		CEHOLDER CEREPORT		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	BARAR	MI	OFFICE USE ONLY
	NICKNAME	FMAM	SUFFIX	Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 19 CAIN SUGAR	APTISUITE : CO T CHRISTOPHER LAND, TX 77	STATE: ZIP CODE	JAN 18 2022 RC
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 467-9545	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRG / MR- MARII NICKNAME	FIRST AM LAST	MI	Receipt # Amount \$ Date Processed
		IMAM	:	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	19 SAW	(NO PO BOX PLEASE); APT / SL T CLARISTOPING	R G Subarland	D, TX 77479
(Residence or Business)		·:		
CAMPAIGN TREASURER PHONE	(28 ()	491 — 7	LS 33	
REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	`July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
0 PERIOD COVERED	07 Month	Day Year / 01 / 2021	THROUGH 12	/31/2021
H ELECTION	. ELECTION DA	TE Primary	ELECTION TYPE Runoff Other	
	Month Day 01	Year General	Description Special	
2 OFFICE	OFFICE HELD (if any)	· · · · · · · · · · · · · · · · · · ·	13 OFFICE SOUGHT (IF INDOMIN	·
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT MOATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	÷.	÷
. Additional Pages	GENERAL	COMMITTEE ADDRESS		
.: ∴ .	SPECIFIC	COMMITTEE CAMPAIGN:TREA	SURER NAME	·
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Fil	er ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, O	POLITICAL CONTRIBUTI OR GUARANTEES OF LOA ADE ELECTRONICALLY)	-	\$ 0/				
	2. TOTAL POLITICAL (OTHER THAN PLEDO	CONTRIBUTIONS GES, LOANS, OR GUARA	NTEES OF LOANS)	\$ 4000				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITUR	E .	\$ 1,250				
	4. TOTAL POLITICAL	EXPENDITURES		\$ 1,250				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO	\$ 0/-						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AI LAST DAY OF THE R		DING LOANS AS OF THE	\$ 01-				
	•		anying report is true and	correct and includes all information				
req	uired to be reported by me under	Title 15, Election Code.						
	. 1. 7 		06)	(Apr				
			X	119				
	•		Signature of Candidate	or Officeholder				
		. ÷						
	· ·			:::				
.		· ·		_				
	Please	complete either	option below:	· · · · · · · · · · · · · · · · · · ·				
- (*) - (*)	^^^^		7					
	JACKLYNN		:					
		State of Texas &						
445.5	My Comm. Ex	p. 10-19-2025 X	•					
(1) Affidavit	8 ID No. 13	3401255 🖔		·				
	\$	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>						
HOTADY STAND (SEA)	•		•	j				
NOTARY STAMP/SEAL		h —		1				
Sworn to and subscribed I	before me by <u>JACAA</u>	ir U. Iman	this the	day of Vanuary				
. 199.				_ day of <u>January</u> ,				
20 to cortify v	which, witness my hand and seal o	of office.	~~ m)	1151-				
		2540000	h500 .	Notare				
Signature of officer administer	ing oath Printed n	ame of officer administering	oath	Title of officer admitstering oath				
		OR						
(2) Unsworn Declaratio	n	•	**					
			•	71				
My name is		'	my data of high is	* ; *				
		, and	my date of birth is					
My address is								
·	(street)	·.	(city) (state)	(zip code) (country)				
Executed in	County, State of	, on the	day of	, 20				
(month) (year)								
			Signature of Candidate/Off	iceholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME S. QASAR IMAM 20 Filer ID (Ethics Co.)	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O/-
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	\$ 0/-
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0/-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0/-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 0/-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	ध्येट्ट. क
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>O</i> /-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0/-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0/-

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Officeholden/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salari The Instruction Guide explains how	es/Wages/Contract Labor to complete this form.	Other (enter a category r	not listed above)			
1 Total pages Schedule G:	2 FILER NAME S. DAYSAR IMA	rom	3 Filer ID (Ethics C	ommission Filers)			
4 Date 11/15 2.1	5 Payee name 5. DAISAR IMA 5 Payee name S. DAISAR IMA 7 Payee address; 19 SAINT CHRISTOPHER	M		, to			
6 Amount (\$) 1250.00 Reimbursement from political contributions intended	7 Payee address; 19 SAINT CHRISTOPHER		AND TX -	77479			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FILING FEE	(b) Description	5 44 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9	Candidate / Officeholder name	Office sought	O	office held			
Complete ONLY if direct expenditure to benefit C/OH							
Date	Payee name						
	¥ .						
Amount (\$)	Payee address;	City;	State;	Zip Code			
Reimbursement from political contributions intended		* * * <u></u>					
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	:				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
Amount (\$)	Payee address;			~ 0-1-			
Amount (#)	Payee acuress,	City;	State;	Zip Code			
Reimbursement from political contributions intended		· · · · · · · · · · · · · · · · · · ·					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description					
OF EXPENDITURE	·.						
EAFERDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED				