

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
3 CANDIDATE / OFFICEHOLDER NAME	MR. MRS. MR	FIRST	MI
	Mr.	Khalid	
	NICKNAME	LAST	SUFFIX
		Ishaq	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS	APT / SUITE #	CITY, STATE, ZIP CODE
	6016 Toledo St.		Plano, TX 75094
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	836-6016	
6 CAMPAIGN TREASURER NAME	MR. MRS. MR	FIRST	MI
	Mr.	Ghulam	
	NICKNAME	LAST	SUFFIX
		Warriach	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #		CITY, STATE, ZIP CODE
	565 Water Oak Dr		Plano TX, 75025
Residence or Business:			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(469)	569-8226	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 5th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder OR)	<input type="checkbox"/> Final Report (After 20th day)
10 PERIOD COVERED	Month	Day	Year
	1	20	23
THROUGH		Month	Day
THROUGH		4	5
		Year	Year
			23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		5	6
		23	
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff
		<input type="checkbox"/> Special	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	--		
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	COMMITTEE NAME	
	GENERAL	Khalid Ishaq for Plano	
		COMMITTEE ADDRESS	
		6016 Toledo St. Plano TX 75094	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Ghulam Warriach		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	525 Water Oak Dr., Plano		
Additional Pages			

RECEIVED

9/6/23

8

APR 3:37PM

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 30,285.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,285.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 14,926.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,926.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,358.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is KHALID ISHAK, and my date of birth is [REDACTED]

My address is 6016 TOLEDO ST., PLANO, TX, 75094 COLLIN

(street) (city) (state) (zip code) (country)

Executed in COLLIN County, State of TX, on the 6 day of APRIL, 2023

(month) (year)

[Handwritten Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Khalid Ishaq

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	30285
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1700.24
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	SCHEDULE E: LOANS	\$	5000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	4926.88
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0

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: 15
2 FILER NAME KHALID ISHAQ		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/23	5 Full name of contributor out-of-state PAC (ID#: _____) SUITAN CHOWDHARY	7 Amount of contribution (\$) \$1,000
6 Contributor address; City; State; Zip Code 3413 RAMBLINGWAY PLANO TX 75093		
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) CCA
Date 4/3/23	Full name of contributor out-of-state PAC (ID#: _____) AIJAZ SYED	Amount of contribution (\$) \$75
Contributor address; City; State; Zip Code 15129 FARMCOTE DR FRISCO TX 75035		
Principal occupation / Job title (See Instructions) PROGRAM MANAGER		Employer (See Instructions) SIEMENS DIGITAL
Date 4/3/23	Full name of contributor out-of-state PAC (ID#: _____) ISHAQ MOHAMMED	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1314 WINDHAVEN DR. MURPHY TX 75094		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) CAPITAL ONE
Date 4/1/23	Full name of contributor out-of-state PAC (ID#: _____) ROY & IRUM MAHARAJ	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 5633 NORTH BROOK DR. PLANO TX 75093		
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) GLOBAL PATENT LICENSING

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

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 14
2 FILER NAME KHALID ISHAQ		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/23	5 Full name of contributor out-of-state PAC (ID#: _____) Shazia AlHassan	7 Amount of contribution (\$) \$125
6 Contributor address; City; State; Zip Code 139 Hillcrest Drive Murphy TX 75094		
8 Principal occupation / Job title (See Instructions) Housewife		9 Employer (See Instructions)

Date 2/24/23	Full name of contributor out-of-state PAC (ID#: _____) Baseer Syed	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 5025 NIAGARA ST PLANO TX 75074		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) PwC

Date 2/24/23	Full name of contributor out-of-state PAC (ID#: _____) Riaz Hussain	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 4994 ROCKRIMMON CT COLLEYVILLE TX 76034		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) U.S. Empire Enterprise Inc

Date 2/24/23	Full name of contributor out-of-state PAC (ID#: _____) Waqar Khan	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 601 Goldenbell Lane Plano, TX 75074		
Principal occupation / Job title (See Instructions) Surgeon Generalist CEO		Employer (See Instructions) Colostar Health Center North Texas Orthopaedic Spine

TRACS

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

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: 1/15
2 FILER NAME KHALID ISHRAQ		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor out-of-state PAC (ID#: _____) Imran chaudhary	7 Amount of contribution (\$) \$ 200
6 Contributor address; City; State; Zip Code 4437 Sanderosa Ln Richardson TX 75082		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Cisco
Date 3/9/23	Full name of contributor out-of-state PAC (ID#: _____) Anas Athar	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 6004 Ridgemore Dr TX TX 75002		
Principal occupation / Job title (See Instructions) orthodontist		Employer (See Instructions) Smile Brands
Date 3/9/23	Full name of contributor out-of-state PAC (ID#: _____) Mohammad Sadiq	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 605 Golden Bell Dr Plano TX 75074		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Sound Physicians
Date 3/9/23	Full name of contributor out-of-state PAC (ID#: _____) Asad Khan	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code 800 Maverick Ct Fairview TX 75069		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pain & spine Physicians

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

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: 14
2 FILER NAME KHALID ISHAQ		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/23	5 Full name of contributor out-of-state PAC (ID#: _____) Pezwan Khan	7 Amount of contribution (\$) \$1,000
6 Contributor address; City; State; Zip Code 4310 Firebrook Dr. Plano, TX 75074		
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Self
Date 3/8/23	Full name of contributor out-of-state PAC (ID#: _____) Azhar Azeez	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 1305 Gibraltar St. Plano, TX 75074		
Principal occupation / Job title (See Instructions) Senior National Director		Employer (See Instructions) Islamic Relief
Date 3/9/23	Full name of contributor out-of-state PAC (ID#: _____) Mohammed Ahmed	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 13151 Emily Rd. Suite 200 Dallas, TX 75240		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
Date 3/9/23	Full name of contributor out-of-state PAC (ID#: _____) Abdul Ahad Hayee	Amount of contribution (\$) \$5,000
Contributor address; City; State; Zip Code 3861 Long Prairie Rd. Flower Mound, TX 75028		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Sunfish Oil & Gas
<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>		

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 14
2 FILER NAME KHALID ISHAQ		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/23	5 Full name of contributor Khawaja Nimr Ikram out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$1,000
6 Contributor address; City; State; Zip Code 1200 White Stone Drive Murphy, TX 75094		
8 Principal occupation / Job title (See Instructions) Surgeon		9 Employer (See Instructions) N. TX orthopaedic & spine
Date 2/25/23	Full name of contributor Anwer Azam out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2334 San Andres Dr. Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) CPA
Date 2/25/23	Full name of contributor Saiyad Ahmad out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 6612 Toledo St. Plano, TX 75094		
Principal occupation / Job title (See Instructions) Acupuncturist		Employer (See Instructions) Green Crescent Clinic
Date 2/25/23	Full name of contributor Kubaiyate Jasmine Gazi out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 900 Bryan Walker Dr. Murphy, TX 75094		
Principal occupation / Job title (See Instructions) Housewife		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages, Schedule A1

The Instruction Guide explains how to complete this form.

18

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

KHALID SHAQ

4 Date

5 Full name of contributor
Unbareen M Imama

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

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State; Zip Code

929 Oriole Dr. Plano, TX 75094

8 Principal occupation / Job title (See Instructions)

housewife

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

3/4/23

Zak Kuzbani

Contributor address;

City;

State; Zip Code

3325 Haley Court Richardson, TX 75082

\$100

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

Mckinsey

Date

Full name of contributor

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

Amount of contribution (\$)

3/4/23

Nasrullah Khan

Contributor address;

City;

State; Zip Code

315 Maple St. Richardson, TX 75081

\$100

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Heart Health

Date

Full name of contributor

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

Amount of contribution (\$)

3/4/23

Zafar Hayat

Contributor address;

City;

State; Zip Code

3208 Blenheim Ct. Plano, TX 75025

\$50

Principal occupation / Job title (See Instructions)

engineer

Employer (See Instructions)

COFART

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

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: 15
2 FILER NAME Jamil Zaidi KHALID ISHAQ		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/23	5 Full name of contributor out-of-state PAC (ID#: _____) Jamil Zaidi	7 Amount of contribution (\$) \$100
	6 Contributor address; City; State; Zip Code 3700 MACKENZIE LN RICHARDSON TX 75082	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 2/27/23	Full name of contributor out-of-state PAC (ID#: _____) Adil Hamid	Amount of contribution (\$) \$50
	Contributor address; City; State; Zip Code 2137 Diane Drive Plano, TX 75074	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Statefarm
Date 2/28/23	Full name of contributor out-of-state PAC (ID#: _____) Waseem Subhani	Amount of contribution (\$) \$200
	Contributor address; City; State; Zip Code 7204 Middleburg Dr. Plano, TX 75074	
Principal occupation / Job title (See Instructions) Owner & operator		Employer (See Instructions) E + Z Cuisine
Date	Full name of contributor out-of-state PAC (ID#: _____) David S. Kemp + Diana Biscan	Amount of contribution (\$) \$200
	Contributor address; City; State; Zip Code 9124 BRIDGEWAY PLANO TX 75024 7714 ELEMENT AVE PLANO TX 75024	
Principal occupation / Job title (See Instructions) Channels Sales Manager / Sales Director		Employer (See Instructions) Globalscape Inc. // American Tax

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

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: 17

2 FILER NAME

KHALID ISHAQ

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Akram N Syed

7 Amount of contribution (\$)

\$ 300

6 Contributor address; City; State; Zip Code

507 Lakeway Dr. Allen, TX 75013

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Accelore Solutions

Date

3/6/23

Full name of contributor out-of-state PAC (ID#: _____)

Nareem Randhawa

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

3608 Carver Court Ln. Plano, TX 75074

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

Date

3/6/23

Full name of contributor out-of-state PAC (ID#: _____)

Talal Siddiqui

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

4426 Kelly Dr. Richardson, TX 75082

Principal occupation / Job title (See Instructions)

Vice President

Employer (See Instructions)

Acuity

Date

3/6/23

Full name of contributor out-of-state PAC (ID#: _____)

Saad Mirza

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

1006 SPARROW DR MURPHY TX 75094

Principal occupation / Job title (See Instructions)

Sr. Director

Employer (See Instructions)

Aviatrix

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

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. 14
2 FILER NAME KHALID KHANQ		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/23	5 Full name of contributor out-of-state PAC (ID#: _____) Matt Rostami	7 Amount of contribution (\$) \$1,000
6 Contributor address; City; State; Zip Code 2901 Ridgerview Dr., Plano, TX 75074		
8 Principal occupation / Job title (See Instructions) Eye Surgeon		9 Employer (See Instructions) Lone Star Eye Specialists
Date 3/4/23	Full name of contributor out-of-state PAC (ID#: _____) Ayman Aishat	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 2124 Channel Islands Dr. Allen, TX 75013		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)
Date 3/4/23	Full name of contributor out-of-state PAC (ID#: _____) Wafia Gazi	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 900 Bryan Walker Dr. Murphy, TX 75094		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Commscop
Date 3/4/23	Full name of contributor out-of-state PAC (ID#: _____) Feroz Azam	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 6021 Sargent Dr. Plano, TX 75094		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) High Roller Vape Tech

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

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: 13 14
2 FILER NAME KHALID ISHAQ		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/23	5 Full name of contributor out-of-state PAC (ID#: _____) MARIA TU	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 833 POST OAK Dr. PLANO TX 75025		
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions)
Date 3/28/23	Full name of contributor out-of-state PAC (ID#: _____) IMTIAZ HUSSAIN	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 2805 MILL HAVEN CT PLANO TX 75093		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) DELL
Date 3/27/23	Full name of contributor out-of-state PAC (ID#: _____) MATHEW BLAINE GASTON	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1201 BARRISTER MURPHY TX 75094		
Principal occupation / Job title (See Instructions) PASTOR		Employer (See Instructions) UNITED METHODIST CHURCH
Date 3/26/23	Full name of contributor out-of-state PAC (ID#: _____) MUHSIN A. SULIMAN	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 5828 TRIBUNE WAY PLANO TX 75094		
Principal occupation / Job title (See Instructions) CONSULTANT ARCHITECT		Employer (See Instructions) ORACLE
<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>		

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: 18
2 FILER NAME KHALID KHAN		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/23	5 Full name of contributor out-of-state PAC (ID#: _____) MOHAMMAD & AISHA TARIQ	7 Amount of contribution (\$) \$2,000
6 Contributor address; City; State; Zip Code 12 ARMSTRONG DR. FRIJOL TX 75034		
8 Principal occupation / Job title (See Instructions) DOCTOR		9 Employer (See Instructions) PRESTON SURGERY CENTER
Date 4/11/23	Full name of contributor out-of-state PAC (ID#: _____) MUBASHER WARRIACH	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 916 PONDS Edge Ln. EULESS TX 76040		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) NOKIA
Date 4/11/23	Full name of contributor out-of-state PAC (ID#: _____) NAIM HAROON	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 1102 REGINA DR ALLEN TX 75013		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SAKHIA LAW GROUP
Date 4/11/23	Full name of contributor out-of-state PAC (ID#: _____) ANTHONY RICCIARDELLI	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 6305 GLENHOLLOW DR PLANO TX 75093		
Principal occupation / Job title (See Instructions) LAWYER		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.

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: 18

2 FILER NAME

KHALID ISHAQ

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Zain Ishaq

7 Amount of contribution (\$)

\$10

6 Contributor address; City; State; Zip Code

6016 Toledo Plano TX 75094

8 Principal occupation / Job title (See Instructions)

Student

9 Employer (See Instructions)

Date

2/21/23

Full name of contributor out-of-state PAC (ID#: _____)

Hayden Padgett

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

2437 Bent Horn Dr. Plano, TX 75025

Principal occupation / Job title (See Instructions)

Product Director

Employer (See Instructions)

TaxAct

Date

2/24/23

Full name of contributor out-of-state PAC (ID#: _____)

Sameer Siddiqui

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

505 CAVE RIVER DR MURPHY TX 75094

Principal occupation / Job title (See Instructions)

Blockchain / DLT Tech contributor

Employer (See Instructions)

Shardus

Date

2/24/23

Full name of contributor out-of-state PAC (ID#: _____)

Shafaq Hussain

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

PISD

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

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: 14
2 FILER NAME KHALID KHAN		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor out-of-state PAC (ID#: _____) Naeem Silat	7 Amount of contribution (\$) \$ 1,000
6 Contributor address; City; State; Zip Code 526 Harvest Hill Dr. Murphy, TX 75094		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Titus Regional Medical Center
Date 3/9/23	Full name of contributor out-of-state PAC (ID#: _____) Shaukat Ali Gaziani	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 3717 Heart Castle Way Plano, TX 75025		
Principal occupation / Job title (See Instructions) Entrepreneur Real Estate		Employer (See Instructions) TREC
Date 3/11/23	Full name of contributor out-of-state PAC (ID#: _____) Zaheer Aziz	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 433 Remington Dr. Murphy, TX 75094		
Principal occupation / Job title (See Instructions) Energy Engineer		Employer (See Instructions) CISCO
Date 3/11/23	Full name of contributor out-of-state PAC (ID#: _____) Syed Taiyab	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 10601 CLARENCE DR #250 FRISCO TX 75033		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Targer Energy Investments

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

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: 14
2 FILER NAME KHALID ISHAK		3 Filer ID (Ethics Commission Filer)
4 Date 3/26/23	5 Full name of contributor out-of-state PAC (ID#: _____) SAJEDA SULTANA	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 2605 LOST RIVER CT PLANO TX 75025		
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) TEXAS INSTRUMENTS
Date 3/24/23	Full name of contributor out-of-state PAC (ID#: _____) SHAAN RAHI	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 1006 WILLOWBROOK TRL CARROLLTON TX 75006		
Principal occupation / Job title (See Instructions) MARKETER		Employer (See Instructions) SUNPRO SOLAR ENERGY
Date 3/9/23	Full name of contributor out-of-state PAC (ID#: _____) ABDULFATAH ALI	Amount of contribution (\$) 2000 \$1,000
Contributor address; City; State; Zip Code 4101 W 15th ST PLANO TX 75093		
Principal occupation / Job title (See Instructions) OPHTHALMOLOGIST		Employer (See Instructions) NTGS
Date 2/14/23	Full name of contributor out-of-state PAC (ID#: _____) ALAAI JOHNSON	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2408 PEACHTREE LN PLANO TX 75074		
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.

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: 14
2 FILER NAME KITALID ISHAK		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/23	5 Full name of contributor out-of-state PAC (ID#: _____) ZAFAR SHAREEF	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 729 SUMMERFIELD DR. MURPHY TX 75094		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) -
Date 1/20/23	Full name of contributor out-of-state PAC (ID#: _____) KITALID ISHAK	Amount of contribution (\$) \$ 5000
Contributor address; City; State; Zip Code 6016 TOLEDO ST PLANO TX 75094		
Principal occupation / Job title (See Instructions) SOFTWARE CONSULTANT		Employer (See Instructions) IT BEST TECH LLC.
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.

LOANS

SCHEDULE E

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 E:
2 FILER NAME Khalid Ishaq		3 Filer ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED LOANS		\$ 5000.00
5 Date of loan 1/20/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalid Ishaq	9 Loan Amount (\$) 5000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 6016 Toledo St. Plano. TX. 75094	10 Interest rate 0
		11 Maturity date 5/7/2023
12 Principal occupation / Job title (See Instructions) Software Consultant		13 Employer (See Instructions) IT Best Tech.LLC
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor N/A	19 Amount Guaranteed (\$) N/A
	18 Guarantor address; City; State; Zip Code N/A	
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	
2 FILER NAME KHALID ISHAQ		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 102,000 17,241.00	
5 Date 2/24/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WAQAR KHAN	8 Amount of Contribution \$ \$1400	9 In-kind contribution description FOOD & FACILITY FOR 2/24 EVENT
7 Contributor address; City; State; Zip Code 601 GARDEN BELL LN, PLANO TX 75074		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) CEO		11 Employer (FOR NON-JUDICIAL) (See Instructions) TRACS LLC	
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 3/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MO JALARD	Amount of Contribution \$ \$225	In-kind contribution description PIZZA FOR KICKOFF
Contributor address; City; State; Zip Code 158 W FM 5114 #132 MURPHY TX 75014		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER		Employer (FOR NON-JUDICIAL) (See Instructions) MAGIOS PIZZA MURPHY	
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

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 Khalid Ishaq		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/04/2	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghulam Warriach	8 Amount of Contribution \$ 75.24	9 In-kind contribution description Party
7 Contributor address; City; State; Zip Code 12113 Garland Rd, Dallas TX 75218		Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		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.

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: 8	2 FILER NAME KHALID ISHAK	3 Filer ID (Ethics Commission Filers)
---	-------------------------------------	---------------------------------------

4 Date 2-10-2023	5 Payee name KEEPERS PRESS
----------------------------	--------------------------------------

6 Amount (\$) \$1,441.89	7 Payee address: 520 LOMA VISTA DR.	City: HEATH	State: TX	Zip Code 75032
------------------------------------	---	-----------------------	---------------------	--------------------------

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2-17-23	Payee name KEEPERS PRESS
------------------------	------------------------------------

Amount (\$) \$522.08	Payee address: 520 LOMA VISTA DR.	City: HEATH	State: TX	Zip Code 75032
--------------------------------	---	-----------------------	---------------------	--------------------------

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2-28-23 2-28-23	Payee name KEEPERS PRESS
---	------------------------------------

Amount (\$) \$411.35	Payee address: 520 LOMA VISTA DR.	City: HEATH	State: TX	Zip Code 75032
--------------------------------	---	-----------------------	---------------------	--------------------------

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

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

Revised 8/17/07

www.ethics.state.tx.us

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 Expense | 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: 8	2 FILER NAME KHALID ISHAA	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/23	5 Payee name LINCOLN DAY DINNER	
6 Amount (\$) \$2,500	7 Payee address: 3700 HUGGE DR.	City: PARKER State: TX Zip Code: 75002
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description LINCOLN DAY DINNER
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/24/23	Payee name ANDALOUS		
Amount (\$) \$250	Payee address: 1601 N CENTRAL EXPY	City: RICHARDSON State: TX Zip Code: 75080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISER EXPENSE	Description FUNDRAISER	
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 2/25/23	Payee name PANERA		
Amount (\$) \$10.44	Payee address: 103 W FM 544	City: MURPHY State: TX Zip Code: 75094	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) - FOOD/BEVERAGE EXPENSE	Description CANDIDATE MEET-UP	
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY 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

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: 8	2 FILER NAME KHALID ISHAQ	3 Filer ID (Ethics Commission Filers)
---------------------------------	------------------------------	---------------------------------------

4 Date 3/1/23	5 Payee name COSTCO
------------------	------------------------

6 Amount (\$) \$91.10	7 Payee address: 3800 N CENTRAL EXPY	City: PLANO	State: TX	Zip Code 75074
--------------------------	---	----------------	--------------	-------------------

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

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

Date 3/1/23	Payee name INDOPAK
----------------	-----------------------

Amount (\$) \$253.31	Payee address: 420 VILLAGE DR. SUITE 100	City: MURPHY	State: TX	Zip Code 75094
-------------------------	---	-----------------	--------------	-------------------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/1/23	Payee name DOLLAR TREE
----------------	---------------------------

Amount (\$) \$51.42	Payee address: 3340 FM 544 STE 810	City: WYLIE	State: TX	Zip Code 75098
------------------------	---------------------------------------	----------------	--------------	-------------------

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

Complete ONLY 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

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: 8	2 FILER NAME KHALID ISHAQ	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/23	5 Payee name Leadership Institute	
6 Amount (\$) \$15/00	7 Payee address: City: State: Zip Code 1101 NORTH HIGHLAND ST ARLINGTON VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Leadership Institute Candidate Training Class
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-4-2023	Payee name SAM HSU PHOTOGRAPHER.	
Amount (\$) \$250/00	Payee address: City: State: Zip Code 9605 MICKELSON DR. ROWLETT TX 75089	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Campaign kickoff Photography + Videographer
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-10-2023	Payee name JOSHUA FRICK - FOX HOLE STRATEGIES	
Amount (\$) \$7,500/00	Payee address: City: State: Zip Code 5473 BLAIR RD. DALLAS TX 75231	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description Consultant Payment Feb + March
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name KHALID ISHAQ	Office sought PISD PLACES Office held -

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	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: 8 2 FILER NAME KHALID ISHAQ 3 Filer ID (Ethics Commission Filers)

4 Date 2-28-2023 5 Payee name LOVE AND WAR IN TEXAS

6 Amount (\$) \$511.39 7 Payee address; City; State; Zip Code
601 E PLANO PKWY PLANO TX 75074

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (b) Description MEET AND GREET
 (c) Check if travel outside of Texas. Complete Schedule T. 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 2-26-2023 Payee name LOVE AND WAR IN TEXAS

Amount (\$) \$10.49 Payee address; City; State; Zip Code
601 E PLANO PKWY PLANO TX 75074

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE Description MEET AND GREET
 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 / Officeholder name Office sought Office held

Date 3/15/2023 Payee name FOXHOLE STRATEGIES - JUSTIN FRUCK

Amount (\$) \$1,500.00 Payee address; City; State; Zip Code
5473 BLAIR RD DALLAS TX 75231

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE Description CONSULTANT PAYMENT FEB
 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 / Officeholder name Office sought Office held

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 | 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 8	2 FILER NAME Khalid Ishaq	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2023	5 Payee name Constant Contact	
6 Amount (\$) 10.66	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Email Platform
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/27/2023	Payee name Bank of America	
Amount (\$)	Payee address; City; State; Zip Code 113 E Farm To Market 544, Murphy, TX 75094	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Bank Account Fee
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/30/23 02/27/2023	Payee name In Focus Consulting	
Amount (\$) 1,050.00	Payee address; City; State; Zip Code 509 FM 120 #723. Pottsboro, TX 75076-2629	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Speech writing & training
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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

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 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: 8	2 FILER NAME Khalid Ishaq	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2023	5 Payee name Darna Mediteranean Restaurant	
6 Amount (\$) 132.82	7 Payee address; City; State; Zip Code 700 Windrose Ave., Plano, TX 75024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Dinner for kickoff Speaker
	(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 02/27/2023	Payee name American Airlines	
Amount (\$)	Payee address; City; State; Zip Code 400 Aviation Dr, Dallas, TX 75261	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel	Description Speaker at Kickoff
	<input checked="" 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 02/27/2023	Payee name AA Hotels	
Amount (\$) 183.43	Payee address; City; State; Zip Code 400 Aviation Dr, Dallas, TX 75261	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Hotel	Description Hotel for speaker at kickoff
	<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

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 8	2 FILER NAME Khalid Ishaq	3 Filer ID (Ethics Commission Filers)
--------------------------------	------------------------------	---------------------------------------

4 Date 04/05/2023	5 Payee name Ingenious Passion Inc.
----------------------	--

6 Amount (\$) \$1,858.75	7 Payee address; 701 Legacy Dr. # 1128	City; Plano, Texas	State; Texas	Zip Code 75023
-----------------------------	---	-----------------------	-----------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Printed Material design and Print
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 3/26/23	Payee name Get Customer Talking
-----------------	------------------------------------

Amount (\$) \$980	Payee address; 11550 Hannah Ln, Justin TX 76247	City; Justin	State; TX	Zip Code 76247
----------------------	--	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Video for website and social media
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/23/23	Payee name WIX.COM
-----------------	-----------------------

Amount (\$) 24.89	Payee address; 500 TERRY A. FRANCOIS BLVD 6th floor	City; SAN FRANCISCO	State; CA	Zip Code 94138
----------------------	---	------------------------	--------------	-------------------

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

Complete ONLY 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

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Khalid Ishaq	3 Filer ID (Ethics Commission Filers)
--	-------------------------------------	---------------------------------------

4 Date 02/28/2023	5 Payee name Gibraltar Security Consultant
-----------------------------	--

6 Amount (\$) 100.00	7 Payee address; 14860 Montford Dr. #206	City; Dallas TX	State; TX	Zip Code 75254
--------------------------------	--	---------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Background check for vetting
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 03/03/2023	Payee name Inamullah Khan Frisco - Pak Day Event
---------------------------	--

Amount (\$) 300.00	Payee address; 5005 Kiowa Dr. Frisco TX	City; TX	State; TX	Zip Code 75034
------------------------------	---	--------------------	---------------------	--------------------------

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

Complete <u>ONLY</u> 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 <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