



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

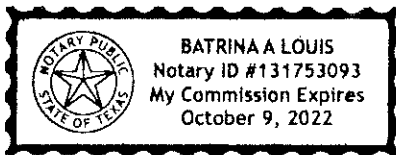
An exemption affidavit must be submitted with each paper report.

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.

| OFFICE USE ONLY | |
|--|--|
| Date Received | |
| Date Hand-delivered or Date Postmarked | |
| Date Processed | |
| Date Imaged | |

| | |
|-------------------------------------|-----------|
| Filer name NAOUFAL HOJAMI | Account # |
|-------------------------------------|-----------|

- 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.
- 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.
- 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.
- 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.
- I am filing this affidavit with the CAMPAIGN FINANCE report due on JULY 15TH 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.



NOTARY STAMP / SEAL

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Naoufal Houjami this the 15 day of July, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Batrina A. Louis
Print name of officer administering oath

Notary
Title 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 2

14 C/OH NAME NAOUFAL HOUJAMI

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$568.92

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$1,080.03

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$356.42

4. TOTAL POLITICAL EXPENDITURES

\$356.42

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

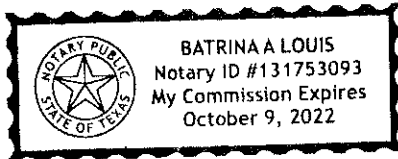
\$154.69

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Naoufal Houjami, this the 15 day of July, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Batrina A. Louis
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

NAJUFAL HAJJAMI

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-----------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 511.11 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 568.92 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 356.42 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:

2

2 FILER NAME

NAOUFAL HOUMJAMI

3 Filer ID (Ethics Commission Filers)

4 Date

02/15/2019

5 Full name of contributor

NAOUFAL HOUMJAMI

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

7 Amount of contribution (\$)

111.11

6 Contributor address;

City; State; Zip Code

HOUSTON TX 77051

8 Principal occupation / Job title (See Instructions)

SELF EMPLOYED

9 Employer (See Instructions)

SELF EMPLOYED

Date

03/15/2019

Full name of contributor

NAOUFAL HOUMJAMI

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

HOUSTON TX 77051

Principal occupation / Job title (See Instructions)

SELF EMPLOYED

Employer (See Instructions)

SELF EMPLOYED

Date

04/12/2019

Full name of contributor

NAOUFAL HOUMJAMI

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

HOUSTON TX 77051

Principal occupation / Job title (See Instructions)

SELF EMPLOYED

Employer (See Instructions)

SELF EMPLOYED

Date

05/07/2019

Full name of contributor

NAOUFAL HOUMJAMI

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

HOUSTON TX 77051

Principal occupation / Job title (See Instructions)

SELF EMPLOYED

Employer (See Instructions)

SELF EMPLOYED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

NAJUFAL HOUJAMI

3 Filer ID (Ethics Commission Filers)

4 Date

05/19/2019

5 Full name of contributor

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

NAJUFAL HOUJAMI

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

HOUSTON TX 77051

8 Principal occupation / Job title (See Instructions)

SELF EMPLOYED

9 Employer (See Instructions)

SELF EMPLOYED

Date

Full name of contributor

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

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

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

Amount of contribution (\$)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 11 | |
| 2 FILER NAME NAOUFAL HOJJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 02/15/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUFAL HOJJAMI | 8 Amount of Contribution \$ 22.22 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 02/27/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUFAL HOJJAMI | Amount of Contribution \$ 29.11 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 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) | | | |

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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

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAJUFAL HOUJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 03/07/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJUFAL HOUJAMI | 8 Amount of Contribution \$ 11.11 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 03/19/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJUFAL HOUJAMI | Amount of Contribution \$ 22.22 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | |
| 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) | | | |

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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

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAJFAL HOJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 03/22/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJFAL HOJAMI | 8 Amount of Contribution \$ 20.20 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|---|---|
| Date 03/25/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJFAL HOJAMI | Amount of Contribution \$ 25.04 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 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) | | | |

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

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NADUFAL HOUJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 04/04/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NADUFAL HOUJAMI | 8 Amount of Contribution \$ 38.11 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|---|---|
| Date 04/09/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NADUFAL HOUJAMI | Amount of Contribution \$ 22.22 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 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) | | | |

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

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAJUFAL HOJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 04/20/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJUFAL HOJAMI | 8 Amount of Contribution \$ 29.11 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 04/24/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJUFAL HOJAMI | Amount of Contribution \$ 20.11 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
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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

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAOUFAL HOJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 04/29/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUFAL HOJAMI | 8 Amount of Contribution \$ 22.22 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|--|---|---|
| Date 05/05/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUFAL HOJAMI | Amount of Contribution \$ 37.10 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 7705 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 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) | | | |

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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

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAOUMFAL HOUMJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 05/16/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUMFAL HOUMJAMI | 8 Amount of Contribution \$ 11.11 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 05/20/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUMFAL HOUMJAMI | Amount of Contribution \$ 29.11 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 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) | | | |

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAOUFAL HOUSAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 05/27/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUFAL HOUSAMI | 8 Amount of Contribution \$ 32.06 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 05/29/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUFAL HOUSAMI | Amount of Contribution \$ 23.06 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 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) | | | |

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

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAJAFAL HOJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 06/02/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJAFAL HOJAMI | 8 Amount of Contribution \$ 22.22 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|--|---|---|
| Date 06/14/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJAFAL HOJAMI | Amount of Contribution \$ 38.11 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 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) | | | |

| | | | |
|--|--|--|--|
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |
|--|--|--|--|

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAOUFAL HOUMAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 06/19/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUFAL HOUMAMI | 8 Amount of Contribution \$ 38.11 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|---|---|---|---|
| Date 06/20/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAOUFAL HOUMAMI | Amount of Contribution \$ 22.22 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELFEMPLOYED | |
| 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) | | | |

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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

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME NAJAFAL HOJAMI | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 06/22/2019 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJAFAL HOJAMI | 8 Amount of Contribution \$ 29.11 | 9 In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| 7 Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 06/29/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJAFAL HOJAMI | Amount of Contribution \$ 25.04 | In-kind contribution description TRAVEL IN DISTRICT FOR EVENT |
| Contributor address; City; State; Zip Code HOUSTON TX 77051 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | | Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED | |
| 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) | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME NAJAFAL HAJJAMI | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/17/2019 | 5 Payee name Wix LLC | |
| 6 Amount (\$) 99.00 | 7 Payee address; City; State; Zip Code 500 TERRY A FRANCOIS BLVD SAN FRANCISCO CA 94158 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE BUILDING |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 02/18/2019 | Payee name Wix LLC | |
| Amount (\$) 11.90 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE PUBLISHING |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 02/19/2019 | Payee name VISTA PRINT CORPORATE | |
| Amount (\$) 16.21 | Payee address; City; State; Zip Code 275 WYMAN ST WALTHAM MA 02451 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING AND DESIGN SERVICES |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME NAJAFAL HOJAMI | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/07/2019 | 5 Payee name BANK OF AMERICA | |
| 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) 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 FEES |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date 04/02/2019 | Payee name VISTAPRINT CORPORATE | |
| Amount (\$) 44.43 | Payee address; City; State; Zip Code 275 WYMAN ST WALTHAM MA 02451 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING AND DESIGN SERVICES |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date 04/12/2019 | Payee name VISTA PRINT CORPORATE | |
| Amount (\$) 21.08 | Payee address; City; State; Zip Code 275 WYMAN ST WALTHAM MA 02451 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING AND DESIGN SERVICES |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling 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 F1: | 2 FILER NAME NAJMAL HOUJAMI | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 05/01/2019 | 5 Payee name BANK OF AMERICA | | | | |
| 6 Amount (\$) 16.00 | 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) 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 FEES | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date 05/15/2019 | Payee name VISTA PRINT CORPORATE | | | | |
| Amount (\$) 32.38 | Payee address; City; State; Zip Code 275 WYMAN ST WALTHAM MA 02451 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING AND DESIGN SERVICES | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date 06/03/2019 | Payee name BANK OF AMERICA | | | | |
| Amount (\$) 16.00 | Payee address; City; State; Zip Code 3704 OLD SPANISH TRL HOUSTON -TX 77021 | | | | |
| 8 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 FEES | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Polling 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 F1: | 2 FILER NAME NAJMAL HOJAMI | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------|---------------------------------------|

| | |
|----------------------|-------------------------|
| 4 Date 06/22/2019 | 5 Payee name Wix LLC |
|----------------------|-------------------------|

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|------------------------|--|
| 6 Amount (\$) 42.89 | 7 Payee address; City; State; Zip Code 500 TERRY A FRANCOIS BLVD SAN FRANCISCO CA 94158 |
|------------------------|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE TRAFFIC |
|------------------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 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 |
|-------------|--------------------------------------|

| | | |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED