Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

RECEIVED OCT 31 2005 CITY SECRETARY

Date Hand Delivered or Date Postmarked

Report #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST: Khalid MI: A.

NICKNAME: Khan LAST: SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 740831 APT / SUITE #: CITY: Houston STATE: Texas ZIP CODE: 77099

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (713) PHONE NUMBER: 478 EXTENSION: 1637

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST: Lenny MI:

NICKNAME LAST: Yaffie SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1111 Wilcrest St. #425 APT / SUITE #: CITY: Houston STATE: Tx. ZIP CODE: 77042

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 490 EXTENSION: 1301

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☑ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 10 / 9 / 05 THROUGH Month / Day / Year: 10 / 31 / 05

11 ELECTION

ELECTION DATE Month / Day / Year: 11 / 8 / 05

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): Houston City Council, District F

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code:

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 13,800
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 21,033.81
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 30,466.19
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Khalid A. Khan

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/14	Pervez Iqbal [redacted] SUGARLAND, TEXAS 77479-5913	$100 XX	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Gul Faraz Khan [redacted] Sugarland, Texas 77478	$200 XX	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Aziz Urrehman Shah [redacted] HOUSTON, TEXAS 77022	$100 XX	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Khalid Manzoor [redacted] Sea Brook, Texas 77586	$500 XX	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Rahila Ahmed + Mohammed Ahmed [redacted] Houston, Texas 77068	$1000 XX	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME: Khalid A. Khan

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address: City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/14	Mohammad Mumtaz Khan [redacted] Sugar Land, Texas 77478	$200 XX	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	M.M. Ali [redacted] Houston, Texas 77069	$200 XX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Barkat Charania [redacted] Sugar Land, Tx. 77479	$1000 XX	

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Samina Khan [redacted] Houston, Tx. 77083	$200 XX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14	Mohammad T. Zaka [redacted] Missouri City, Tx. 77459	$500 XX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME: Khalid A. Khan

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/21	Khalid Memon [redacted] Houston, Texas 77093	$1,250 XX	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21	Faisal Khalid [redacted] Houston, Tx. 77084	$350 XX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21	Mobeen Mazhar M.D. [redacted] Houston, Texas 77041	$1000 XX	

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21	Asif Cochinwala M.D. PA [redacted] Houston, Texas 77008	$1000 XX	

Principal occupation / Job title (See Instructions): Doctor

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21	Jefan Iftikhar Dr. [redacted] Katy, Tx. 77450-6404	$1000 XX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME: Khalid A. Khan

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/21	Mohammad Ahmed [redacted] Houston, Texas 77037	$500 XX	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21	Adil Malik [redacted] Houston, Texas 77042	$100 XX	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21	Khalid S. Husain [redacted] Huffman, Texas 77336	$100 XX	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28	James C. Lentz [redacted] North Richland Hills Tx. 76180	$1000 XX	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28	Abdul Muqtadir Mohammed [redacted] Houston, Tx. 77099	$500 XX	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME: Khalid A. Khan

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/28	Zafar Hashmi [redacted] Houston, Tx. 77074	$1000 XY	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Businessman	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28	Ahmad Malik [redacted] Sugar Land. Tx 77478	$2000 XY	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/14	Miguel Carrera 617 S. 12th Edinburg, Texas 78539	$2115 XY

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement for Expenses. (Phone, Bank)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/14	Uvde Times Houston, Tx.	$1000 XY

Purpose of payment (See instructions regarding type of information required.)
Advertising

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/12	Copy n Sign 12220 Murphy Rd. Stafford, Texas 77477	$784.81

Purpose of payment (See instructions regarding type of information required.)
Printing

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/14	Ralph Garcia Houston, Texas	$650 XY

Purpose of payment (See instructions regarding type of information required.)
Signs

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/14	Miguel Carrera 617 S. 12th. Edinburg, Texas 78539	$2210.00

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement for Expenses

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Miguel Carrera 617 S. 12th Edinburg, Texas 78539	$2894 KY

Purpose of payment (See instructions regarding type of information required.): Reimbursement for Expenses.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/19	Sabri Nihni Houston, Texas	$380 KY

Purpose of payment (See instructions regarding type of information required.): Meeting Expense.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/20	Richmond Printing Houston, Texas	$10,000

Purpose of payment (See instructions regarding type of information required.): Mail Out Expense.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/19	Copy N Sign 12220 Murphy Rd. Stafford, Texas 77477	$1000 -

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Sign Material	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

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