

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

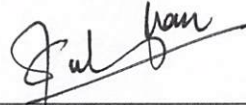
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Gulrez	<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED</b> <b>APR 27 2022</b> 4:29 PM <b>OFFICE OF THE CITY SECRETARY</b> <b>Lubbock, Texas</b>	
	NICKNAME LAST SUFFIX ("Gus") Khan		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Lubbock, Texas 79414		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Jacey S.	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX DuBois		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Lubbock, Texas 79416		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year     Month Day Year 4 / 7 / 22     THROUGH     4 / 29 / 22		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22		ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special _____
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Mayor</b>
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Gulrez Khan ("Gus")		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,172.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,282.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,610.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

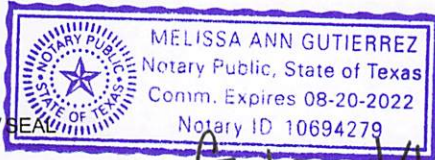
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Gulrez Khan this the 27<sup>th</sup> day of APRIL, 2022, 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

MELISSA ANN GUTIERREZ

NOTARY

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)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Gulrez Khan ("Gus")		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,172.87
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,282.41
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
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 CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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: <b>3</b>
2 FILER NAME <b>Gulrez Khan ("Gus")</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/07/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Srinath Marka</b> 6 Contributor address; City; State; Zip Code <b>Lubbock, Texas</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/12/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Atul Malholtra</b> Contributor address; City; State; Zip Code <b>Lubbock Texas</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mohammad Otahbachi</b> Contributor address; City; State; Zip Code <b>Lubbock, Texas</b>	Amount of contribution (\$) <b>485.06</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/22/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mohamad Al-Rahawan</b> Contributor address; City; State; Zip Code <b>Lubbock, Texas</b>	Amount of contribution (\$) <b>242.28</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: **2**

2 FILER NAME

**Gulrez Khan ("Gus")**

3 Filer ID (Ethics Commission Filers)

4 Date

**04/23/2022**

5 Full name of contributor

**Farhin Vohra**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

**Lubbock, Texas**

7 Amount of contribution (\$)

**96.62**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**04/24/2022**

Full name of contributor

**Tariq Farooq**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**Lubbock, Texas**

Amount of contribution (\$)

**485.06**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/24/2022**

Full name of contributor

**Mohamad Altabaa**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**Lubbock, Texas**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/25/2022**

Full name of contributor

**Nabeel Dar**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**Lubbock, Texas**

Amount of contribution (\$)

**1,000.00**

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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>2</b>
<b>2</b> FILER NAME <b>Gulrez Khan ("Gus")</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/26/2022</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Sohel Vora</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>Lubbock, Texas</b>	<b>7</b> Amount of contribution (\$)  <b>96.62</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>04/26/2022</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Erik Medina</b> ..... <b>Contributor address;</b> City; State; Zip Code <b>Lubbock, Texas</b>	<b>Amount of contribution (\$)</b>  <b>96.62</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>04/27/2022</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Asif Qamar</b> ..... <b>Contributor address;</b> City; State; Zip Code <b>Lubbock, Texas</b>	<b>Amount of contribution (\$)</b>  <b>970.61</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) ..... <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: 1		2 FILER NAME Gulrez Khan ("Gus")		3 Filer ID (Ethics Commission Filers)	
4 Date 04/11/2022		5 Payee name Midtown Printing			
6 Amount (\$) 124.89		7 Payee address; City; State; Zip Code 4605 W Loop 289 Acc Rd, Lubbock, Texas 79414			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description		
	(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					
Date 04/20/2022		Candidate / Officeholder name Midtown Printing			
Amount (\$) 678.22		Payee address; City; State; Zip Code 4605 W Loop 289 Acc Rd, Lubbock, Texas 79414			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description		
	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					
Date 04/26/2022		Candidate / Officeholder name Facebook			
Amount (\$) 129.30		Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description		
	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					

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.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Gulrez Khan ("Gus")	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/26/2022	<b>5</b> Payee name KRFE Radio	
<b>6</b> Amount (\$) 350.00	<b>7</b> Payee address; City; State; Zip Code 6602 M.L.K. Blvd., Lubbock, TX 79404	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Radio Advertisements
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> 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
	Check if travel outside of Texas. Complete Schedule T. 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
	Check if travel outside of Texas. Complete Schedule T. 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

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