

900 Bagby

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.

NAOUFAL HOUTAMI	Account #
-----------------	-----------

(110)24111040
OFFICE USE ONLY
Date Received
Date Hand-delivered or Wate Postmarked
Date Processed
Date Imaged

- 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 filing this affidavit with the CAMPATON FINANCE report due on JULY 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 or Officeholder

NOTARY	STAMP	1	SEAL

Sworn to and subscribed before me by Na o wfal Hou (am' this the

to certify which, witness my hand and seal of office.

ignature of officer administering cath Print name of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS (MR) FIRST NAOUFAL NICKNAME LAST	MI 	OFFICE USE ONLY Date Received
	HOUJAMI		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	,, , , , , , , , , , , , , , , ,	OUSTON TX 77051	C17 V C 15 20
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 541 - 4782	EXTENSION -	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) FIRST MR NAOUFAL	Mt	Receipt # Amount \$ Date Processed
	NICKNAME HOLLST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / S 4430 ALED 8 ST		ZIP CODE 77051
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 541-4782	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before el	lection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year OI / OI / 2019	THROUGH \mathcal{O}_{ℓ}	
11 ELECTION	ELECTION DATE Month Day Year Primary 11 05 2019 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (II know	n)
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	OUFAL	HOWIAMI 15 FILE	or ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$568.92		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$356.42		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 356. 42 \$154.69		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$154.69		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
AFFIX NOTARY STAM	cribed before me,	I swear, or affirm, under penalty of perjury true and correct and includes all information under Title 15, Election Code. Signature of Candidate by the said Navufal Houjam; to certify which, witness my hand and seal of office.	on required to be reported by me		
Balu	Hour	Batrina A. Louis Printed name of officer administering oath	Notary Title of officer administering oath		
Signature of officer	auministering oath	гинев паше от описет автипыети у оатт	the or officer administering call		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME NAGUFAL HOUSAMI 20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$511.11
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$568.92
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$356.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
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

The I	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME HADL	LFAL HOWJAMI		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2014	6 Contributor address; City; State;		7 Amount of contribution (\$)
	oation / Job tifle (See Instructions) SELF EMPLOYED	SELF ENFL	
Date 03 15 2019	Full name of contributor	(ID#:) Zip Code	Amount of contribution (\$)
	HOTZUBH	120FF XT	
•	ation / Job title (See Instructions) SELF EMPLOYED	Employer (See Instruct	•
Date 04/12/2619	Full name of contributor NADWFAL Contributor address; City; State;		Amount of contribution (\$)
	16T2WOH	120FF XT 1	
_	ation / Job title (See Instructions)	Employer (See Instruction SELFEMPLO	_
05/07/219	Full name of contributor NAPUFAL HONJAM Contributor address; City; State;	Zip Code	Amount of contribution (\$)
	eation / Job title (See Instructions) ELF EM FLOYED	Employer (See Instruction SELF EMPLo)	•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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) iMACINGH JATUBAL 4 Date 7 Amount of contribution (\$) 5 Full name of contributor address; City; State; Zip Code 5 Full name of contributor ___ out-of-state PAC (ID#:____ 100.00 12 OFF OT LIGHT WH 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) SELFEMPLOYED SELF EMPLOYEL Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	1.	1 Total pages Sche	dule A2:
2 FILER NAME	MACLLOH LATLOAN	Ĭ	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 102/15/2019	6 Full name of contributor □ out-of-state PAC (ID#:	7051	Contribution \$ 22.22	9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT side of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED		er (FOR NON-JUDIC GLF EMPLOY	CIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/27/2019	Full name of contributor out-of-state PAC (ID#:	_	29.11	In-kind contribution description TRAVELIN LISTRICT FOR EVENT Iside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions) SAF EMPLOYED	I		DIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu		IUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spo	ouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<u> </u>				

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME NAOWFAL HOWJAMI		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 03/07/2019	6 Full name of contributor □ out-of-state PAC (ID#: NADWFAL HBルンAM*) 7 Contributor address; City; State; Zip Cool HAUSTON Tx フラ		8 Amount of 9 In-kind contribution description 11
10 Principal occ	tupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
	SELFEMPLOYED	Se	ELFEM PLOYED
12 Contributor's	principal occupation (FOR JUDICIAL)		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} 03/19/2019	Full name of contributor □ out-of-state PAC (ID#:		Amount of Contribution \$ In-kind contribution description 22.22 TRNEL IN DISTRICT FOR EVENT Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED	Employ	er (FOR NON-JUDICIAL) (See Instructions) SELF EM PLOYED
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME NAO-UFAL HOWOAMI		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 03/22/2019	5 Date 6 Full name of contributor U out-of-state PAC (ID#:) NAOUFAL HOWUAMI 7 Contributor address; City; State; Zip Code HAUSTON To 77-051		8 Amount of 9 In-kind contribution description 20.20 TRAVEL IN DISTRICT FOR EVENT Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED		er (FOR NON-JUDICIAL) (See Instructions) SEFEMPL 946
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 63/25/2019	Full name of contributor □ out-of-state PAC (ID#:		Amount of Contribution \$ In-kind contribution description 25.04 TRACLINDISTRICT FUNCTION OF THE CONTRICT Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLYED	Employ	er (FOR NON-JUDICIAL)(See Instructions) SGLF EMPLOYED
Contributor's	s principal occupation (FOR JUDICIAL)	Contribi	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)	J	

SCHEDULE A2

Τŀ	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME NAOWFAL HOWOAMI			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 04/04/2019	04/04/2019 NAS WEAL HOW SAM! 7 Contributor address; City; State; Zip Code HOUSTON TO 77051 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employed		8 Amount of 9 In-kind contribution description 38.11 TRYEL IN DISTRICT FOR EVEN T Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL) (See Instructions) SELFETYLOYED
12 Contributor's	SELF EMPLOYED principal occupation (FOR JUDICIAL)		itor'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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
Date 04/09/2019	Full name of contributor □ out-of-state PAC (ID#: リロシルテAL Hも此りBMi Contributor address; City; State; Zip Co HもUSTON Tx アー		Amount of Contribution \$ In-kind contribution description 29.22 TRAVEL IN DISTRICT FOR EVENT Check If travel outside of Texas. Complete Schedule T.
Principal occ	SELF EMPLOYES		er (FOR NON-JUDICIAL)(See Instructions) SE-FEMILOYED
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sche	dule A2:
2 FILER NAME	MACUBH JAMI		3 Fiter ID (Ethics C	Commission Filers)
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 04/20/2019	6 Full name of contributor □ out-of-state PAC (ID#:	le 70 5 i	8 Amount of Contribution \$	9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT side of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF 6M PLOY 6A			SIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)			UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)]		
Date 04/24/2019	Full name of contributor out-of-state PAC (ID#:	de 7051	Amount of Contribution \$	In-kind contribution description TRAUEL IN DISTRICT TOR EVENT side of Texas, Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED	Employe	FOR NON-JUDIC SELFEMPLO	CIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
lf	ATTACH ADDITIONAL COPIES OF Toontributor is out-of-state PAC, please see instruction			g requirements.

Revised 9/8/2015

SCHEDULE A2

e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
imAimeH sathef		3 Filer ID (Ethics Commission Filers)
F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description 22.22 TRIVEL IN DISTRICT FOR ENENT Check if travel outside of Texas. Complete Schedule T.
SELFENPLOYED		SELF EMFLOYED
principal occupation (FOR JUDICIAL)	13 Contribu	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 37. O TRAVEL IN DISTRICT FOR EVENT 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)	1	utor's job title (FOR JUDICIAL) (See Instructions)
employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Full name of contributor out-of-state PAC (ID#: NAOWFAL HOUSTON TA upation / Job title (FOR NON-JUDICIAL) Full name of contributor (FOR JUDICIAL) Contributor address; (City; State; Zip Cod Houston) Full name of contributor (FOR JUDICIAL) Contributor address; (City; State; Zip Cod Houston) Contributor address; (City; State; Zip Cod Houston) SAF ENPLOYED upation / Job title (FOR NON-JUDICIAL) (See Instructions) SAF ENPLOYED employer/law firm (FOR JUDICIAL)	FUNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor out-of-state PAC (ID#: NAOWFAL HOW) 7 Contributor address; City; State; Zip Code HOUSTON TA 770SI upation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer SELFENGLOYED 13 Contributor out-of-state PAC (ID#: 15 Law firm) is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor out-of-state PAC (ID#: 1770) NAOUFAL HOUSTON TA 770S upation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer SAFENGLOYED SEED CONTRIBUTIONS SAFENGLOYED SEED CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	٦.	1 Total pages Schedule A2:	
2 FILER NAMI	E IMAUNAHI JAZUBA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 05/16/2019	6 Full name of contributor out-of-state PAC (ID#:) NA9UFAL H9UJAMI 7 Contributor address; City; State; Zip Code H9USTON Tx 77051		8 Amount of 9 In-kind contribution Contribution \$ description TRAVEL IN DISTRICT FOR EVENT Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF ENPLOYED		er (FOR NON-JUDICIAL)(See Instructions) SELFEMFLOTED	
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 05/20/2019	Full name of contributor out-of-state PAC (ID#:	de	Amount of Contribution \$ In-kind contribution description 29 11 TRAVEL IN DISTRICT FOR EVENT Check if travel outside of Texas. Complete Schedule T.	
Principal occ	SOLF EMPLOYED	1	er (FOR NON-JUDICIAL)(See Instructions) SELF EMILOYEL	
Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	Law firm 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	n.	1 Total pages Sche	dule A2:
2 FILER NAME	IMACLICH LATUOANI		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 05/27/2019	6 Full name of contributor □ out-of-state PAC (ID#:		32.06	In-kind contribution description REVEL IN DISTRICT FOR EVENT side of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SAFEMPLOYED		SOLF OTPLO	• -
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/ław firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/29/2019	Full name of contributor out-of-state PAC (ID#:) de }770≤1	23.06	In-kind contribution description TRAYEL IN DISTRICT FOR EVENT side of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED		er (FOR NON-JUDIC SAF ENFL)	CIAL)(See Instructions)
	principal occupation (FOR JUDICIAL)			UDICIAL) (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)			

SCHEDULE A2

Th	e Instruction Guide explains how to complete this forn	n.	1 Total pages Schedule A2:
2 FILER NAME	E BUFAL HOWGAMI		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	i contributor dodreco, city, citato, imposo	le ∤o ≶ (8 Amount of 9 In-kind contribution Contribution \$ description 29.22 TRANGL IN DISTRICT FOR EVEN T Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF GNFLDYED	, , ,	er (FOR NON-JUDICIAL)(See Instructions) SELFEM (LOYED
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ator'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 06/14/2019	Full name of contributor out-of-state PAC (ID#:	de P705	Amount of Contribution \$ In-kind contribution description TRAVEL ÎN DISTRICT FOR EVENT Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SOLF EMPLOYED	Employe	er (FOR NON-JUDICIAL) (See Instructions) SAFEMPLOYED
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)		

SCHEDULE A2

			1
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	MADUFAL HOUJAMI		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 06/19/2019	10000000		8 Amount of 9 In-kind contribution description 38.11 TRAVEL IN DISTRICT HR EVENT Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions)
12 Contributorie	SELFEMILOY 6D principal occupation (FOR JUDICIAL)		SGLFG19L016D utor's job title (FOR JUDICIAL) (See Instructions)
12 Contributors	principal decepation (FOR GODIGIAL)	13 COMMIN	not a job title (FOR GODICIAL) (Gee matricilons)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	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 06/20/2019	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$ In-kind contribution description 12.22 TRAVEL IN DISTRICT FOR EVENT
	HOUSTON TO 770) > 	Check if travel outside of Texas. Complete Schedule T.
Principal occ	SELFEMPLOYED		er (FOR NON-JUDICIAL)(See Instructions) SELFETTPLOYED
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)		

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sche	dule A2:
2 FILER NAME NAO	IMACHOH JATH		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 06/22/2019	6 Full name of contributor □ out-of-state PAC (ID#:		Contribution \$	9 In-kind contribution description TRAVEL JW A) STRICT FOR EVENT Iside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEM PLOYED	11 Employ		CIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR J	IUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/29/2019	Full name of contributor out-of-state PAC (ID#:	de 77051	23.04	In-kind contribution description TRAVEL IN DISTRICT FOR EVIEN T Iside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED	Employ		CIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	IUDICIAL) (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 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	NADUFAL HOUSANI	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2019	5 Payee name Winc LLC	
6 Amount (\$) 99.00	7 Payee address; City; State; Zip Code 500 TERRY A FRANCOIS	BLVD SAW BRANCISCO CA 94158
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE BUILDING
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 02/18/2019	Payee name Wize LLC	
Amount (\$)	Payee address; City; State; Zip Code 500 TERRY A FRANCOIS	BLVD SAN FRANCISCO CA 94158
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense WEBSITE PUBLISHING
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 02/19/2019	Payee name ViSTA PRINT CORPORE	ATE
Amount (\$)	Payee address; City; State; Zip Code 275 WYNAN ST	WALTHAM MA 02451
PURPOSE OF EXPENDITURE	PRINTING ExPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PRINTING AND DESIGN SARVICES
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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/W The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME OUT HOUSE	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2019	5 Payee name BANK OF AMERICA	7
6 Amount (\$) 26.53	7 Payee address; City; State; Zip Code 3704 OLD SPANISH TRL	HOUSTON -TX 77021
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A CCOUNTING/BAP KING	(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/OH	Candidate / Officeholder name I	Office sought Office held
Date 04/02/2019	Payee name VISTAPRINT CORPORA	TE
Amount (\$) 44.43	Payee address; City; State; Zip Code 275 WYMAN ST WALT	THAM MA 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PRINTING AND BESIGN SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 04/12/2019	Payee name VISTA PRINT CORPORAT	re
Amount (\$) 21.08	Payee address; City; State; Zip Code 275 WYMAN ST WA	LT HAM MA 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PRINTING AND DESIGN SERVICES
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 Gilf/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (anter a category not listed above)

Candidate/Officerolder/Politics Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME NAOUFAL HOUDAMI		3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2019	5 Payee name BANK OF AMERICA		
6 Amount (\$)	7 Payee address; City; State; Zip Code 3.70 H OLD S PANISH T	RL HOUST	120FF AT- NO
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING BANKING		tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/15/2019	VISTAPRINT CORPOR	ATE	
Amount (\$)	Payee address; City; State; Zip Code		
32,38	275 WYMAN ST WA	ILTHAM M	1A 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Check if Austin,	side of Texas. Complete Schedule T. TX, officeholder fiving expense AND DESIGN SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 06/03/2019	Payee name BANK OF AMERICA		
Amount (\$)	Payee address; City; State; Zip Code 3704 QLA SPANISH	TRL HE	120FF XT - NOTZU
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) ACCOUNTING BANKING	l	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

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 Gilt/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)

and and appendix	The instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	PADUFAL HOWIAN	3 Filer ID (Ethics Commission Filer	`s)
4 Date 06/22/2019	5 Payee name Wix LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
42.89	500 TERRY A FRANCO	OIS BLUD SAN FRANCISCO CA 9415	8 .
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING GOPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		WEDSITE TRAFFIC	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		· • ,
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	.
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	