

**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	2 Total pages filed: 7			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY CANDIDATE REPORTS <small>Date Received</small> JAN 12 2025 Email FORT BEND COUNTY ELECTIONS <small>Date Hand-delivered or Date Postmarked</small>		
		Zeeshan				
	NICKNAME	LAST	SUFFIX			
		Isaac				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE			
	4803 Fairford Dr					
	Sugar Land, TX 77479					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
		MOHAMMAD				
	NICKNAME	LAST	SUFFIX			
		FURQAN				
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE		
	4803 FAIRFORD DR.			SUGARLAND TX 77479		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	713	835-5552				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
			07/01/2024	THROUGH		12/31/2024
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
			11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)		
				County Commissioner Place Fort Bend District Precinct 3		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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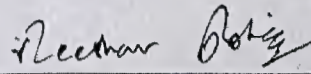
13 C / OH NAME Isaac, Zeeshan	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150.00
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 96.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 192.00
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 85.25
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,127.50

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

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

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18 FILER NAME Isaac, Zeeshan		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 150.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 192.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
2 FILER NAME Isaac, Zeeshan		3 Filer ID
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishaq, Zeeshan <hr/> 6 Contributor address; City; State; Zip Code 4803 Fairford Dr Sugar Land, TX 77479	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Business and Technology Management		9 Employer (See Instructions) Not Applicable
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishaq, Zeeshan <hr/> Contributor address; City; State; Zip Code 4803 Fairford Dr Sugar Land, TX 77479	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business and Technology Management		Employer (See Instructions) Not Applicable

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 5/72 FILER NAME
Isaac, Zeeshan

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

 None15 Check if personal funds were deposited into political account
(See Instructions)16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

 not applicable

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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	Printing 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 G: Sch: 2/2 Rpt: 7/7		2 FILER NAME Isaac, Zeeshan		3 Filer ID	
4 Date 10/01/2024		5 Payee name Bank of America			
6 Amount (\$) \$16.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 100 North Tyron Street Charlotte, NC 28255			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Isaac, Zeeshan		Office sought County Commissioner	
Date 11/01/2024		Payee name Bank of America			
Amount (\$) \$16.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 100 North Tyron Street Charlotte, NC 28255			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Isaac, Zeeshan		Office sought County Commissioner	
Date 12/02/2024		Payee name Bank of America			
Amount (\$) \$16.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 100 North Tyron Street Charlotte, NC 28255			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Isaac, Zeeshan		Office sought County Commissioner	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 6/7		2 FILER NAME Isaac, Zeeshan		3 Filer ID	
4 Date 07/01/2024		5 Payee name Bank of America			
6 Amount (\$) \$16.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 100 North Tyron Street Charlotte, NC 28255			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Isaac, Zeeshan		Office sought Office held County Commissioner	
Date 08/01/2024		Payee name Bank of America			
Amount (\$) \$16.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 100 North Tyron Street Charlotte, NC 28255			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Isaac, Zeeshan		Office sought Office held County Commissioner	
Date 09/03/2024		Payee name Bank of America			
Amount (\$) \$16.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 100 North Tyron Street Charlotte, NC 28255			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Isaac, Zeeshan		Office sought Office held County Commissioner	

UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

OFFICE USE ONLY

DATE
CANDIDATE REPORTS

JAN 12 2025

FORT BEND COUNTY ELECTIONS

Method of Delivery

Date Processed

1 FILER ID:
(Ethics Commission filers)

2 NAME OF FILER
(PLEASE TYPE OR PRINT)

Isaac, Zeeshan

3 TYPE OF FILER



CANDIDATE/ OFFICEHOLDER



POLITICAL COMMITTEE



JUDICIAL CANDIDATE/ OFFICEHOLDER



POLITICAL PARTY



PERSONAL FINANCIAL STATEMENT



STATE/COUNTY CHAIR



DIRECT CAMPAIGN EXPENDITURE

4 TYPE OF REPORT

JANUARY 15

5 DUE DATE

JANUARY 15, 2025

6 UNSWORN DECLARATION:

My name is Zeeshan Isaac, and my date of birth is MARCH 31, 1976

My Address is 4803 FAIRFORD DR, SUGARLAND, TX, 77479, USA
(street) (city) (state) (zip code) (country)

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 12th day of JANUARY 2025.

Zeeshan Isaac

Signature of Filer/ Committee Representative
(Declarant)