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Amount (\$) \$ 16.55	Payee address: City, State, Zip Code [REDACTED]
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 4/8/2019	Payee name Joseph Martinez
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Amount (\$) \$ 700.00	Payee address: City, State, Zip Code [REDACTED]
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 <b>7</b>	<b>2</b> FILER NAME Mohammad "Jazz" Ajaz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/10/2019	<b>5</b> Payee name ReadyGoSigns	
<b>6</b> Amount (\$) \$ 701.00	<b>7</b> Payee address, City, State, Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/12/2019	Payee name Brenda's taqueria	
Amount (\$) \$ 20.00	Payee address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/14/2019	Payee name Sams Club	
Amount (\$) \$ 47.39	Payee address: City: State: Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fundraising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

**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.

<b>1</b> Total pages Schedule F1 7	<b>2</b> FILER NAME Mohammad "Jazz" Aijaz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/14/2019	<b>5</b> Payee name Walmart
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<b>6</b> Amount (\$) \$ 54.71	<b>7</b> Payee address; City: State: Zip Code [REDACTED]
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fundraising expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/2019	Payee name Bombay Bazaar
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Amount (\$) \$ 18.96	Payee address; City: State: Zip Code [REDACTED]
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fundraising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/2019	Payee name Sweet Tomatoes
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Amount (\$) \$ 21.16	Payee address; City: State: Zip Code [REDACTED]
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 <b>7</b>	<b>2</b> FILER NAME Mohammad "Jazz" Aijaz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/17/2019	<b>5</b> Payee name Brenda's taqueria	
<b>6</b> Amount (\$) \$ 19.90	<b>7</b> Payee address: City: State: Zip Code [REDACTED]	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/17/2019	Payee name Frost Bank	
Amount (\$) \$ 8.00	Payee address: City: State: Zip Code [REDACTED]	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking Fee Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/18/2019	Payee name Joseph Martinez	
Amount (\$) \$ 700.00	Payee address: City: State: Zip Code [REDACTED]	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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
Contributors/Donations Made By	Gift Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 7	<b>2</b> FILER NAME Mohammad "Jazz" Aijaz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/22/2019	<b>5</b> Payee name Café Mawal
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<b>6</b> Amount (\$) \$ 45.78	<b>7</b> Payee address: City: State: Zip Code [REDACTED]
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/2019	Payee name El Rancho Stafford
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Amount (\$) \$ 24.41	Payee address: City: State: Zip Code [REDACTED]
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/2019	Payee name Joseph Martinez
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Amount (\$) \$ 100.00	Payee address: City: State: Zip Code [REDACTED]
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 7	<b>2</b> FILER NAME Mohammad "Jazz" Aijaz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/22/2019	<b>5</b> Payee name Walmart
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<b>6</b> Amount (\$) \$ 96.94	<b>7</b> Payee address: City: State: Zip Code [REDACTED]
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule): Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/2019	Payee name INNOVATIVE SOLUTIONS IT
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Amount (\$)	Payee address: City: State: Zip Code [REDACTED]
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense
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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 4/24/2019	Payee name Cricket Wireless
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Amount (\$) \$ 73.29	Payee address: City: State: Zip Code [REDACTED]
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): Office Overhead expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense
-------------------------------	--	---

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

<b>1</b> Total pages Schedule F1 <u>7</u>	<b>2</b> FILER NAME Mohammad "Jazz" Ajaz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/25/2019	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$ 19.79	<b>7</b> Payee address, City, State, Zip Code [REDACTED]	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/26/2019	Payee name Walmart	
Amount (\$) \$ 11.73	Payee address, City, State, Zip Code [REDACTED]	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/25/2019	Payee name World Food Warehouse	
Amount (\$) \$ 88.42	Payee address, City, State, Zip Code [REDACTED]	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fundraising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)


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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F2 1	<b>2</b> FILER NAME Mohammad "Jazz" Aijaz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 04/12/2019	<b>6</b> Payee name Pakistan Centre
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<b>7</b> Amount (\$) \$250	<b>8</b> Payee address: City: State: Zip Code 
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule): Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>11</b> Complete ONLY if direct expenditure to benefit C.O.H.	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule):	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C.O.H.	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**