

# 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<br><b>Mr</b>  | FIRST<br><b>NASIR</b>   | MI                       | <b>OFFICE USE ONLY</b><br><br>Date Received <b>FILED IN PERSON</b><br><b>July 14, 2025</b><br><b>4:52pm</b><br><b>Mendenhall City Clerk</b><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |
|   | NICKNAME<br><b>HUSSAIN</b>  | LAST  | SUFFIX                   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  |   |                          |  |
|   | [REDACTED] <b>SL TX 77499</b>   |   |                          |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                    | AREA CODE   | PHONE NUMBER  | EXTENSION                |  |
|   | [REDACTED]  |   |                          |  |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR<br><b>Mr.</b>   | FIRST<br><b>SUBHAN</b>  | MI                       |  |
|   | NICKNAME<br><b>HUSSAIN</b>  | LAST  | SUFFIX                   |  |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE   |   |                          |  |
|   | [REDACTED] <b>ROSENBERG TX 77469</b>  |   |                          |  |
| 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)   |   |                          |  |
| 10 PERIOD COVERED   | Month      Day      Year  | THROUGH   | Month      Day      Year |  |
|   | <b>MAY / 29 / 25</b>  |   | <b>JUNE / 30 / 2025</b>  |  |
| 11 ELECTION   | ELECTION DATE   | ELECTION TYPE   |                          |  |
|   | Month      Day      Year<br><b>JUNE 07 / 25</b>   | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                          |  |
| 12 OFFICE   | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)   |                          |  |
|   |   | <b>COUNCIL MEMBER</b>   |                          |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br>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  | COMMITTEE ADDRESS   |                          |  |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |                          |  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                          |  |

**GO TO PAGE 2**



**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

|   |  |  |
|---|--|--|
| 19 FILER NAME<br><b>NASIR HOSSAIN</b>     |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT                     |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0                                   |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0                                   |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0                                   |
| 4.  | SCHEDULE E: LOANS  | \$ 0                                   |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 6594.38                             |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 2000                                |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0                                   |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0                                   |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0                                   |
| 10.                                       | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0                                   |
| 11.                                       | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0                                   |
| 12.                                       | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                                   |

# 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<br><b>NASIR HUSSAIN</b>                      |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)         |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)           |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)           |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>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.

# 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<br><b>NASIR HOSSAIN</b>  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>06/01/25</b>                                    | 5 Payee name<br><b>PILLAR PAC</b>   |  |
| 6 Amount (\$)<br><b>\$3300</b>                               | 7 Payee address: _____ City: _____ State: _____ Zip Code _____  |  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)  | (b) Description<br><b>FLYER PRINT/DISTRIBUTION</b> |
|  | (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 _____              |
| 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. <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 _____              |
| 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. <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 _____              |

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>NASIR HOSSAIN   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>06/02/25   | <b>5</b> Payee name<br>FILLI'S CAFE  |  |
| <b>6</b> Amount (\$)<br>\$17.05                                     | <b>7</b> Payee address:  | City: State: Zip Code                        |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>COFFEE  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>06/18/25  | Payee name<br>MOHAMMAD FASIH   |  |
| Amount (\$)<br>\$225  | Payee address:   | City: State: Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>FACE BOOK/SOCIAL MEDIA   | Description                                  |
|   | 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                    |
| Date<br>06/09/25  | Payee name<br>BHEESHA HOOKAH GRILL   |  |
| Amount (\$)<br>\$525  | Payee address:   | City: State: Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>EVENT PAYMENT  | Description                                  |
|   | 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>NASIA HOSSAIN   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>06/02/25   | <b>5</b> Payee name<br>FANOUSH BURGER  |  |
| <b>6</b> Amount (\$)<br>\$401.66                                    | <b>7</b> Payee address: _____ City: _____ State: _____ Zip Code _____  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>FOOD/DELIVERY                                       | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. _____ 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<br>06/07/25  | Payee name<br>GO DADDY   |  |
| Amount (\$)<br>\$25.57  | Payee address: _____ City: _____ State: _____ Zip Code _____   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>WEB HOSTING  | 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<br>06/07/25  | Payee name<br>ACADMY SPORTS  |  |
| Amount (\$)<br>\$48.70  | Payee address: _____ City: _____ State: _____ Zip Code _____   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>TENT PURCHASE  | 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 _____        |

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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<br><b>NASIR HUSSAIN</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------------|---------------------------------------|

|                           |                                   |
|---------------------------|-----------------------------------|
| 4 Date<br><b>06/04/25</b> | 5 Payee name<br><b>LYNN RYANN</b> |
|---------------------------|-----------------------------------|

|                               |  |
|-------------------------------|--|
| 6 Amount (\$)<br><b>\$240</b> | 7 Payee address; City; State; Zip Code |
|-------------------------------|--|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>POLL WORKER</b>  | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                         |                                 |
|-------------------------|---------------------------------|
| Date<br><b>06/09/25</b> | Payee name<br><b>LYNN RYANN</b> |
|-------------------------|---------------------------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| Amount (\$)<br><b>\$220</b> | Payee address; City; State; Zip Code |
|-----------------------------|--------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>POLL WORKER</b>  | 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<br><b>06/09/25</b> | Payee name<br><b>DANYAL USMANI (MANDI CAFE)</b> |
|-------------------------|---|

|                             |                                      |
|-----------------------------|--------------------------------------|
| Amount (\$)<br><b>\$250</b> | Payee address; City; State; Zip Code |
|-----------------------------|--------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>FOOD/DELIVERY</b>  | 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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**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<br><b>NASIR HUSSAIN</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------------|---------------------------------------|

|                           |                                       |
|---------------------------|---------------------------------------|
| 4 Date<br><b>06/03/25</b> | 5 Payee name<br><b>MONER MOHAMMAD</b> |
|---------------------------|---------------------------------------|

|                              |  |
|------------------------------|--|
| 6 Amount (\$)<br><b>\$75</b> | 7 Payee address; City; State; Zip Code |
|------------------------------|--|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>POLL WORKER</b>                      | (b) Description |
|                          | (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<br><b>06/03/25</b> | Payee name<br><b>SUSAN ELSAYAD</b> |
|-------------------------|------------------------------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| Amount (\$)<br><b>\$135</b> | Payee address; City; State; Zip Code |
|-----------------------------|--------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>POLL WORKER</b>                      | 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 |
|---|-------------------------------|---------------|-------------|

|                         |                                      |
|-------------------------|--------------------------------------|
| Date<br><b>06/04/25</b> | Payee name<br><b>KAREEM MOHAMMAD</b> |
|-------------------------|--------------------------------------|

|                            |                                      |
|----------------------------|--------------------------------------|
| Amount (\$)<br><b>\$60</b> | Payee address; City; State; Zip Code |
|----------------------------|--------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>POLL WORKER</b>                      | 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 |
|---|-------------------------------|---------------|-------------|

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<br><b>MASIE HOSSAIN</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------------|---------------------------------------|

|                            |                                   |
|----------------------------|-----------------------------------|
| 4 Date<br><b>JUN 02/25</b> | 5 Payee name<br><b>LYNN RAYAN</b> |
|----------------------------|-----------------------------------|

|                               |  |
|-------------------------------|--|
| 6 Amount (\$)<br><b>\$180</b> | 7 Payee address; City; State; Zip Code |
|-------------------------------|--|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>POLL WORK ON SAT</b>   | (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 | Office held |
|--|-------------------------------|---------------|-------------|

|                         |                                 |
|-------------------------|---------------------------------|
| Date<br><b>06/02/25</b> | Payee name<br><b>LYNN RAYAN</b> |
|-------------------------|---------------------------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| Amount (\$)<br><b>\$240</b> | Payee address; City; State; Zip Code |
|-----------------------------|--------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>POLL WORK</b>  | Description |
|                        | 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 |
|--|-------------------------------|---------------|-------------|

|                         |                                      |
|-------------------------|--------------------------------------|
| Date<br><b>06/02/25</b> | Payee name<br><b>PROSPERITY BANK</b> |
|-------------------------|--------------------------------------|

|                            |                                      |
|----------------------------|--------------------------------------|
| Amount (\$)<br><b>\$22</b> | Payee address; City; State; Zip Code |
|----------------------------|--------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>ZELLE FEES</b>   | Description |
|                        | 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 |
|--|-------------------------------|---------------|-------------|

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<br><b>NASIR HUSSAIN</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------------|---------------------------------------|

|                            |                                  |
|----------------------------|----------------------------------|
| 4 Date<br><b>May/31/25</b> | 5 Payee name<br><b>LYNN RYAN</b> |
|----------------------------|----------------------------------|

|                               |                  |       |        |           |
|-------------------------------|------------------|-------|--------|-----------|
| 6 Amount (\$)<br><b>\$240</b> | 7 Payee address: | City: | State: | Zip Code: |
|-------------------------------|------------------|-------|--------|-----------|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>POLL WATCHER</b>   | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                          |                                      |
|--------------------------|--------------------------------------|
| Date<br><b>May/31/25</b> | Payee name<br><b>KAREEM MOHAMMAD</b> |
|--------------------------|--------------------------------------|

|                             |                |       |        |           |
|-----------------------------|----------------|-------|--------|-----------|
| Amount (\$)<br><b>\$210</b> | Payee address: | City: | State: | Zip Code: |
|-----------------------------|----------------|-------|--------|-----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>POLL WATCHER</b>   | 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<br><b>May/31/25</b> | Payee name<br><b>SUSAN ALSAYED</b> |
|--------------------------|------------------------------------|

|                             |                |       |        |           |
|-----------------------------|----------------|-------|--------|-----------|
| Amount (\$)<br><b>\$180</b> | Payee address: | City: | State: | Zip Code: |
|-----------------------------|----------------|-------|--------|-----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>ROLL WATCHER</b>   | 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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### 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            | 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)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:                                    | <b>2</b> FILER NAME<br><b>NASIR HOSSAIN</b>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |   | \$   |
| <b>5</b> Date<br><b>06/01/25</b>                                     | <b>6</b> Payee name<br><b>ALLIED SIGNS</b>  |  |
| <b>7</b> Amount (\$)<br><b>\$2000</b>                                | <b>8</b> Payee address; City; State; Zip Code   |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>PRINT/ADVERTISING</b>  | (b) Description                              |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held               |
| <b>Date</b>  | <b>Payee name</b>   |  |
| <b>Amount (\$)</b>   | <b>Payee address; City; State; Zip Code</b>   |  |
| <b>TYPE OF EXPENDITURE</b>   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <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     |  |
| 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

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

NASIR HOSSAIN

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder