

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2020, a candidate or officeholder who has accepted more than \$27,140 in political contributions or made more than \$27,140 in political expenditures in any calendar year must file all subsequent reports electronically.

Date Hand-deliv	vered or Date Postmarker
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Receipt of	2028 mount \$
. OEC	ETADE /
Date Processed	MIY /U/
110	CAN
Date Imaged	193

OFFICE USE ONLY

Date Received

NADUFAL HOUDAMI

Please complete either option below:

- 1. I swear or affirm that I have not accepted more than \$27,140 in political contributions or made more than \$27,140 in political expenditures in a calendar year.
- 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.

Filer ID #

- 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 \$27,140 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 CAMPAIGN FINANCE report due on JANUARY 15, 2023. 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.

(1) Affidavit	LANDON JONES Notary ID #128774575 My Commission Expires October 14, 2023		2:	-/6	
NOTARY STAMP/SEAL			Signature of	of Filer	
Sworn to and subscribed before m	tness my hand and seal of office.	thi	is the 9+L	_ day of(January.
Signature of officer administering oath	Lardian Printed name of officer and	Jones		Nodery	Public
	Printed name of officer add	ministering oath		Title of officer	administering oath
(2) Unsworn Declaration	OK .		AND ENGLISHED		
My name is		and my date of h	airth is		
My address is			(state)		(country)
	County, State of, on the	ne day of	(month)	_, 20 (year)	(country)
According to the control of the cont		Się	gnature of Filer	(Declarant)	
FILERS WH	O ARE EXEMPT FROM THE ELE	CTRONIC FILIN	G REQUIRE	MENT	

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 t	o complete this form.	1 Filer ID (Ett	nics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	MADUFA!	_	MI	OFFICE USE ONLY
IVAIVIL	NICKNAME	1 A CUGH	1 i	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT/SUITE #;	HOUSTON		RECEIVED 2023
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 54	PHONE NUMBER 1-4782 / 71		ENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M C NICKNAME	NAOUFA LAST HOUJAI		MI SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STATES AND ADMINISTRATION OF THE STATE OF THE STATE OF THE STATES OF THE	NO PO BOX PLEASE); APT / S		CITY;	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) 4	PHONE NUMBER	EXT	ENSION	
9 REPORT TYPE	January 15 July 15	30th day before		Runoff Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 11	Day Year / 11 / 2022	• THROUGH	Reporting Limit Month	Day Year 2023
11 ELECTION	Month Day	Year Primary	Accessed to	Other Description	
12 OFFICE	TEXAS CHAI	RMAN AND VICE	CHAIRMIN HWP	FICE SOUGHT (IF KNOWN	8202 HOTZUGH 70 8
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN N	NADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE ADDRESS			
Additional Pages	GENERAL	COMMITTEE CAMPAIGN TR	FACURED NAME		
	SPECIFIC	COMMITTEE CAMPAIGN TR		4	
	4	COMMITTEE CAMPAIGN TE	REASURER ADDRE	SS	
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	IFAL HOUJAMI		16 Filer	ID (Ethics Con	nmission Filers)	
17 CONTRIBUTION TOTALS	THE STREET PROPERTY OF THE PRO					
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS,)	\$470.	00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.		\$97.7	8	
	4. TOTAL POLITICAL EXPENDITU	RES		\$97.7	8	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	AST DAY	\$202.	22	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF AI LAST DAY OF THE REPORTING P		OF THE	\$		
	wear, or affirm, under penalty of perjury, that		ue and cor	rect and inclu	des all information	
	,			11.		
				1/0		
		Signature of C	andidate o	r Officeholder		
	Please complete	te either option below	w:			
	-					
(1) Affidavit LANDON JONES Notary ID #128774575 My Commission Expires October 14, 2023						
NOTARY STAMP/SEA						
Sworn to and subscribed	before me by Naofal H	this the	914	day of 7	manell	
3 -	which, witness my hand and seal of office.	J uns une		day of	,	
20	Lardon	Jones		Note	4 Pulle	
Signature of officer administra	ring oath Printed name of officer	administering oath		Title of officer	administering oath	
ROLL THE STATE OF THE	Oi	₹ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		700 B		
(2) Unsworn Declarati	on					
1		, and my date of birth i	s			
My address is	(otroot)	felt.	/ohoho) /		· · · · · ·	
Executed in	(street)		18 1931 33	zip code)	(country)	
Executed in	County, State of,	on the day of(mon	th)	_, 20 (year)		
v		Signature of Cand	lidate/Office	sholder (Decla	rant)	
		orginature or Cario	induction Office	"IOIGEI (DECIA	iunij	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	JA D	UFAL HOUDANI	20 Filer ID (Ethics Cor	mmission Filers)	
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
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 CO	ONTRIBUTIONS	\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:
2 FILER NAME NAOUF	AL HOUDAN'I	;	3 Filer ID (Ethics Commission Filers)
. ,	NADUFAL HOUJANI 6 Contributor address; City; HOUSTON	State; Zip Code Tメ コネッリ	Amount of contribution (\$)
AND SA SANGAMANA PROCESS SERVICE SERVI	SELFENPLOYES	9 Employer (See Instruction SCLFENPLOT	The state of the s
Date 12/12/2022	NASUFAL HOUJANI Contributor address; City;	State; Zip Code V Tx 77051	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) SELFER PLOYED	SELENLOYED	ns)
Date 01/01/2023	NADUFAL HOUJANI Contributor address; City;	State; Zip Code W Tx 77051	Amount of contribution (\$)
	ation / Job title (See Instructions) SELFERPLOYED	Employer (See Instruction SELFER PLOYE	
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
2 FILER NAMI	OUFAL HOUJANI.		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code		9 In-kind contribution description TRANEL IN DISTRICT FOR EVENT ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions) SCLFERPLOYES	11 Employe	SELF ENP	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (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#:	Zip Code	25.00	In-kind contribution description TRAVEL IN INSTRICT FOR EVENT de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFENPLOY ED		FERFLOY	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)			IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains	how to complete th	nis form.		1 Total pages Scheo	dule A2:	
2 FILER NAME	JAOUFAL HOUJA	n'.			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND	POLITICAL CON	NTRIBU	ITIONS	\$		
5 Date	6 Full name of contributor NAPUFAL HIU 7 Contributor address;			p Code	8 Amount of Contribution \$ 45.95	9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT side of Texas, Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JU SELFEN PLIME		ctions) 1	And the second of the second		IAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUD		1		EFENPLOYED Itor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICI	AL)	1			use (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIA	AL)				
Date 01/02/2023	Full name of contributor NAPUFAL H Contributor address;		 State; Z	ip Code	Amount of Contribution \$	In-kind contribution description TRACL IN DISTRICT FOR EVEN ide of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JU SCLFENPLOY CA	JDICIAL) (See Instruc	ctions)		YET (FOR NON-JUDICIAL) (See Instructions) ELFENPLDYED		
Contributor's	principal occupation (FOR JUD	ICIAL)		Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDIC	IAL)		Law firm	of contributor's spou	ise (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIA	AL)				

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

		pago	one reports	
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	dule A2:
NAUFAL HOUJAN!			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 27.03	In-kind contribution description ITPAVEL IN DISTRICT FOR side of Texas. Complete Schedule T.
10 Principal occ	SUPERPLOYED SELECTION SUPERPLOYED		er (FOR NON-JUDIC SAFENT LOYE)	IAL)(See Instructions) Δ
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spor	use (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	-	
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	1	EIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL CODIFORE	TUIC COUED	LU E AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Forms provided by Tayas Ethics Commission

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) NADUFAL HOUJANI 4 Date VISTA PRINT CORPORATE 11/11/2022 7 Payee address; 6 Amount (\$) State: Zip Code 275 WHYMAN ST WALTHAM MA 02451 29.83 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PRINTING AND DESIGHT PURPOSE PRINTING EXPENSE SERVICES EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 12/08/2022 99 STORE Amount (\$) Payee address: Zip Code 77035 11320 CHIMNEY ROCK A MOTZUGH 27,95 Category (See Categories listed at the top of this schedule) Description PURPOSE office items SUPPLIES **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 12/20/2022 WALMART Amount (\$) Payee address: SPOSTDAK RA HOUSTON TX 77096 9555 22.22 Category (See Categories listed at the top of this schedule) Description PURPOSE OFFICE ITEMS SUPPLIES **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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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

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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) NADUFAL HOUJANI 5 Payee name 4 Date 01/05/2023 KROGER FUEL CENTER City; 4975 WBELFORT BLVD AT MOTELUCH 77035 17.78 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** FUEL FUEL OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Amount (\$) City; Pavee address: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF 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 Date Payee name Amount (\$) Payee address; City; State; Zip Code 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED