

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	MS / MRS / MR <u>NAUSHAD</u> FIRST MI NICKNAME <u>KEEMALY</u> LAST SUFFIX	OFFICE USE ONLY Date Received <u>1:21pm</u> RECEIVED <u>Bromberg</u> APR 25 2025 Office of City Secretary City of Sugar Land, TX Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] <u>SUGARLAND TX 77479</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>IRFAN</u> FIRST MI <u>MOTIWALA</u> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] <u>SUGARLAND TX 77498</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>03 / 25 / 2025</u> THROUGH <u>04 / 24 / 2025</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 03 / 2025</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>CITY COUNCIL DISTRICT 2</u>	13 OFFICE SOUGHT (if known) <u>MAYOR</u>	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

Reset Form

Reset Page

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

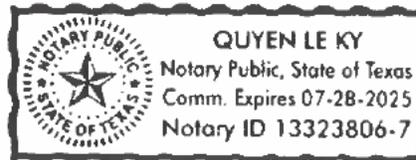
16 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37901.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 54577.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 46,782.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 105,000.00

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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by NAY SHAN Kennedy this the 25th day of April

20 25, to certify which, witness my hand and seal of office.

[Signature] Quyen Ky Records Technician
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(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____.

Signature of Candidate/Officeholder (Declarant)

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37901.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 54577.56
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>waiting on indices</i>
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 3/26/2025	5 Full name of contributor Rabir Sharif out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code Sugar Land TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/2025	Full name of contributor Prompt Realty out-of-state PAC (ID#: _____)	Amount of contribution (\$) 251.00
Contributor address; City; State; Zip Code Stafford		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2025	Full name of contributor Taseer - Zahra Badar out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code Houston, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2025	Full name of contributor Farouk & Asteem Saleh out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code Sugar Land TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

FMSI.W

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 3/13/2025	5 Full name of contributor Aziz Heman out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1500.00
6 Contributor address: City: Sugar Land TX State: TX Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/2025	Full name of contributor Asif Douva out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1500.00
Contributor address: City: Sugar Land TX State: TX Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2025	Full name of contributor Vellani, Lew out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2500.00
Contributor address: City: Sugar Land TX State: TX Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2025	Full name of contributor America Golden Jubilee out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000.00
Contributor address: City: Sugar Land TX State: TX Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
		\$6500.00

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		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Manish Seth ----- 6 Contributor address; City: State: Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Manish Seth ----- Contributor address; City: State: Zip Code	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Setul Patel ----- Contributor address; City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Kadaka Cardiology ----- Contributor address; City: State: Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
		\$600.00

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 <i>Naushad Kermally</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7/2025</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Harkishin Karmani</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/7/2025</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Biogen Inc LLC</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/7/2025</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Sher Singh</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/7/2025</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Al. Mahmood</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>\$350</i>		

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 Naashad Kermally		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2025	5 Full name of contributor Rahul Bahl out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/2025	Full name of contributor Chetley Chaudhary out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2025	Full name of contributor Sushil Varma out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2025	Full name of contributor Aparna Sanghavi out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
		\$200

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

Nuushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/2025

5 Full name of contributor

Zaffar Jaffer Ali

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/17/2025

Full name of contributor

Ravi Thakkar

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2025

Full name of contributor

Rick Oberoi

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

Amount of contribution (\$)

\$1500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2025

Full name of contributor

Kunal Sethi

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

\$1700.00

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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1 Total pages Schedule A1:

2 FILER NAME

Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/25

5 Full name of contributor

Abdul Shakur Jamal

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/25

Full name of contributor

Nooruddin Lalani

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

Amount of contribution (\$)

2500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2025

Full name of contributor

Enccap LLC

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

Amount of contribution (\$)

2500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2025

Full name of contributor

Xclusive Trading

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

Amount of contribution (\$)

2500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

\$8000.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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1 Total pages Schedule A1:

2 FILER NAME

Navshad Karmally

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/2025

5 Full name of contributor

Mohammed Lalari

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

7 Amount of contribution (\$)

~~2500.00~~
\$200.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/2025

Full name of contributor

Pioneer Finance

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

Amount of contribution (\$)

\$2000.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2025

Full name of contributor

Majestic Developers

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

Amount of contribution (\$)

\$2500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2025

Full name of contributor

Akbar Poonhwala

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

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

\$5700

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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1 Total pages Schedule A1:

2 FILER NAME

Naushad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

3/25/2025

Sulaman Hemani

6 Contributor address;

City;

State;

Zip Code

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

4/7/2025

Dipul Patel

Contributor address;

City;

State;

Zip Code

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

4/12/2025

Arman Rupani

Contributor address;

City;

State;

Zip Code

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

4/15/2025

Rajesh Thakur

Contributor address;

City;

State;

Zip Code

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

\$3700

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Navshad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/2025

5 Full name of contributor

Donna Ellis

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/15/2025

Full name of contributor

Atilla Una

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

Amount of contribution (\$)

2500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/2025

Full name of contributor

Nazar Momin

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2025

Full name of contributor

Sultan Khawaja

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

\$3300

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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1 Total pages Schedule A1:

2 FILER NAME

Navshad Kermally

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/2025

5 Full name of contributor

Ritchie Johnson

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

\$100

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

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 9/21/2025	5 Payee name Tanvir	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Photo
	(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
Date 4/19/2025	Payee name Pepe Senor	
Amount (\$) 3020.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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
Date 4/19/2025	Payee name Soha Sobhi	
Amount (\$) 437.50	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE (387.50)	Category (See Categories listed at the top of this schedule) Salary	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 Nushad Kermally	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2025	5 Payee name Javed - Voice Asia	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(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 <input type="checkbox"/> Office held <input type="checkbox"/>

Date 4/18/2025	Payee name George Coward	
Amount (\$) 675.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	(c) 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 <input type="checkbox"/> Office held <input type="checkbox"/>

Date 4/11/2025	Payee name Neumann Limited Partners	
Amount (\$) 12877.34	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Markers
	(c) 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 <input type="checkbox"/> Office held <input type="checkbox"/>

\$29542.34

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Form

Reset Page

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

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:	2 FILER NAME Naushad Kermally	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2025	5 Payee name Box Bryant LLC	
6 Amount (\$) 999.00	7 Payee address;	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description
	(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 4/10/2025	Payee name Art Museum TX	
Amount (\$) 2623.22	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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
Date 4/9/2025	Payee name Tanvir Photo	
Amount (\$) 300.00	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Photos
	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

\$5922.22

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Reset Form

Reset Page

FROM POLITICAL CONTRIBUTIONS

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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:	2 FILER NAME <i>Naushad Keralally</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/14/2025</i>	5 Payee name <i>Tanvir</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address: City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Photo</i>
	(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 <i>4/13/2025</i>	Payee name <i>Soha Jethi</i>	
Amount (\$) <i>207.50</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Subs</i>	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

Date <i>4/12/2025</i>	Payee name <i>Kalpish</i>	
Amount (\$) <i>301.00</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>India Culture Center</i>
	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

\$808.50

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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 Nourhad Kernally	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2025	5 Payee name AKSHAT	
6 Amount (\$) 200.00	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salary	(b) Description Signs
	(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 3/31/2025	Payee name Malu Newspaper		
Amount (\$) 500.00	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 3/27/2025	Payee name Shilba		
Amount (\$) 500.00	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Radio	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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\$1200

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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:	2 FILER NAME <i>Navshad Kermally</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/26/2025</i>	5 Payee name <i>Tanvir</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address:	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Grant</i>	(b) Description <i>Photo</i>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <i>2/14/2025</i>	Payee name <i>Fox Bryant</i>	
Amount (\$) <i>15000.00</i>	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Block walking</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

\$15,300

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Naushad Kermally</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>2400.00</i>	
5 Date <i>3/26</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mai Colachi</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>\$2400.00</i>
7 Contributor address; City; State; Zip Code [Redacted] <i>Sugar Land TX 77478</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Shourgh Daudani (owner)</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>3/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ivan Tjani</i>	Amount of Contribution \$	In-kind contribution description <i>4000.00</i>
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Business</i>		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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