CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this	s form.		2 Total pages filed: 6		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRS Zees NICKNAME LAST Isaac	shan	MI	OFFICE USE ONLY Date Received RECEIVED JUL 0 7 2022		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUIT 4803 Fairford Dr Sugar Land, TX 77479	E#, CITY;	ZIP CODE	Date Processed Date Imaged		
5 CAMPAIGN TREASURER NAME	MS/MR6/MR FIRST Moi-1 A NICKNAME LAST FURA	MMAD	MI SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX F		SUITE#; CITY;	STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM					
8 REPORT TYPE		day before election	unoff xceeded modified porting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 01/01/2022	THROUGH	Month Day 06/30/2022	Year		
10 ELECTION	ELECTION DATE Month Day Year 03/01/2024	X Primary General	ELECTION TYPE Runoff Special	Other		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT Commissioner Pr Precinct 3	(if known) recinct 3 Place Fort Bend District		
GO TO PAGE 2						

UNSWORN DECLARATION

FORM UD

				7			
Attach this unswe	orn declaration to	the front of	any	OFFICE	USE ONLY		
campaign finance r	Date Received						
lieu of a notarize	REC	EIVED					
Remedies Code § 132	2.001.			11:			
1 FILER ID:				10 TOF 0	7 2022		
(Ethics Commission filers)				FORT BEND CO	ELECTIONS		
2 NAME OF FILER				Method of Deliver			
(PLEASE TYPE OR PRINT)	Isaac, Zee	shan		Date Processed		-	
3 TYPE OF FILER	CANDIDATE/ OFFIC	EHOLDER		POLITICAL C	OMMITTEE		
	JUDICIAL CANDIDA	ATE/ OFFICEHOLDE	R	POLITICAL P	ARTY	-	
	PERSONAL FINANC	CIAL STATEMENT		STATE/COUN	NTY CHAIR		
	DIRECT CAMPAIGN	N EXPENDITURE				`	
4 TYPE OF REPORT			***************************************				
	JULY 15					h . top	
5 DUE DATE							
	JULY 15, 20	22					
6 UNSWORN DECLARA	TION:					4	
F7 .1	15000			1111212	1 1071	1.	
My name is Zeesh	an Isaac	, and my date o	f birth is	FIFIC CH 3	1,1976	-1	
My Address is 4803	FAIRFORD DR	SUGARLAND	. <u>T</u> x.	77479.	USA	***	
	(street)	(city)	(state)	(zip code)			
I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.							
Executed in FORT BEND County, State of TX , on the 7th day of JULY , 20 22.							
Executed in report of the County, State of 1/1, on the 7th day of 3071, 20 72.							
: Zeeder Olding							
Signature of Filer/ Committee Representative							
(Declarant)							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 6

13 C / OH NAME	Isaac, Zeeshan	14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by po These expenditures may have been made without the candidate's d officeholders are required to report this information only if they re-	or officeholder's k	nowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS				
	and planters :	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, L ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY		0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	481.30		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF T RIOD	THE \$	164.37		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST TING PERIOD	DAY \$	0.00		
17 AFFIDAVIT		I swear, or affirm, under penalty of perjury, tha	at the accompanyir	ng report is		
		true and correct and includes all information re under Title 15, Election Code.				
• .		Newton Ording	/			
		Signature of Candidate or 0	Officeholder			
AFFIX NO	OTARY STAMP / SEAL AB	OVE				
Swom to and sub	scribed before me, by the	eaid, this the _		day		
of	of, 20, to certify which, witness my hand and seal of office.					
Signature of of	ficer administering	Printed name of officer administering Title	of officer administ	ering oath		

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 Filer ID 18 FILER NAME Isaac, Zeeshan 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 481.30 \$ X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment		Cit/Awaros/memoriais Expense Legal Services		/ages/Contract Labor	OTHER (enter a categor	y not listed above)
			The Instruction Guide exp	lains now to co	mpiete this form.		
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	
	Sch: 1/3 Rpt: 4/6	Isaac, Zees	han				
4	Date	5 Payee name					
	01/03/2022	Bank of Am	erica				
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de		
	\$16.00	100 North T	ryon Street				
		Charlotte, N	C 28255				
8	PURPOSE				(b) Description		
•	OF	Accounting/	e Categories listed at the top of the	his schedule)		outside of Texas, Complete So	chedule T.
	EXPENDITURE	Accounting	Danking		Check if Austin	n, TX, officeholder living expens	e
					Bank fees		
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ght	Office held	
	expenditure to benefit C/OH	1saac,	Zeeshan C	IMMISS IN	NER PRECIN	CT 3	
	Date	Payee name					
	02/01/2022	Bank of Am	erica				
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de		
	\$16.00 100 North Tryon Street						
							1
		Charlotte, N	IC 28255				
-	PURPOSE		ee Categories listed at the top of t		(b) Description		
	OF			ins schedule)		outside of Texas. Complete So	chedule T.
	EXPENDITURE Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			se			
					Bank fees		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH I Saac, Zeeshan COMMISSIONER PRECINCT 3						
	Date Payee name						
	03/01/2022	Bank of Am	erica				
-	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode		
	\$16.00		ryon Street				
			,				
		Charlotte, I	IC 28255				
L	212222				In		
	PURPOSE OF		ee Categories listed at the top of	this schedule)	(b) Description	l outside of Texas. Complete S	chedule T
	EXPENDITURE	Accounting	Banking			n, TX, officeholder living expen	
					Bank fees		
-	Complete ONLY if direct		iceholder name	Office sou	ıght	Office held	
	expenditure to benefit C/OH I saac, Zeeshan CootMISSIONEL PRECINCT 3						
1		1		77101	J - 1		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donati

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Git/JAwards/Memorials Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID		
	Sch: 2/3 Rpt: 5/6	Isaac, Zeeshan		
	Date	5 Payee name		
	04/01/2022	Bank of America		
	Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 100 North Tryon Street		
		Charlotte, NC 28255		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H 15aac, Zeeshan Commissioned Precinc13		
	Date	Payee name		
	05/02/2022	Bank of America		
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 100 North Tryon Street		
		Charlotte, NC 28255		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H (Sac; Zeeshan (PMMISSIONER PRECINCIZ		
	Date	Payee name		
	06/01/2022	Bank of America		
Amount (\$) Payee address; City; State; Zip Code \$16.00 100 North Tyron Street				
		Charlotte, NC 28255		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees		
		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		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:		3	Filer ID		
Sch: 3/3 Rpt: 6/6	Isaac, Zeeshan				
4 Date 03/28/2022	5 Payee name GODaddy.com				
6 Amount (\$) \$70.31	7 Payee address; City; State 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260	e; Zip Code			
e DIDDOCE		In series			
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this so Campaign website	Check if travel out	side of Texas. Complete Schedule T. K, officeholder living expense COM site's operations expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held		
Date	Payee name				
03/24/2022	GODaddy.com				
Amount (\$) \$199.99	Payee address; City; State 14455 North Hayden Road Suite 219	e; Zip Code			
	Scottsdale, AZ 85260				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Manage SSL renewal (Security of web	Osite) Check if travel out	side of Texas. Complete Schedule T. K, officeholder living expense rity certificate SSL renewal.		
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held		
Date	Payee name				
03/28/2022	GODaddy.com				
Amount (\$) \$115.00					
	Scottsdale, AZ 85260				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Website hosting	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense ing expense		
Complete ONLY if direct expenditure to benefit C/O		Office sought VMM15510NER PRE	Office held		