

### AFFIDAVIT FOR **CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

NA9UFAL	HOUSANI	Account #	
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- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5. I am filling this affidavit with the CAMPATEN FINANCE report due on OCTOBER 28, 2019. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



Signature	of Candidate	0	Officeholder
		I	

NOTARY STAMP / SEAL		
Sworn to and subscribed before me by	, Naovfal	Houjami

this the all day of October

certify which, witness my hand and seal of office.

of officer administering oath

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  MR NAQUFAL  NICKNAME LAST  HOUSAMI	MI	Date Received 8 9 10 77
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	4430 ALEDO ST	STATE; ZIP CODE	OCT 2 8 2019 CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 541 4785	EXTENSION	Date Hand delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MAOUTA NICKNAME LAST HOU'S AM	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE Tx 77051
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 541 47	extension 82	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	09 / 27 / 2019	THROUGH 0	26/2019
11 ELECTION	Month Day Year Primary  No 5 / 2019 Seneral	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	n)
	GO ТО	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

<del></del>			
14 C/OH NAME	HOUFAL IN	ouiani	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$137		\$1377.31
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 273.53
	4. TOTAL POLITICAL EXPENDITURES \$ 273.53		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD		* 38.22
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$
18 AFFIDAVIT			
No:	JESNIA KAYE QUALLS tary ID # 130867659 Commission Expires October 19, 2020	true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me andidate or Officeholder
	AD LOCAL ADOME		
AFFIX NOTARY STAI			no la
Sworn to and subst	cribed before me,	by the said Nauval Houjami to certify which, witness my hand and seal of office	, this the
Shumuik	ayaudh	Trusniakaye Qualls	Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	NAOUFAL HOUJANI	Ethics Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$311.75
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$1065.56
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$273.53
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) NAOUFAL HOUSAMI 5 Full name of contributor uut-of-state PAC (ID#:\_\_\_\_\_\_) 7 Amount of contribution (\$) NATUFAL HOUSAM's 6 Contributor address; 100,00 City; State; Zip Code HOUSTON TO 77051 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Job title (See Instructions) SELFERPLOYED SELFEMPLOYED Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) NAOUFAL HOUJAMI Contributor address; City; State; Zip Code HOUSTON TX 77051 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF EMPLOYED SELFENPLOYEN Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions)

### SCHEDULE A2

e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
FAL HOUSAMI		3 Filer ID (Ethics Commission Filers)
F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
2010/2010/2010 Part 2020/2010   2000/2010   2000/2010   2010/2010		8 Amount of Contribution \$ 9 In-kind contribution description  38. II FREVENT  Check if travel outside of Texas. Complete Schedule T.
supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
principal occupation (FOR JUDICIAL)		SELF EM PLOYED  utor's job title (FOR JUDICIAL) (See Instructions)
employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		Amount of Contribution \$ In-kind contribution description  TRACL IN DISTRICT  FOR EVENT  Check if travel outside of Texas. Complete Schedule T.
supation / Job title (FOR NON-JUDICIAL) (See Instructions)		FEFENFLOYED
s principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF		
	FAL HOUDAMI  FUNITEMIZED IN-KIND POLITICAL CONTRIB  6 Full name of contributor	FAL HOUJAMI  FUNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  6 Full name of contributor

se see manufaction guide for additional reporting requirements.

### SCHEDULE A2

rm. 1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
RIBUTIONS \$
8 Amount of Sin-kind contribution description Contribution \$ PAVEL IN DISTRICT Check if travel outside of Texas. Complete Schedule T.
11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF ENPLOYED
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of Contribution \$ description  31. 70 TRAVEL INDISTROT  FOR EVENT  Check if travel outside of Texas. Complete Schedule T.
Employer (FOR NON-JUDICIAL)(See Instructions)
SELFERPLOYED
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Revised 9/8/2015

### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	FAL HOU'VAN'I		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description  TRACLINDISTRICT  FOR CVENT  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	7) (0)	er (FOR NON-JUDICIAL)(See Instructions)  CLF GNFLOY (C)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
Date	Full name of contributor out-of-state PAC (ID#:	de 7701	Amount of Contribution \$ In-kind contribution description  27 02 TRAVEL IN BIRET  Check if travel outside of Texas. Complete Schedule T.
Principal occ	SEFETPLOYED		er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED

### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	NAOUFAL HOUJAMI		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description TRAVEL IN DISTRET
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED	54 1/58	er (FOR NON-JUDICIAL)(See Instructions) ELFEMPLOYED
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10104/2019	Full name of contributor  out-of-state PAC (ID#: NAOUFAL HOUJAN)  Contributor address; City; State; Zip Contributor Address; Houston Tx 7		Amount of Contribution \$ In-kind contribution description  35.03 TRAVEL IN DISTRICT  FOR EVENT  Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
	SELF ENPLOYED	SC	elf enployed
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHED	ULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME	NAOUFAL HOUJAMI		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: NAOUFAL はのようなが) 7 Contributor address; City; State; Zip Code Houston Tx ア		8 Amount of Contribution \$ 9 In-kind contribution description  25-40 FREVENT  Check if travel outside of Texas. Complete Schedule T.	
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF GTPLOYED	ST 150 NO.	er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor  out-of-state PAC (ID#:  HAOUFAL HOU JAMI  Contributor address; City; State; Zip Co		Amount of Contribution \$ In-kind contribution description  29.11  Check if travel outside of Texas. Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
3.2	ATTACH ADDITIONAL COPIES OF			

### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME	MAGUFAL HOUJAMI		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: NAOUFAL HOUJAN) 7 Contributor address; City; State; Zip Cool Houston Tx オ	_	8 Amount of Contribution \$ 9 In-kind contribution description  26.30 TRAVEL IN DISTRICT  TRAVEL IN DISTRICT  THE EXEMT  Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
	SELF ENPLOYED		SELF ENPLOYED	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 6   10   15   15   15   15   15   15   15	Full name of contributor □ out-of-state PAC (ID#:		Amount of Contribution \$ In-kind contribution description  33.50 TRAVEL IN DISTRICT FOR EVENT  Check if travel outside of Texas. Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	T	er (FOR NON-JUDICIAL)(See Instructions)	
. Thiopar oo	SELF EMPLOYED	Limpioy	SELF ENPLOYED	
Contributorle	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributors	s principal occupation (FON 30DIOIAE)	Contribi	utor's job title (FOR JODICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	NAOUFAL HOUJAMI		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:  HA9UFAL HOUJAM)  7 Contributor address; City; State; Zip Cool  Houston Tx		8 Amount of Contribution \$\frac{9}{\text{description}}\$ In-kind contribution description  \[ \frac{1}{2} \cdot 50 \]  \[ \frac{1}{5} \text{EVENT} \]  \[ \text{Check if travel outside of Texas. Complete Schedule T.} \]
10 Principal occ	SUPATION / Job title (FOR NON-JUDICIAL) (See Instructions) SGLF ENFLOYED		FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	F7051 Employe	Amount of Contribution \$ In-kind contribution description  TRAVELIN DITRICT  TRAVELIN DITRICT  FOR EVENT  Check if travel outside of Texas. Complete Schedule T.  There (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

### SCHEDULE A2

	Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FIL	ER NAME	AOUFAL HOUSAMI		3 Filer ID (Ethics Commission Filers)
4 TO	OTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Da	12019	6 Full name of contributor □ out-of-state PAC (ID#:		8 Amount of Gontribution 9 In-kind contribution description TRAVEL IN LICE DISTRICT FOR Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Pri	ncipal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFET PLOYED	11 Employe	SELF ENPLOYED
12 Co	ntributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
<b>14</b> Co	ntributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If o	contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		-
	ate 2/2/19	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$ In-kind contribution description  TRANEL IN DISTRICT  FOR EVENT  Check if travel outside of Texas. Complete Schedule T.
Pri	ncipal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
	esemption that the recent	SELFEMPLOYED		SELF ETPLOYED
Cc	ontributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Co	ontributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
lf o	contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED

### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	٦.	1 Total pages Schedule A2:
2 FILER NAMI	NAOUFAL HOUSANI	-	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: NAOUTAL HOUJATTI 7 Contributor address; City; State; Zip Cod HOUSTON To 7		8 Amount of Contribution \$ 9 In-kind contribution description  37. 0 TRANG IN DISTRICE  THE CHENT  Check if travel outside of Texas. Complete Schedule T
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)  SGLF GT FLOYED  principal occupation (FOR JUDICIAL)		SGLF EN PLOYED
14 Contributor's	employer/law firm (FOR JUDICIAL)  is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		n of contributor's spouse (if any) (FOR JUDICIAL)
TO IT CONTRIDUCTOR	to a difficillation with dispersion (e) (if any) (if different any)	_	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$ description  TRAVEL IN A STRICT  41.60  FOR EVENT  Check if travel outside of Texas. Complete Schedule 1
Principal occ	SELFETPLOYED	Employe	SELF ENPLOYED
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF		

### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	NAOUFAL HOUJAMI		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#: NAOUFAL HOUJATTI 7 Contributor address; City; State; Zip Cool HOUSTON Tp		8 Amount of Contribution \$ 9 In-kind contribution description  21 - 80 TRANEL IN DISTRICT  FOR FORENT  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELPENPLOTED	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)  SELFENPLOYED
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	77051	Amount of Contribution \$ In-kind contribution description  19. 0 TRACL IN DISTRICT  FOR GLENT  Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF ENFLOTEL	Employ	er (FOR NON-JUDICIAL) (See Instructions)  SELF ENPLOYED
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A2

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	JAOUFAL HOUJANI		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description  32.60 TRAVEL IN DISTRICT  FOR EVENT  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	SCLF GN PL2 YED	11 Employ	er (FOR NON-JUDICIAL)(See Instructions) SELFENPLOTED
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
Date   0 17 20 9	Full name of contributor out-of-state PAC (ID#:	de	Amount of Contribution \$ In-kind contribution description  TRAVEL INDISTRICT  FOR EVENT
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
	SCLFGRPLOYED		SOLFERPLOYED
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	LII E AS NEEDED

### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	UFAL HOUJAMI		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	-	8 Amount of Contribution \$ 9 In-kind contribution description  7 PRELINDISTRICT  PREJENT  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
	SCLFENTLOYED		selfenployed
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 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 Contribution \$\text{In-kind contribution description}\$  TRAVEL INDISTRICT  Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
	self enflored		selfenploted
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	-		
	ATTACH ADDITIONAL CODIES OF	ruic couen	III E AS NEEDED

### SCHEDULE A2

e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
UFAL HOUSAN;		3 Filer ID (Ethics Commission Filers)
F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description  22.11 TRAVEL IN DISTRICT  THE EVENT  Check if travel outside of Texas. Complete Schedule T.
upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions) SCLFENTLOYED
principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		Amount of Contribution \$\text{In-kind contribution description}\$  TRANGLINAISTAT  Gheck if travel outside of Texas. Complete Schedule T.
upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
	-	SELFEMPLOYED
principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	FUNITEMIZED IN-KIND POLITICAL CONTRIES  6 Full name of contributor	FUNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  6 Full name of contributor

### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	0	1 Total pages Schedule A2:
		11=	
2 FILER NAMI	AOUFAL HOUDAMI		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor   out-of-state PAC (ID#: NA9UFAL HOUJAM) 7 Contributor address; City; State; Zip Cool Hous To A		8 Amount of Contribution \$ 9 In-kind contribution description  TRAVEL IN DISTRICT  BR EVENT  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFERPLOYED	11 Employ	SELFETPLOTED
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
			Amount of In kind contribution
Date	Contributor address; City; State; Zip Contributor Address; Zip Contributor	7051	Amount of Contribution \$\text{In-kind contribution description} \\ \text{TRAJEL IN DISKING} \\ \text{TRAJEL IN DISKING} \\ \text{TOR KON-JUDICIAL} (See Instructions)
Principal oc	Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor address; Houston Tx 7: Compation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Contribution \$ description TRAJEL IN DISTRICT HI. 06 FOR EVENT Check if travel outside of Texas, Complete Schedule T
Principal oc	いねりUFAL HOU JAM'I  Contributor address; City; State; Zip Co  HousTo レ Tァ 子  cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ Contrib	Contribution \$ description TRAJEL IN DISTRICT TRAJE
Principal occ	Contributor address; City; State; Zip Contributor Address; City; Cit	Employ Contrib	Contribution \$ description TRAJEL IN DISTRICT TRAJE
Principal occ	Contributor address; City; State; Zip Contributor Address; City; Cit	Employ Contrib	Contribution \$ description TRAJEL IN DISTRICT TRAJE
Principal occ	Contributor address; City; State; Zip Contributor Address; City; Cit	Employ Contrib	Contribution \$ description TRAJEL IN DISTRICT TRAJE
Principal occ	Contributor address; City; State; Zip Contributor Address; City; Cit	Employ Contrib	Contribution \$ description TRAJEL IN DISTRICT TRAJE
Principal occ	Contributor address; City; State; Zip Contributor Address; City; Cit	Employ Contrib	Contribution \$ description TRAJEL IN DISTRICT TRAJE
Principal occ	Contributor address; City; State; Zip Contributor Address; City; Cit	Employ Contrib	Contribution \$ description TRAJEL IN DISTRICT TRAJE

#### SCHEDULE A2

		*	
The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	AOUFAL HOUJAMI		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
1019 51214	6 Full name of contributor □ out-of-state PAC (ID#:  □ NAOUFAL HOUSAM  7 Contributor address; City; State; Zip Cool  □ HousToN Tx		8 Amount of Contribution \$ 9 In-kind contribution description  TRAVEL IN DISTRIA  THE EVENT  Check if travel outside of Texas. Complete Schedule T.
	pation / Job title (FOR NON-JUDICIAL) (See Instructions)  SELF ENPLOYED		r (FOR NON-JUDICIAL) (See Instructions) SELF ENFLOYED
	employer/law firm (FOR JUDICIAL)		of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor   out-of-state PAC (ID#:  NAO LIFAL HOUJAM)  Contributor address; City; State; Zip Co	1	Amount of Contribution \$ In-kind contribution description TRAVEL IN DISTRICT 30. 80 FOR EVENT Check if travel outside of Texas. Complete Schedule T.
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's p	SELFET FLOYED  principal occupation (FOR JUDICIAL)		TELF ENPLOYED  tor'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	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		*
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDU	ILE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME NASUFAL HOUSAMI	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
6 Full name of contributor out-of-state PAC (ID#:  NA9 UFAL HOUJAH)  7 Contributor address; City; State; Zip Cool  140USTON To	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  SELFERILOYED	11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF EN PLOYED
2 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)
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Amount of Contribution \$ In-kind contribution description  TRAVEL INDISTRIBUTED  TRAVEL
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)	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME NAOUFAL HOUJAMI	3 Filer ID (Ethics Commission Filers)
4 Date 10 /01/2019	BANK OF ARERICA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
16.00	3704 OLD SPANISH"	TRL HOUSTON TX 77021
8 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
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/04/2019	WALFIART	
Amount (\$)	Payee address; City; State; Zip Code	
45.22	9553 SPOST OAK RD 1	HOUSTON Tx 77096
PURPOSE OF EXPENDITURE	Supplies	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/06/2019	994 STORE	
Amount (\$)	Payee address; City; State; Zip Code	
28.10	11320 CHIMNEY ROCK	HOUSTONT, 77035
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  SUFFLIES	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/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
Total pages Schedule F1:	2 FILER NAME NAOUFAL HOLJAMI	3 Filer ID (Ethics Commission Filers)
Date 10 10 2019	5 Payee name VISTA PRINT CORPORA	TE
Amount (\$)	7 Payee address; City; State; Zip Code	
43.83	275 WYMAN ST WALT	HAM MA 02451
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  PRINTING AND DESTIGN SERVICES
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
0/14/2019	KROGER	
Amount (\$)	Payee address; City; State; Zip Code	. 77 7
16.38	7747 KIRBY DR HOUS	STONTA++030
PURPOSE OF EXPENDITURE	FOOD BEVERAGE 600 PENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FOOD   BEVERAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
0/15/2019	KROGER	
Amount (\$)	Payee address; City; State; Zip Code	_
22.22	7747 KIRBY DR HOU	570NTx77030
PURPOSE OF EXPENDITURE	FOOD   BENERAGE ENFENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FOOD I BECERAGE
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	PROUFAL HOUJAMI	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2019	5 Payee name WALMART	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
38.92	9555 S. POST OAK Rol	HOUSTON -TO 77096
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  SUPPLIES	(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/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1012012019	994 STORE	
Amount (\$)	Payee address; City; State; Zip Code	
42.23	11320 CHIMNEY ROCK	HOUSTON 77035
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Supplies	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/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/23/2019	KR96ER	
Amount (\$)	Payee address; City; State; Zip Code	
20.63	7747 KIRBL DR	HOUSTON TO 77030
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FOOD BURAGE ENFENSE	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/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED