#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00051080 3 COMMITTEE NAME **OFFICE USE ONLY** Senate District 7 Democratic PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 12323 Ashford Hollow Dr Date Hand-delivered or Date Postmarked Change of Address Sugar Land, TX 77478 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Mohammad NAME NICKNAME LAST **SUFFIX** Aijaz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12323 Ashford Hollow Dr. STREET **ADDRESS** (Residence or Business) Sugar Land, TX 77478 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12323 Ashford Hollow Dr. MAILING **ADDRESS** Sugar Land, TX 77478 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 235-5842 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Senate District 7 Demo	ocratic PAC		00051080	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Melissa Mcdonough Congress	6	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	110.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	769.94
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Mohai	mmad Aijaz	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, tl	his the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
			<b>-</b> 10 6 6	
Signature of officer ac	aministering oath	Printed name of officer administering oath	litie of office	er administering oath

### **SUBTOTALS - GPAC**

### FORM GPAC **COVER SHEET PG 3**

				3 of 10
17 COMMITTEE NAME		18 Filer ID	(Ethics Com	mission Filers)
Senate District 7 Democratic PAC	;	0005108	30	
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTO	TAL AMOUNT
1. X SCHEDULE A1: MONET	TARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X SCHEDULE A2: NON-M	IONETARY (IN-KIND) POLITICAL CON	TRIBUTIONS	\$	0.00
3. X SCHEDULE B: PLEDGE	ED CONTRIBUTIONS		\$	0.00
4. SCHEDULE C1: MONE ORGANIZATION	TARY CONTRIBUTIONS FROM CORP	ORATION OR LABOR	\$	
5. SCHEDULE C2: NON-M LABOR ORGANIZATION	IONETARY (IN-KIND) CONTRIBUTION	S FROM CORPORATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			ON \$	
9. X SCHEDULE E: LOANS			\$	0.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	110.00	
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$	0.00	
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14. X SCHEDULE I: NON-POL	14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	599.70
15. SCHEDULE K: INTERES TO FILER	ST, CREDITS, GAINS, REFUNDS, AND	CONTRIBUTIONS RETURNED	\$	

PLEDGED CONTRIBUTIONS		SCHEDULE B	
The Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/10	
2 FILER NAME Senate District 7 Democratic PAC			
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 6 Full name of pledgor out-of-state PAC (IE	e 6 Full name of pledgorout-of-state PAC (ID#:)		
7 Pledgor Address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule	
10 Principal occupation / Job title (See Instructions)	11 Employer (See Inst	tructions)	

LOANS SCHEDULE E								
	The Instructio	on Guide explains how to co	omplete this f	orm.	1		ges Schedule E: 1 Rpt: 5/10	
2	FILER NAME Senate District 7	Democratic PAC			3	Filer ID 000510	(Ethics Commi	ssion Filers)
4	TOTAL OF UN	IITEMIZED LOANS			<b>I</b>		\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		)	9 Loan Amou	nt (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rat	
							<b>11</b> Maturity Da	te
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were o	deposited	into political acc	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gua	aranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See In	structions)			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 1 2 1 1 5	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/10	2 FILER NAME Senate District 7 Democratic PAC 3 Filer ID (Ethics Commission Filers) 00051080
4 Date	5 Payee name
01/28/2025	DNC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	430 South Capitol St SE
	#3
Expenditure from	
corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Donation to the DNC
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/05/2025	Melissa For Congress
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	17924 Holderrieth Rd
Expenditure from corporate funds	Tomball, TX 77377
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Candidate Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

	The Instruction Guide explains hov	v to complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 7/10	Senate District 7 Democratic PAC	00051080
4 Date	5 Payee name	
01/13/2025	COSTCO GAS #0675	
6 Amount (\$)	7 Payee Address; City; State; Zip	
21.51	12405 N Gessner Rd	
Expenditure from		
corporate funds	Houston, TX 77064	(Continued to the state of the
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable category  Travel In District	ories) (b) Description (See instructions regarding type of information required.)  Gas for travel in district
EXPENDITURE		Sub-to-travel in district
Date	Payee name	
02/12/2025	COSTCO GAS #0675	
Amount (\$)	Payee Address; City; State; Zip	
35.54	12405 N Gessner Rd	
Expenditure from		
corporate funds	Houston, TX 77064	
PURPOSE OF	(a) Category (See instructions for examples of acceptable category)  Travel In District	
EXPENDITURE	Traver in district	Gas for travel in district
Date	Payee name	
01/07/2025	Chase Bank	
Amount (\$)	Payee Address; City; State; Zip	
12.00	7412 Louetta Rd	
Expenditure from	White TV 77070	
corporate funds	Klein, TX 77379	
PURPOSE OF	(a) Category (See instructions for examples of acceptable category Accounting/Banking	ories) (b) Description (See instructions regarding type of information required.)  Monthly Bank Fee
EXPENDITURE	/ ccounting/Banking	IVIOITIIIIY BAIIK FEE
Date	Payee name	
02/06/2025	Chase Bank	
Amount (\$)	Payee Address; City; State; Zip	
12.00	7412 Louetta Rd	
Expenditure from		
corporate funds	Klein, TX 77379	<u> </u>
PURPOSE OF	(a) Category (See instructions for examples of acceptable category Accounting/Banking	
EXPENDITURE	Accounting/Banking	Monthly Bank Fee
	1	

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 8/10	Senate District 7 Democratic PAC	00051080
4 Date	5 Payee name	
03/06/2025	Chase Bank	
6 Amount (\$)	7 Payee Address; City; State; Zip	
12.00	7412 Louetta Rd	
Expenditure from		
corporate funds	Klein, TX 77379	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Monthly Bank Fee
EXPENDITURE	, 1000 a.m.n.g, 2 a.m.n.g	Worlding Burner ee
Date	Payee name	
04/04/2025	Chase Bank	
Amount (\$)	Payee Address; City; State; Zip	
12.00	7412 Louetta Rd	
Expenditure from		
corporate funds	Klein, TX 77379	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking	Monthly Bank Fee
Date	Payee name	
05/06/2025	Chase Bank	
Amount (\$)	Payee Address; City; State; Zip	
12.00	7412 Louetta Rd	
Expenditure from	White TV 77070	
corporate funds	Klein, TX 77379	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Monthly Bank Fee
EXPENDITURE	/ Accounting/ Banking	Worlding Bank Fee
Date	Payee name	
06/05/2025	Chase Bank	
Amount (\$)	Payee Address; City; State; Zip	
12.00	7412 Louetta Rd	
Expenditure from		
corporate funds	Klein, TX 77379	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking	Monthly Bank Fee
	1	

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/4 Rpt: 9/10	Senate District 7 Democratic PAC 00051080			
4 Date	5 Payee name			
05/14/2025	Cypress-Tomball Democratic Club			
6 Amount (\$)	7 Payee Address; City; State; Zip			
22.50	16215 Diamond Rock			
Expenditure from corporate funds	Cypress, TX 77429			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Contributions/Donations Made By  Donation to Cypress-Tomball Democratic Club			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
5.				
Date 06/03/2025	Payee name  Cypress-Tomball Democratic Club			
Amount (\$)	Payee Address; City; State; Zip			
` '	16215 Diamond Rock			
30.00				
Expenditure from corporate funds	Cypress, TX 77429			
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Contributions/Donations Made By Donation to Cypress-Tomball Democratic Club			
EXPENDITURE	Candidate/Officeholder/Political Committee			
Date	Payee name			
03/19/2025	Pacific Printing			
Amount (\$)	Payee Address; City; State; Zip			
105.00	1445 Monterey Rd			
Expenditure from	San Jose, CA 95110			
corporate funds  PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF	Printing Expense Printing Expense			
EXPENDITURE	Timing Expenses			
Date	Payee name			
06/29/2025	Rudy's "Country Store" and Bar-B-Q			
Amount (\$)	Payee Address; City; State; Zip			
45.34	24503 Tomball Pkwy			
Expenditure from				
corporate funds	Tomball, TX 77375			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
EXPENDITURE	Food/Beverage Expense Food expense while meeting with potential candidates			
	Candidates			

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Senate District 7 Democratic PAC	3 Filer ID (Ethics Commission Filers) 00051080
4 Date 02/13/2025	5 Payee name Target	
6 Amount (\$) 27.02	7 Payee Address; City; State; Zip 21515 Tomball Pkwy	
Expenditure from corporate funds	Houston, TX 77070	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Event Expense	(b) Description (See instructions regarding type of information required.)  Quarterly Meeting Event supplies
Date 05/12/2025	Payee name Wal-Mart Inc	
Amount (\$)  214.34  Expenditure from corporate funds	Payee Address; City; State; Zip 155 Louetta Crossing  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.)  Quarterly meeting supplies, food, and drinks.
Date 06/28/2025	Payee name Wal-Mart Inc	
Amount (\$)  26.45  Expenditure from corporate funds	Payee Address; City; State; Zip 155 Louetta Crossing  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Event Expense	(b) Description (See instructions regarding type of information required.)  Meeting event food supplies