CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to co	emplete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Fareed		MI	OFFICE	USE ONLY
NAME	nickname Freddy	_{LAST} Klayel-Ava		SUFFIX	Date Received 09/15/2022	12:16 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE	<u>Diana Nunez</u> Diana Nunez (Sep 15, 2022	<u> </u>
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE P	HONE NUMBER	EXTENSION		Date Hand-delivered	or Date Postmarked Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Fareed		MI	recoupt "	Amount \$
NAME	NICKNAME			SUFFIX	Date Processed 09/	15/2022 12:51 PM
	Freddy	Khlayel		SUFFIX	Date Imaged	
7 CAMPAICNI	STREET ADDRESS (NO PO		SUITE #; CITY;		STATE;	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	OTTEL ADDRESS (NOT	O BOX I LEAGE), ALT I VE	SII #, SIII,		OTATE,	Zii GODE
8 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
TREASURER PHONE	()	HONE NOWBER	LATENSION			
9 REPORT TYPE	January 15	30th day before	election Runoff		15th day aff treasurer ap (Officeholde	
	July 15	8th day before ele	SCHOII	led Modified ng Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	10/01/2022		THROUGH (09/15/20	2 2 /	
11 ELECTION	ELECTION DATE	Vaca Primary	EL Runoff	Other		
	Month Day	rear		Description		
	09/08/2022	General	Special	City	Council	
12 OFFICE	OFFICE HELD (if any) EPISD Trus	tee	13 OFFICE SOL District	,	aso City C	Council
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF THE CANDIDATE / OFFICEHOLI CONSENT. CANDIDATES AND O	DER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WIT	HOUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COM	MMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	MMITTEE CAMPAIGN TRE	EASURER NAME			
	COI	MMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT			VER SHEET PG 2
15 C/OH NAME Fai	reed Klaye	l-Avalos	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		N	\$
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	_ EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDI	TURES		\$305.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	ST DAY	\$101,694.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C	OF THE	\$102,000.00
	swear, or affirm, under penalty of perjury, th quired to be reported by me under Title 15, El		ue and co	rrect and includes all information
		fka		
T è	acknowledge I am electronically signing here	fka (Sep 15, 2022 12:16 MDT)		
		Signature of C	andidate	or Officenoider
	D .			
	Please compl	ete either option below	W:	
(1) Affidavit				
(1)/111144111				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by	this dat	۵	, to certify which,
OWOTH to and Subscribed	belote the by	till3 date		, to certify without,
witness my hand and seal	of office.			
Signature of officer administe	ering oath Printed name of offic	cer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declarati	on			
Голос				
My name is	d "Freddy" Khlayel	, and my date of birth is	s <u>01/13</u>	3/1985
My address is 6740 D	esert Canyon Dr			,
	(street)	(city)	(state)	(zip code) (country)
Executed in El Paso	County, State of Texas	_, on the 15 day of Sept	ember	, _{20_} 22
		fka (mont	th)	(year)
		fka (Sep 15, 2022 12:16 MDT)	idata/Off:	scholder (Declare t)
		Signature of Cand	idate/Offic	eholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Fareed "Freddy" Khlayel	Filer ID (Ethics Commiss	sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	\$0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	\$0.00
4. SCHEDULE E: LOANS	\$	\$102,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BIBUTIONS \$	\$305.26
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	ITRIBUTIONS \$	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED \$	\$0.00

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 Fareed "F	reddy" Khlayel			3 Filer ID (Ethics Commission Filers)
4 Date			(ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
8 Principal occu Entrepr	eneur		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date			(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date			(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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The instruction Guide explains now to complete this form.	Total pages Schedule A1: Filer ID (Ethics Commission Filers)
	Filer ID (Ethics Commission Filers)
	Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)
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)	s)
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	s)
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	s)

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	Filer ID (Ethics Commission Filers)
	Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)
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)	s)
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	s)
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	s)

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	Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)
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)	s)
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	s)
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	s)

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	Filer ID (Ethics Commission Filers)
	Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)
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)	s)
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	s)
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	s)

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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 Sched	ule A2:
Fareed "Freddy" Khlayel			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chark if traval autoi	 de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL)(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)			

SCHEDULE A2

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The Instruction Guide explains how to complete this form.			1 Total pages Sched	ule A2:
Fareed "Freddy" Khlayel			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chark if traval autoi	 de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL)(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)			

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Fareed "Freddy" Khlayel			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chark if traval autoi	 de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL)(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)			

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The Instruction Guide explains how to complete this form.			1 Total pages Sched	ule A2:
Fareed "Freddy" Khlayel			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chark if traval autoi	 de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL)(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)			

SCHEDULE A2

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Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:	
Fareed	"Freddy" Khlayel		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code		 	
			Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	. Check if travel outsi	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	· · · · · · · · · · · · · · · · · · ·	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explain	s how to complete this	form.	1 Total pages Sched	dule B:
	er NAME	Freddy" Khlayel			3 Filer ID (Ethics C	Commission Filers)
		UNITEMIZED PLED			\$	
5 Dat	te	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; Sta	ate; Zip Code		
					Check if travel outs	l. side of Texas. Complete Schedule T.
10 Pri	ncipal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
Dat	te	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	. side of Texas. Complete Schedule T.
Prin	ncipal occup	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	
Dat	te	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	${\sf I}_{\perp}$ side of Texas. Complete Schedule T.
Prir	ncipal occuj	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Dat	te	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code		
					Check if travel outs	I . side of Texas. Complete Schedule T.
Prin	ncipal occup	eation / Job title (See Instruc	itions)	Employer (See	Instructions)	

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explain	s how to complete this	form.	1 Total pages Sched	dule B:
	er NAME	Freddy" Khlayel			3 Filer ID (Ethics C	Commission Filers)
		UNITEMIZED PLED			\$	
5 Dat	te	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; Sta	ate; Zip Code		
					Check if travel outs	l. side of Texas. Complete Schedule T.
10 Pri	ncipal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
Dat	te	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	. side of Texas. Complete Schedule T.
Prin	ncipal occup	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	
Dat	te	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	${\sf I}_{\perp}$ side of Texas. Complete Schedule T.
Prir	ncipal occuj	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Dat	te	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	e; Zip Code		
					Check if travel outs	I . side of Texas. Complete Schedule T.
Prin	ncipal occup	eation / Job title (See Instruc	itions)	Employer (See	Instructions)	

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The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME Fareed "Free	eddy" Khlayel		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 09/12/2022	7 Name of lender out-of-state P	PAC (ID#:)	9 Loan Amount (\$) 102,000.000
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0 11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions) Self	12/31/2024
14 Description of Coll	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ons)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor Fareed "Freddy" Khlayel 18 Guarantor address; City; 6740 Desert Canyon Dr	State; Zip Code El Paso TX 79912	19 Amount Guaranteed (\$)
20 Principal Occupat	•	21 Employer (See Instructions)	
Entrepreneur		self	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal func account (See Instructi	ls were deposited into political
none GUARANTOR	Name of guarantor	,	Amount Guaranteed (\$)
INFORMATION			, ,
	Guarantor address; City;	State; Zip Code	
not applicable		Employer (See Instructions)	
- ппораг Оссира н	on (See Instructions)	Employer (See instructions)	
	ATTAQUARRITICS: CO.	150 OF THE COLUED IN 5 4 C 115	

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The	Instruction Guide explains I	how to compl	ete this form.		1 Total pages Schedule E:
Fareed "Fre	eddy" Khlayel				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See	Instructions)	
14 Description of Coll	ateral			f personal fund t (See Instructi	s were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	ion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
Description of Coll	ateral				s were deposited into political
none			accoun	t (See Instructi	ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

The	Instruction Guide explains I	how to compl	ete this form.		1 Total pages Schedule E:
Fareed "Fre	eddy" Khlayel				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See	Instructions)	
14 Description of Coll	ateral			f personal fund t (See Instructi	s were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	ion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
Description of Coll	ateral				s were deposited into political
none			accoun	t (See Instructi	ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

The	Instruction Guide explains I	how to compl	ete this form.		1 Total pages Schedule E:
Fareed "Fre	eddy" Khlayel				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See	Instructions)	
14 Description of Coll	ateral			f personal fund t (See Instructi	s were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	ion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
Description of Coll	ateral				s were deposited into political
none			accoun	t (See Instructi	ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

The	Instruction Guide explains I	how to compl	ete this form.		1 Total pages Schedule E:
Fareed "Fre	eddy" Khlayel				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS				\$
5 Date of loan	7 Name of lender	out-of-state P)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate
Y N					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See	Instructions)	
14 Description of Coll	ateral			f personal fund t (See Instructi	s were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	ion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
γ N					Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
Description of Coll	ateral				s were deposited into political
none			accoun	t (See Instructi	ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable			1		
Principal Occupati	on (See Instructions)		Employer (See	Instructions)	

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

O9/14/2022 Zippy Printing Center 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	orcuit oard r ayment	The Instruction Guide explains how to	complete this form.		
Og/14/2022 Zippy Printing Center	1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
Samount (\$) 305.26					
Sand Sand Sand Sand Sand Sand Sand Sand					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (d) Category (See Categories listed at the top of this schedule T. Check if Austin, TX, officeholder living expense (e) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (f) Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit CiOH Payee name Amount (\$) Payee address; City; State; Zip Code Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Description Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Office sought Officeholder living expense	6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE (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 Payee name Amount (\$) Payee address; City; State; Zip Code Purpose OF EXPENDITURE 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 Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) 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 Amount (\$) Payee name Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	305.26				
Complete ONLY if direct expenditure to benefit C/OH	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Candidate / Office held	OF				
Date Payee name Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete QNLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office sought Office held Payee name Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office hold		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Payee name Category (See Categories listed at the top of this schedule) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office held	9 Complete ONLY if direct expenditure to benefit C/Oh		Office sought		Office held
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Date Payee name Category (See Categories listed at the top of this schedule T. City; State; Zip Code Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Description City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office held	Date	Payee name			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
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 Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office held	OF				
Date Payee name Amount (\$) Payee address; City; State; Zip Code Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Amount (\$) Payee address; City; State; Zip Code 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 ONLY if direct Candidate / Officeholder name Office sought Office held			Office sought		Office held
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date	Payee name			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
Complete ONLY if direct	OF	Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Fareed "Freddy" Khlayel	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete ONLY 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 Aust	tin, TX, officeholder living	expense	
Complete ONLY 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 Aust	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 NE	EDED		

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Fareed "Freddy" Khlayel	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete ONLY 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 Aust	tin, TX, officeholder living	expense	
Complete ONLY 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 Aust	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 NE	EDED		

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Fareed "Freddy" Khlayel	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete ONLY 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 Aust	tin, TX, officeholder living	expense	
Complete ONLY 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 Aust	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 NE	EDED		

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Fareed "Freddy" Khlayel	3 Filer ID (Ethics Commission File					
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense			
9 Complete ONLY 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 Aust	tin, TX, officeholder living	expense			
Complete ONLY 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 Aust	tin, 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 NE	EDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Co Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Printing Expense Travel Out Of District

Calididate/Officeriolder/Folitica	The Instruction Guide explains how to e	complete this form.	Other (enter a category	y not listed above)
1 Total pages Schedule F2:	² FILER NAME Fareed "Freddy" Khlayel		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	IS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	blitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name (Office sought	Office he	ld
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Political	olitical		
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 Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office he	eld
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	Candidate/Officeholder/Politica	al Committee	Legal Services			/ages/ContractLabor	Other (e	enter a category	not listed above)
			The Instructio	n Guide explai	ns how to c	omplete this form.			
1	Total pages Schedule F2:	2 FILER	NAME d "Freddy" l	Khlayel			3 Filer	ID (Ethics Co	ommission Filers)
4	TOTAL OF UNITEM	MIZED UN	NPAID INCUR	RED OBLI	GATION	S	\$		
5	Date	6 Payee	name						
7	Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Po	litical			
10	PURPOSE OF EXPENDITURE	(a) Catego	ory (See Categories lis	ted at the top of thi	s schedule)	(b) Description			
		(c)	Check if travel outside	of Texas. Complete	Schedule T.	Check if Aus	stin, TX, offic	eholder living e	xpense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate / Officeho	older name	C	office sought		Office hel	d
	Date	Payee	name						
	Amount (\$)	Payee	address;			City;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	blitical			
	PURPOSE OF EXPENDITURE	Catego	ory (See Categories lis	ted at the top of thi	s schedule)	Description			
			Check if travel outside	e of Texas. Complete	e Schedule T.	Check if A	ustin, TX, off	iceholder living	expense
	Complete ONLY if direct expenditure to benefit C/Oh		ndidate / Officeho	older name	C	Office sought		Office hel	d
		ATTA	CH ADDITIONA	AL COPIES (OF THIS S	CHEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
Fareed "	Freddy" Khlayel	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
Fareed "	Freddy" Khlayel	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Polling Expense Printing Expense

Candidate/Officeholder/Politica	l Committee	Legal Services The Instruction	Guide explains		ges/Contract Labor mplete this form.	,					
1 Total pages Schedule F4:	2 FILER N		<u> </u>			3 Filer	ID (Ethics C	ommission Filers)			
4 TOTAL OF UNITEM	IZED EXPE	ENDITURES C	CHARGED T	OACRE	EDIT CARD	\$					
5 Date	6 Payee n	ame				1					
7 Amount (\$)	8 Payee a	ddress;			City;		State;	Zip Code			
9 TYPE OF EXPENDITURE	P	olitical		Non-Poli	itical						
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed	d at the top of this so	chedule)	(b) Description						
	(c)	Check if travel outside of	fTexas. Complete Sc	hedule T.	Check if Au	ıstin, TX, offi	iceholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officeholo	der name	Off	fice sought		Office he	ld			
Date	Payee n	ame									
Amount (\$)	Payee a	address;			City;		State;	Zip Code			
TYPE OF EXPENDITURE	P	olitical		Non-Pol	itical						
PURPOSE OF EXPENDITURE	Category	r (See Categories liste	d at the top of this s	chedule)	Description						
		Check if travel outside of	of Texas. Complete So	chedule T.	Check if Au	ustin, TX, off	ficeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate / Officeholo	der name	Of	fice sought		Office he	ld			
	ATTAC	H ADDITIONAL	COPIES OF	THIS SO	CHEDULE AS NE	EDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Polling Expense Printing Expense

Candidate/Officeholder/Politica	l Committee	Legal Services The Instruction	Guide explains		ges/Contract Labor mplete this form.	,					
1 Total pages Schedule F4:	2 FILER N		<u> </u>			3 Filer	ID (Ethics C	ommission Filers)			
4 TOTAL OF UNITEM	IZED EXPE	ENDITURES C	CHARGED T	OACRE	EDIT CARD	\$					
5 Date	6 Payee n	ame				1					
7 Amount (\$)	8 Payee a	ddress;			City;		State;	Zip Code			
9 TYPE OF EXPENDITURE	P	olitical		Non-Poli	itical						
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed	d at the top of this so	chedule)	(b) Description						
	(c)	Check if travel outside of	fTexas. Complete Sc	hedule T.	Check if Au	ıstin, TX, offi	iceholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officeholo	der name	Off	fice sought		Office he	ld			
Date	Payee n	ame									
Amount (\$)	Payee a	address;			City;		State;	Zip Code			
TYPE OF EXPENDITURE	P	olitical		Non-Pol	itical						
PURPOSE OF EXPENDITURE	Category	r (See Categories liste	d at the top of this s	chedule)	Description						
		Check if travel outside of	of Texas. Complete So	chedule T.	Check if Au	ustin, TX, off	ficeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate / Officeholo	der name	Of	fice sought		Office he	ld			
	ATTAC	H ADDITIONAL	COPIES OF	THIS SO	CHEDULE AS NE	EDED					

SCHEDULE G

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 Legal Services

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

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

Solicitation/Fundraising Expense

C	redit Card Payment		The I	nstruction G	uide explains	how to d	complete this fo	rm.					
1	Total pages Schedule G:	1	er NAME areed "Fr	reddv"	Khlavel				3 Filer I	D (Ethics	Commis	ssion Filers)	
4	Date		yee name		,								
6	Amount (\$) Reimbursement from political contributions intended	7 Pay	yee address;				Cit	ry;		State;	Zi	p Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						on					
		(c) Check if travel outside of Texas. Complete Schedule T.						if Austin,	TX, officehol	der living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				Cit	ry;		State;	Zi	p Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this scho	edule)	Descriptio	on					
		Check if travel outside of Texas. Complete Schedule T.						Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/0		Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				City;		S	State;	Zip (Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this sche	edule)	Descriptio	on					
			Check if trav	vel outside of Tex	as. Complete Sched	dule T.	Check	if Austin,	TX, officeho	lder living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
			ATTACILAD	DITIONAL	000150.05	TI IIC CA	CHEDIII E AC	NEEDE	· D				

SCHEDULE G

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 Legal Services

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

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

Solicitation/Fundraising Expense

C	redit Card Payment		The I	nstruction G	uide explains	how to d	complete this fo	rm.					
1	Total pages Schedule G:	1	er NAME areed "Fr	reddv"	Khlavel				3 Filer I	D (Ethics	Commis	ssion Filers)	
4	Date		yee name		,								
6	Amount (\$) Reimbursement from political contributions intended	7 Pay	yee address;				Cit	ry;		State;	Zi	p Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						on					
		(c) Check if travel outside of Texas. Complete Schedule T.						if Austin,	TX, officehol	der living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				Cit	ry;		State;	Zi	p Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this scho	edule)	Descriptio	on					
		Check if travel outside of Texas. Complete Schedule T.						Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/0		Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				City;		S	State;	Zip (Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this sche	edule)	Descriptio	on					
			Check if trav	vel outside of Tex	as. Complete Sched	dule T.	Check	if Austin,	TX, officeho	lder living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
			ATTACILAD	DITIONAL	000150.05	TI IIC CA	CHEDIII E AC	NEEDE	· D				

SCHEDULE G

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 Legal Services

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

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

Solicitation/Fundraising Expense

C	redit Card Payment		The I	nstruction G	uide explains	how to d	complete this fo	rm.					
1	Total pages Schedule G:	1	er NAME areed "Fr	reddv"	Khlavel				3 Filer I	D (Ethics	Commis	ssion Filers)	
4	Date		yee name		,								
6	Amount (\$) Reimbursement from political contributions intended	7 Pay	yee address;				Cit	ry;		State;	Zi	p Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						on					
		(c) Check if travel outside of Texas. Complete Schedule T.						if Austin,	TX, officehol	der living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				Cit	ry;		State;	Zi	p Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this scho	edule)	Descriptio	on					
		Check if travel outside of Texas. Complete Schedule T.						Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/0		Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				City;		S	State;	Zip (Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this sche	edule)	Descriptio	on					
			Check if trav	vel outside of Tex	as. Complete Sched	dule T.	Check	if Austin,	TX, officeho	lder living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
			ATTACILAD	DITIONAL	000150.05	TI IIC CA	CHEDIII E AC	NEEDE	· D				

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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 Legal Services

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

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

Solicitation/Fundraising Expense

C	redit Card Payment		The I	nstruction G	uide explains	how to d	complete this fo	rm.					
1	Total pages Schedule G:	1	er NAME areed "Fr	reddv"	Khlavel				3 Filer I	D (Ethics	Commis	ssion Filers)	
4	Date		yee name		,								
6	Amount (\$) Reimbursement from political contributions intended	7 Pay	yee address;				Cit	ry;		State;	Zi	p Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						on					
		(c) Check if travel outside of Texas. Complete Schedule T.						if Austin,	TX, officehol	der living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				Cit	ry;		State;	Zi	p Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this scho	edule)	Descriptio	on					
		Check if travel outside of Texas. Complete Schedule T.						Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/0		Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				City;		S	State;	Zip (Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this sche	edule)	Descriptio	on					
			Check if trav	vel outside of Tex	as. Complete Sched	dule T.	Check	if Austin,	TX, officeho	lder living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
			ATTACILAD	DITIONAL	000150.05	TI IIC CA	CHEDIII E AC	NEEDE	· D				

SCHEDULE G

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 Legal Services

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

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

Solicitation/Fundraising Expense

C	redit Card Payment		The I	nstruction G	uide explains	how to d	complete this fo	rm.					
1	Total pages Schedule G:	1	er NAME areed "Fr	reddv"	Khlavel				3 Filer I	D (Ethics	Commis	ssion Filers)	
4	Date		yee name		,								
6	Amount (\$) Reimbursement from political contributions intended	7 Pay	yee address;				Cit	ry;		State;	Zi	p Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						on					
		(c) Check if travel outside of Texas. Complete Schedule T.						if Austin,	TX, officehol	der living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				Cit	ry;		State;	Zi	p Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this scho	edule)	Descriptio	on					
		Check if travel outside of Texas. Complete Schedule T.						Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/0		Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
	Date	Pay	yee name										
	Amount (\$)	Pay	yee address;				City;		S	State;	Zip (Code	
	Reimbursement from political contributions intended												
	PURPOSE OF EXPENDITURE	Ca	ategory (See Cate	egories listed at	the top of this sche	edule)	Descriptio	on					
			Check if trav	vel outside of Tex	as. Complete Sched	dule T.	Check	if Austin,	TX, officeho	lder living e	xpense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidate / Of	ficeholder n	ame		Office sought				Office I	neld	
			ATTACILAD	DITIONAL	000150.05	TI IIC CA	CHEDIII E AC	NEEDE	· D				

SCHEDULE H

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	,	,
1 Total pages Schedule H:	² FILER NAME Fareed "Freddy" Khlayel		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
Date	Business name			
Amount (\$)	Business 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		pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		Office held
Date	Business name			
Amount (\$)	Business 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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	,	,
1 Total pages Schedule H:	² FILER NAME Fareed "Freddy" Khlayel		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
Date	Business name			
Amount (\$)	Business 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		pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		Office held
Date	Business name			
Amount (\$)	Business 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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	,	,
1 Total pages Schedule H:	² FILER NAME Fareed "Freddy" Khlayel		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
Date	Business name			
Amount (\$)	Business 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		pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		Office held
Date	Business name			
Amount (\$)	Business 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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	,	,
1 Total pages Schedule H:	² FILER NAME Fareed "Freddy" Khlayel		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
Date	Business name			
Amount (\$)	Business 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		pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		Office held
Date	Business name			
Amount (\$)	Business 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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	,	,
1 Total pages Schedule H:	² FILER NAME Fareed "Freddy" Khlayel		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
Date	Business name			
Amount (\$)	Business 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		pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		Office held
Date	Business name			
Amount (\$)	Business 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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	² FILER NAME Fareed "Freddy" Khlayel		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name	,			
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f information
	ATTACH ADDITIONAL CODIES OF THIS	S SCHEDIII E AS NE	EDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	² FILER NAME Fareed "Freddy" Khlayel		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name	,			
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f information
	ATTACH ADDITIONAL CODIES OF THIS	S SCHEDIII E AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
² FILER NAME Fareed "F	Freddy" Khlayel	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; St	ate; Zip Code	
	7 Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	tate; Zip Code	
	Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	tate; Zip Code	
	Purpose for which amount is received Check it	f political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
² FILER NAME Fareed "F	Freddy" Khlayel	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; St	ate; Zip Code	
	7 Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	tate; Zip Code	
	Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	tate; Zip Code	
	Purpose for which amount is received Check it	f political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested in	nformation is not applicable, DO NOT incl	If the requested information is not applicable, DO NOT include this page in the report.				
The Instru	uction Guide explains how to complete this fo	orm. 1 Total pages Schedule T:				
2 FILER NAME Fareed "Freddy" KI	hlayel	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor	/ Corporation or Labor Organization / Pledgor / Pay	ee				
5 Contribution / Expend Schedule A2 Schedule F2	iture reported on: Schedule B Schedule B(J) Schedule F4 Schedule G	Schedule C2 Schedule D Schedule F1 Schedule H Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or name of destination location	n				
10 Means of transportati	ion 11 Purpose of travel (including nam	e of conference, seminar, or other event)				
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Pay	ee				
Contribution / Expend Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule F4 Schedule G	Schedule C2 Schedule D Schedule F1 Schedule H Schedule COH-UC Schedule B-SS				
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location	n				
Means of transportat	ion Purpose of travel (including nam	e of conference, seminar, or other event)				
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Pay	ee				
Contribution / Expend	diture reported on:					
Schedule A2	Schedule B Schedule B(J)	Schedule C2 Schedule D Schedule F1				
Schedule F2	Schedule F4 Schedule G	Schedule H Schedule COH-UC Schedule B-SS				
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
Destination city or name of destination location						
Means of transportat	Purpose of travel (including nam	e of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested in	nformation is not applicable, DO NOT incl	If the requested information is not applicable, DO NOT include this page in the report.				
The Instru	uction Guide explains how to complete this fo	orm. 1 Total pages Schedule T:				
2 FILER NAME Fareed "Freddy" KI	hlayel	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor	/ Corporation or Labor Organization / Pledgor / Pay	ee				
5 Contribution / Expend Schedule A2 Schedule F2	iture reported on: Schedule B Schedule B(J) Schedule F4 Schedule G	Schedule C2 Schedule D Schedule F1 Schedule H Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or name of destination location	n				
10 Means of transportati	ion 11 Purpose of travel (including nam	e of conference, seminar, or other event)				
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Pay	ee				
Contribution / Expend Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule F4 Schedule G	Schedule C2 Schedule D Schedule F1 Schedule H Schedule COH-UC Schedule B-SS				
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location	n				
Means of transportat	ion Purpose of travel (including nam	e of conference, seminar, or other event)				
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Pay	ee				
Contribution / Expend	diture reported on:					
Schedule A2	Schedule B Schedule B(J)	Schedule C2 Schedule D Schedule F1				
Schedule F2	Schedule F4 Schedule G	Schedule H Schedule COH-UC Schedule B-SS				
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
Destination city or name of destination location						
Means of transportat	Purpose of travel (including nam	e of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N			2 Filer ID (Ethics Commission Filers)		
		Fareed Klayel-Avalos				
3	SIGNA	TURE				
	designa	expect any further political contributions or political expenditures in iting a report as a final report terminates my campaign treasurer appign contributions or make any campaign expenditures without a campaign expenditures without a campaign expenditures without a campaign contributions or make any campaign expenditures without a campaign contributions or make any campaign expenditures without a campaign contributions or make any campaign expenditures without a campaign contributions or make any campaign expenditures without a campaign contributions or political expenditures in	ointment. I also u paign treasurer ap <u>fka (Sep 15, 2022 12:1</u>	inderstand that I may not accept any pointment on file.		
4		WHO IS NOT AN OFFICEHOLDER splete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
	/	I do not have unexpended contributions or unexpended interest or	income earned fro	om political contributions.		
		I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earnefiling this final report. Further, I understand that I must dispose of uniterest or income earned on political contributions in accordance with the contribution in	d interest or inco of unexpended of d on political cont unexpended politic	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended		
	B.	ASSETS				
	Chec	k only one:				
		I do not retain assets purchased with political contributions or inter-	est or other incom	ne from political contributions.		
		I do retain assets purchased with political contributions or interest of that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purc requirements of Election Code, § 254.204.	or interest or othe hased with politica <i>fua</i>	er income from political contributions to al contributions in accordance with the		
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me	_	GMDT) Signature of Candidate		
5		EHOLDER				



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

> I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.

fka ka (Sep 15, 2022 12:16 MDT)

Signature of Officeholder