# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST USama	I MI	OFFICE USE ONLY
NAME	NICKNAME LAST Shahid	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; O	state; zipcode Senberg, TX 77469	JUL 17 2023 R
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	1832 ) 330-9947	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	ms/mrs/mr First Zaih	МІ	Date Processed
TVANE	NICKNAME LAST Sham S	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 5751 Green house R		STATE; ZIP CODE  7X 77449
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	(832) 617-600 4	EXTENSION	
9 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)
10 PERIOD COVERED	Month Day Year	THROUGH 86	Day Year / 30 / 2 3
11 ELECTION	Month Day Year Primary  O3/05/2021 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FORT BRND CO	ounty Presinct Y
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR COMMITTEE TYPE COMMITTEE NAME	CCEPTED OR POLITICAL EXPENDITURES NAMED IN THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREA  COMMITTEE CAMPAIGN TRE		
	GO TÔ I	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Isama Shahid	6 Filer ID (Ethics Commission Filers)							
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0							
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)								
EXPENDITURE TOTALS	3 TOTAL INITEMIZED POLITICAL EXPENDITURE								
	4. TOTAL POLITICAL EXPENDITURES	\$ 6							
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 6							
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$ 6							
	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information							
	i Jama								
	Signature of Cand	lidate or Officeholder							
	Please complete either option below:								
(1) Affidavit	ANDREA BELL Notary ID #128786009 My Commission Expires October 27, 2023								
NOTARY STAMP/SEA	1160,000 his Shalaid	17 day of July,							
20 A, to certify	which, witness my handland seal of office. Bell Hndvea Bell	Notary							
Signature of officer administe		Title of officer admiristering oath							
	OR								
(2) Unsworn Declaration	on								
My name is	, and my date of birth is								
	(street) (city) (sta	te) (zip code) (country)							
Executed in	County, State of , on the day of(month)	, 20 (year)							
	Signature of Candidat	e/Officeholder (Declarant)							

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	19 FILER NAME USama Shahid							
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
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	\$ ()						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	* O						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ()						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>O</i>						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ ()						
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

	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	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
		6 Contributor address; City; State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See In	nstructions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	nstructions)
Date Full name of contributor		Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	ation / Job title (See Instructions)  Employer (See In	astructions)
	Date	Full name of contributor	
		Contributor address; City; State; Zip Code	
	Principal occup	ation / Job title (See Instructions)  Employer (See In	structions)

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	RIBUTIONS \$			
5 Date 6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$   description			
7 Contributor address; City; State;	Zip Code			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	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)			
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description			
Contributor address; City; State;	Zip Code   Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	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)				

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

The Instruction Guide explains how to co	nplete this form.  1 Total pages Schedule B:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$
6 Full name of pledgor ☐ out-of-state	8 Amount   9 In-kind contribution of Pledge \$   description
7 Pledgor address; City;	State; Zip Code
10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
Date Full name of pledgor out-of-stat	Amount In-kind contribution of Pledge \$   description
Pledgor address; City;	State; Zip Code
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of pledgor out-of-stat	PAC (ID#:)  Amount of In-kind contribution description
Pledgor address; City;	State; Zip Code
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of pledgor out-of-stat	PAC (ID#:)  Amount of In-kind contribution Pledge \$   description
Pledgor address; City;	State; Zip Code
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

### LOANS

### SCHEDULE E

The	Instruction Guide explains how t	to complete this form.	1 Total pages Schedule E:			
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF U	NITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender	ut-of-state PAC (ID#:)	9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; C	ity; State; Zip Code	10 Interest rate  11 Maturity date			
Y N						
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Col	lateral	Check if personal fu	nds were deposited into political ctions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable	18 Guarantor address; Ci	ity; State; Zip Code				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender 🔲 ou	ut-of-state PAC (ID#:)	Loan Amount (\$)			
ls lender a financial	Lender address; C	ity; State; Zip Code	Interestrate			
Institution?			Maturity date			
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Coli	ateral		Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; C	State; Zip Code				
not applicable						
Principal Occupat	ion (See Instructions)	Employer (See Instructions)				

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

Event Expense 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)

Ciedicoald Paymon	The Instruction Guide explains how to	complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 Date	<b>5</b> Payee name							
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	ustin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
Amount (\$)	Payee address;	City;	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 Austi	f Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1	Office held				
Date	Payee name		Marion and American					
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	n, TX, officeholder living	expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held				
	ATTACH ADDITIONAL CODIES OF THIS	COUEDIN E AC NEE	DED					

### **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 Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica	Legal Services  The Instruction Guide ex	Other (enter a category not listed above)				
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OF	BLIGATIONS	\$			
<b>5</b> Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description				
	(C) Check if travel outside of Texas. Compi	lete Schedule T. Check if Austi	in, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top or	f this schedule) Description				
	Check if travel outside of Texas. Comp	plete Schedule T. Check if Aus	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	Т	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	Name of person from whom investment is purchased	
		6 Address of person from whom investment is purchased; City	; State; Zip Code
		7 Description of investment	
		8 Amount of investment (\$)	
	Date	Name of person from whom investment is purchased	
		Address of person from whom investment is purchased; City;	State; Zip Code
		Description of investment	
		Amount of investment (\$)	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Travel In g Expense Travel On SWages/Contract Labor Other (er

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **Political EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## 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/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ng Expense Travel in District
Travel in District
Other (orthogonal)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category Credit Card Payment The Instruction Guide explains how to complete this form.							ory not listed above)					
1	Total pages Schedule G:	2 FILER NAME						3 Filer	ID (Ethic	s Commission Filers)		
4	Date	<b>5</b> Pay	ee n	ame								
6	Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City;						State; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Ca	tego	y (See Categories listed at the top of this schedule)	(b)	Des	scription					
		(c)		Check if travel outside of Texas. Complete Schedule T.			Check if Austin,	TX, officel	nolder living	expense		
	emplete <u>ONLY</u> if direct penditure to benefit C/OH	(	Cand	idate / Officeholder name	Offic	æ s	sought			Office held		
	Date	Pay	ee n	ame								
Amount (\$)  Reimbursement from political contributions intended		Pay	ee a	ddress;			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 Austi			, TX, officer	nolder living						
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		Cand	idate / Officeholder name	Offic	e s	ought			Office held		
	Date	Pay	ee na	ame								
	Amount (\$)  Reimbursement from political contributions intended	Pay	/ee a	ddress;			City;		State;	Zip Code		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description		scription								
				Check if travel outside of Texas. Complete Schedule T.			Check if Austin,	TX, officer	nolder living	expense		
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	C	Cand	idate / Officeholder name	Offic	e s	ought			Office held		
_				The state of the s								

### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

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 Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel Out Of District

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Credit Card Payment The Instruction Guide explains how to complete			Wages/Cont		Other (enter a category not listed above)					
1 Total pages Schedule H:	2 FILER N	THE RESERVE OF THE PERSON OF T				3 Filer ID	) (Ethics	Commission Filers)		
4 Date	5 Business	name								
<b>6</b> Amount (\$)	7 Business address; City;					State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of	of this schedule)	(b) Desc	cription	4				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin						ler living ex	cpense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sou	ught			Office held		
Date	Business	name								
Amount (\$)	Business	address;			City;		State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top o	f this schedule)	Desc	ription					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin					TX, officehold	er living ex	pense		
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sou	ught	Office held				
Date	Business	name			4010		MANUAL PROPERTY OF THE PROPERT			
Amount (\$)	Business	address;			City;		State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top o	f this schedule)	Desc	cription					
EXI ENDITORE		Check if travel outside of Texas. Comp	elete Schedule T.		Check if Austin,	TX, officehold	er living ex	pense		
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sou	ught		(	Office held		

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

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 I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

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 K:		
2 FILER NAME			3 Filer ID (Ethic	s Commission Filers)	
4 Date 5 Name of per	son from whom amount is received		,	8 Amount (\$)	
6 Address of p	erson from whom amount is received;	City; Sta	te; Zip Code		
<b>7</b> Purpose for	which amount is received	Check if	political contribution	returned to filer	
Date Name of per	son from whom amount is received			Amount (\$)	
Address of p	erson from whom amount is received;		rte; Zip Code		
Purpose for	which amount is received	Check if	political contribution	retumed to filer	
Date Name of per	son from whom amount is received			Amount (\$)	
Address of p	erson from whom amount is received;	City; Star	te; Zip Code		
Purpose for v	which amount is received	Check if	political contribution	returned to filer	
Date Name of pers	son from whom amount is received			Amount (\$)	
Address of p	erson from whom amount is received;	City; Sta	te; Zip Code		
Purpose for v	which amount is received	Check if	political contribution	returned to filer	

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

if the requested information is not applicable, DO NOT include this page in the report.					
The Instru	uction Guide	explains how to complete thi	s form.	1 Total pages Schedule T:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	/ Corporation	or Labor Organization / Pledgor /	Payee		
5 Contribution / Expend	liture reported	lon:			
Schedule A2					
Schedule F2	_	adule F4 Schedule G	Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name of person(s) traveling				
	8 Departure city or name of departure location				
	9 Destination city or name of destination location				
10 Means of transportation					
Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expend	liture reported	on:			
Schedule A2					
Schedule F2					
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportati	lon	Purpose of travel (including n	ame of conference, se	eminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2	Schedu	le B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2					
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	l ion	Purpose of travel (including n	ame of conference, s	eminar, or other event)	
100 100 100 100 100 100 100 100 100 100	AT	TACH ADDITIONAL COPIES (	F THIS SCHEDULE	AS NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_					
		The Instruction Guide explains how to comp			
		Complete only if "Report Type" on page 1 is ma	arked "Final Report" ↔		
1	C/OH N	IAME UlSama Shahid	2 Filer ID (Ethics Commission Filers)		
3	SIGNA				
		····			
	I do not	expect any further political contributions or political expenditures in conne	ection with my candidacy. I understand that		
		ting a report as a final report terminates my campaign treasurer appointm			
	campai	gn contributions or make any campaign expenditures without a campaign	treasurer appointment on file.		
			clarb		
			E/8/2 14		
			Signature of Candidate / Officeholder		
_	EU ED	WHO IS NOTAN OFFICEHOLDER			
•		plete A & B below only if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Chec	k only one:			
		I do not have unexpended contributions or unexpended interest or incom	ne earned from political contributions		
		Tab not have unexpended contributions of unexpended interest of moon	to carried from postation 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 un			
		unexpended contributions or unexpended interest or income earned on p			
		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.			
		interest or income earned on political contributions in accordance with the	e requirements of Election Code, § 254.204.		
	B.	ASSETS			
	Chec	k 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	er income from political contributions. Lunderstand		
		that I may not convert assets purchased with political contributions or interest of our	erest 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.	20.0		
			19AMIZ		
			Signature of Condidate		
			Signature of Candidate		
E	OFFIC	EUOL DEP			
5	↔ Con	EHOLDER  plete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an office	cholder who does not have a campaign treasurer on		
		file. I am also aware that I will be required to file reports of unexpended co	ntributions if, after filing the last required report as		
		an officeholder, I retain political contributions, interest or other income from	n political contributions, or assets purchased with		
		political contributions or interest or other income from political contribution			
		_	Signature of Officeholder		
			Signature of Unicertology		