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	MS / MRS / MR FIRST NUZHAT	МІ	OFFICE USE ONLY			
NAME	NICKNAME LAST HYE	SUFFIX	Date Recention of Legal Services Irving ISD			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ITY: STATE; ZIP CODE /ING TX 75062	APR 2 2 2021			
Change of Address	RECEIVED					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (813) 431-9560	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MOHAMMAD	МІ	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date Processed			
	MILLAT		Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	IITE #; CITY;	STATE: ZIP CODE			
TREASURER ADDRESS	2300 W VALLEY VIEW LN	IRVING	TX 75062			
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 609-8363					
9 REPORT TYPE		Punett	15th day after campaign			
	January 15 30th day before ele	ection Runoff	treasurer appointment (Officeholder Only)			
	July 15 X 8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
00121125	04 / 01 / 2021	THROUGH 04/	25 / 2021			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description				
	05 01 2021 X General	Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)				
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
	GO TO I	PAGE 2				
	4010 1					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Hye, Nuzhet	18 F	iter ID (Ethics Commission Filers)		
TIYO, TAULING				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE	\$. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE OF REPORTING PERIOD	Y \$ 1,956.11		
OUTSTANDING LOAN TOTALS	8. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$		
44 OLONIA TUDE 1		and the state of t		
	wear, or affirm, under penalty of perjury, that the accompanying report is true and	COTTECT BING INCIVIOUS BIL INTORTRALION		
re	quired to be reported by me under Title 15, Election Code.			
	- 16 -			
	Signature of Candida			
	Signature of Candida	ite or Officeholder		
	Diego complete cither entire heleun			
	Please complete either option below:			
		FELICIA M RAMIREZ		
		otary Public, State of Texas		
(1) Affidavit		My Commission Expires		
(1) Suidinair		October 02, 2024		
	Or the	NOTARY ID 13071543-0		
1				
NOTARY STAMP/SEA	L			
Swom to and subscribed before me by Nuzhat Hue this the 22 day of April.				
20 21 to certify which witness my hand and seal of office.				
100	//	111		
Le isiste	Kenn telicia M. Kamirer	NOTORY		
Signature of officer administ	Printed name of officer administering oath	Title of officer administering oath		
Delica diamento del Company				
The second second second				
(2) Unsworn Declarat	lon			
My name is	, and my date of birth is			
My address is				
	(street) (city) (state)	(zip code) (country)		
Comments		1.00		
Executed in	County, State of, on the day of	, 20 		
	(monus)	(Joar)		
	Signature of Candidate/C	Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer IC	(Ethics Commission Filers)		
	Hye, Nuzhat			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	× SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 450.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	x SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$ 1649.85		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	TIONS \$		
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 CONTRIBUTION	NS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	JRNED \$		

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 co	mplete this form.	1	Total pages Schedule A1:
2 FILER NAME Hye, Nuzh	at		3	Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	Shourouq	t-of-state PAC (ID#:		Amount of contribution (\$) \$200
8 Principal occu	pation / Job title (See Instructions)	9 Employer	(See Instructions)
Date 4/10/2021	Rabih Neouchi		Code	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Employer (See Instru		(See Instructions)	
Date 4/15/2021	Abu Karam	t-of-state PAC (ID#		Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Date		t-of-state PAC (ID#:		Amount of contribution (\$)
Principal occup	ation / 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.				

Revised 8/17/2020

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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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.						
<u> </u>					3 F3 ID (F#)	- Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethic	cs Commission Filers)
4 D-t-	Nuzhat H	ye				
4 Date	5 Payee name					
4/7/2021		Material .		City;	State;	Zip Code
6 Amount (\$)	7 Payee address	•	,	Jity,	Glato,	2.10 0000
1,087.89	11739 S Wilcrest Dr. Houston, TX 77099					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE	Fee			Printed Materials		
OF EXPENDITURE						
	(c) Check i	f travel outside of Texas. Complete Schedule T.		Check if Austi	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office	e sought		Office held
Date	Payee name					
4/16/2021	USPS S	Story				
Amount (\$)	Payee address;		C	City:	State;	Zip Code
500	2300 Story Road, Irving, TX 75062				Æ	
	Category (See C	ategories listed at the top of this schedule)	Desc	cription		
PURPOSE OF	Stamp		Stamp purchase			
EXPENDITURE						
	Check it	f travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office	sought		Office held
Date	Payee name					
	,					
4/16/2021	Amazon					
Amount (\$)	Payee address	;	c	City; State;		Zip Code
\$12	410 Terry A	Ave, North, Seattle, WA 98109				
	Category (See C	alegories listed at the top of this schedule)	Desc	cription		
PURPOSE OF EXPENDITURE	Mailing L	abel	М	lailing Labe	ıl	
	Check if	travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name	Office	e sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						