

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: **10**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mr FIRST Naushad MI
NICKNAME LAST Kermally SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: [REDACTED] APT / SUITE # CITY: STATE: ZIP CODE
Sugar Land TX 77479

[Handwritten Signature]
1-16-24
4:15p

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Mr FIRST Apurva MI
NICKNAME LAST Parikh SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE
[REDACTED] Sugar Land, TX 77479

(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 (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 7 / 1 / 23 THROUGH Month Day Year 12 / 31 / 23

11 ELECTION

ELECTION DATE: Month Day Year 6 / 18 / 20
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
City Council Member D2

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME _____ 16 Filer ID (Ethics Commission Filers) _____

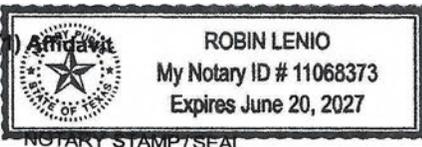
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 62,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 78,200.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

18 SIGNATURE 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.

A. Keeey

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Naushad Kermally this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

[Signature] Robin Lenio Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Naushad Kermally

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 62,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/2023

5 Full name of contributor

Noorddin Khawja

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

6 Contributor address;

City;

State;

Zip Code

Sugar Land, TX 77479

7 Amount of contribution (\$)

5,000.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/23/2023

Full name of contributor

Wasim Khawja

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

Contributor address;

City;

State;

Zip Code

Sugar Land TX 77479

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Self

Date

11/09/2023

Full name of contributor

Sohail Modi

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

Contributor address;

City;

State;

Zip Code

Sugar Land 77479

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

ModiSoft

Date

11/13/2023

Full name of contributor

Faisal Vellani

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

Contributor address;

City;

State;

Zip Code

Sugar Land TX 77478

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/2023

5 Full name of contributor

AAB Foundation LLC

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

6 Contributor address;

City;

State;

Zip Code

Houston, TX 77074

7 Amount of contribution (\$)

10,000.00

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

Amyss

Date

11/15/2023

Full name of contributor

Shaheen Momin

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

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Trustwise Equity

Date

07/27/2023

Full name of contributor

Aman r Dhuka

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

Contributor address;

City;

State;

Zip Code

Sugar Land, TX 77479

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Self

Date

07/27/2023

Full name of contributor

RN Stars, LLC

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

Contributor address;

City;

State;

Zip Code

Sugar Land, TX 77479

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

CEO Aman Khuka

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

11/29/2023

5 Full name of contributor

Sam Banerjee

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

6 Contributor address;

City;

State;

Zip Code

Houston Texas 77046

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

Sami's Convenience and Gifts

9 Employer (See Instructions)

Owner

Date

10/17/2023

Full name of contributor

Andy Shibley

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

Contributor address;

City;

State;

Zip Code

TX 78015

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/20/2023

Full name of contributor

Amir Hassan

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

Contributor address;

City;

State;

Zip Code

Sugar Land TX 77478

Amount of contribution (\$)

10,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/18/2023

Full name of contributor

Rasheed Dhukka

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

Contributor address;

City;

State;

Zip Code

Sugar Land, TX 77479

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Global Fuels

Employer (See Instructions)

Owner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

12/14/2023

5 Full name of contributor

Fuad Cochinwala

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

6 Contributor address;

City;

State; Zip Code

SL TX 77479

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Self

Date

12/08/2023

Full name of contributor

Zaffar Ali

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

Contributor address;

City;

State; Zip Code

Sugar Land TX 77479

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Jeffy's

Date

12/07/2023

Full name of contributor

Azim Punjani

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

Contributor address;

City;

State; Zip Code

Missouri City, TX 77459

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/2023

Full name of contributor

Moes Nasser

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

Contributor address;

City;

State; Zip Code

Houston TX 77056

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

Naushad Kermally

9 Loan Amount (\$)

5,000.00

6 Is lender a financial institution?
 Y N

8 Lender address; City; State; Zip Code

Sugar Land, TX 77479

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?
 Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME Naushad Kermally	3 Filer ID (Ethics Commission Filers)
4 Date 08/09/2023	5 Payee name	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code Islamic Arts Gala	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Table sponsorship
	(c) Check if travel outside of Texas. Complete Schedule T. 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 07/18/2023	Payee name Fort Bend Chamber YIP	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description YIP Table sponsorship
	Check if travel outside of Texas. Complete Schedule T. 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 10/16/2023	Payee name Red White and Blue	
Amount (\$) 3,500.00	Payee address; City; State; Zip Code City of SL Gala	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Table Sponsorship
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2023	5 Payee name Rajeev Mehta	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Robotics Team Sponsorship, Telfair
	(c) Check if travel outside of Texas. Complete Schedule T. 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 07/11/2023	Payee name Fort Bend Independant	
Amount (\$) 100.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertsing	Description July Edition
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED