

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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,501.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 105,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,337.20
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

07/23/2024

5 Full name of contributor

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

Amin Panjwani

7 Amount of contribution (\$)

1,500.00

6 Contributor address;

City;

State;

Zip Code

SL TX 77479

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

CEO

Date

07/24/2024

Full name of contributor

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

Tajddin Momin

Amount of contribution (\$)

2,000.00

Contributor address;

City;

State;

Zip Code

SL TX 77479

Principal occupation / Job title (See Instructions)

Business Owner, Elite Restauart

Employer (See Instructions)

CEO

Date

08/30/2024

Full name of contributor

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

Premier Financial (Aziz Dharani)

Amount of contribution (\$)

1,667.00

Contributor address;

City;

State;

Zip Code

SL TX 77478

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

CEO

Date

09/02/2024

Full name of contributor

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

AAA Enterprises Aziz Dharani

Amount of contribution (\$)

1,667.00

Contributor address;

City;

State;

Zip Code

S: TX 77479

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

CEO

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 11/07/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Saleem Lakhani 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) CEO
Date 11/06/2024	Full name of contributor out-of-state PAC (ID#: _____) DML Capital, LLC Anil Mohammad Contributor address; City; State; Zip Code [REDACTED] SL TX 77478	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Partner
Date 11/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Cash Loan Texas Aziz Dharani Contributor address; City; State; Zip Code [REDACTED] SL TX 77478	Amount of contribution (\$) 1,667.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CEO
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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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

\$ 100,000.00

5 Date of loan
12/31/2024

7 Name of lender out-of-state PAC (ID#: _____)
Naushad and Narmin Kermally

9 Loan Amount (\$)
100,000.00

6 Is lender a financial institution?
 Y N

8 Lender address; City; State; Zip Code
[REDACTED] SL TX 77479

10 Interest rate
0.00

11 Maturity date
12/31/2025

12 Principal occupation / Job title (See Instructions)
Cloud 9 travels owners

13 Employer (See Instructions)
Self

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#: _____)
Naushad Kermally

Loan Amount (\$)
5,000.00

Is lender a financial institution?
 Y N

Lender address; City; State; Zip Code
[REDACTED] TX 77479

Interest rate
0.00

Maturity date
12/01/2025

Principal occupation / Job title (See Instructions)
Self

Employer (See Instructions)
Self

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)
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4 Date 11/25/2024	5 Payee name Arc of Fort Bend
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6 Amount (\$) 3,000.00	7 Payee address; [REDACTED] SL TX 77478	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense, fees	(b) Description Contribution non profit
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/2024	Payee name 512 Media
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Amount (\$) 7,100.00	Payee address; [REDACTED] HOUSTON TEXAS 77057	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website fees #1
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/2024	Payee name Houston Museum of Science
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Amount (\$) 1,200.00	Payee address; [REDACTED] HOUSTON TEXAS 77030	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense and fees	Description Rental for kick off Deposits
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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)
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4 Date 12/24/2024	5 Payee name 512 Media
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6 Amount (\$) 8,037.20	7 Payee address; [REDACTED] Houston Texas 77057
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Website second payment
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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

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