

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 5

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
NOV 30 2020  
City Secretary's Office

Date Hand-delivered or Date Postmarked  
C/OH 11.30.2020 @ 4:00PM

Receipt #	Amount \$
Date Processed Hard by Sp 11.30.2020	Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: \_\_\_\_\_ FIRST: ABDUL MI: \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ LAST: KHABEER SUFFIX: \_\_\_\_\_

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 2704 Alhambra Dr APT / SUITE #: \_\_\_\_\_ CITY: IRVING STATE: TX ZIP CODE: 75062

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (630) PHONE NUMBER: 561-5462 EXTENSION: \_\_\_\_\_

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: \_\_\_\_\_ FIRST: BILQUIS MI: \_\_\_\_\_  
NICKNAME: \_\_\_\_\_ LAST: FATIMA SUFFIX: \_\_\_\_\_

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): 2704 Alhambra Dr APT / SUITE #: \_\_\_\_\_ CITY: IRVING STATE: TX ZIP CODE: 75062

8 CAMPAIGN TREASURER PHONE

AREA CODE: (972) PHONE NUMBER: 659-1583 EXTENSION: \_\_\_\_\_

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 Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    Month Day Year  
12 / 08 / 20 THROUGH / /

11 ELECTION

ELECTION DATE: Month Day Year: 12 / 08 / 20  
ELECTION TYPE:  Primary     Runoff     Other Description  
 General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

IRVING CITY COUNCIL PLACE 3

14 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME  
COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

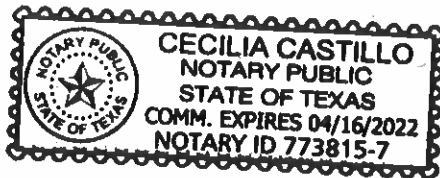
<b>15 C/OH NAME</b> <u>ABDUL KHABEER</u>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>82.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>450.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>430.50</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>972.00</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>9.50.</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

**18 SIGNATURE** 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.

*A. Khabeer*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Abdul Khabeer this the 30<sup>TH</sup> day of November, 2020, to certify which, witness my hand and seal of office.

*Cecilia Castillo* Cecilia Castillo Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# 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	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 <b>ABDUL KHABEER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-21-20</b>	5 Payee name <b>FedEx Kinkos</b>	
6 Amount (\$) <b>436.00</b>	7 Payee address; <b>IRVING</b>	City; State; Zip Code <b>TX</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Campaign material</b>	(b) Description <b>Copies</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11-18-20</b>	Payee name <b>NextDay Flyers</b>	
Amount (\$) <b>445.00</b>	Payee address; <b>Arlington</b>	City; State; Zip Code <b>TX</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Campaign material</b>	Description <b>Door Hangers</b>
	<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 <b>11-22-20</b>	Payee name <b>Lunubri Publishing</b>	
Amount (\$) <b>91.00</b>	Payee address; <b>HTT Dallas</b>	City; State; Zip Code <b>TX</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>printing</b>	Description <b>Biz Cards</b>
	<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

# 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 <b>ABDUL KHABEER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-10-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Genelle Parra</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>1813 TRAVIS CIR IRVING TX 75038</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>11-13-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAN LITTLE John</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 153601 IRVING TX</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>ABDUL KHABEER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>11-23-20</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAYAT MAHAK</b>	8 Amount of Contribution \$	9 In-kind contribution description <b>87.00</b>
7 Contributor address; City; State; Zip Code <b>IRVING TX</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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.