

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Dr.

Rizvan

U

NICKNAME

LAST

SUFFIX

Riz

Quadri

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

17515 Hankar Way

Richmond, TX 77407

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409)

626-1351

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Stephanie

NICKNAME

LAST

SUFFIX

Richoux

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

9119 Creeks Gate Court

Richmond, TX 77407

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

278-7302

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1

/

1

/

24

THROUGH

Month

Day

Year

4

/

4

/

24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

4

/

24

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD School Board of Trustees Pos 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
APR 04 2024
BY: Y. Quadri

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Rizvan Quadri

16 Filer ID (Ethics Commission Filers)

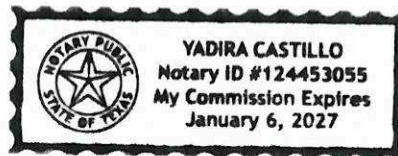
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,017.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,550.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by RIZVAN GUADRI this the 4th day of April,

2024, to certify which, witness my hand and seal of office.

[Signature] Yadira Castillo Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Rizvan Quadri

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,550.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,017.55
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3****2** FILER NAME

Rizvan Quadri

3 Filer ID (Ethics Commission Filers)**4** Date

03/18/20

5 Full name of contributor

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

Sana Quadri

7 Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

17515 Hankar Way, Richmond, TX 77407

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/19/20

Full name of contributor

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

Danielle Jackson

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

918 Mill Valley Dr, Sugar Land, TX 77498

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/20

Full name of contributor

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

Kristi Durham

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

121 Dafodil Lane, Wharton, TX 77488

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/24/20

Full name of contributor

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

Raza Durrani

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

11214 Tippetty Trail, Richmond, TX 77407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Rizvan Quadri		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/20	5 Full name of contributor out-of-state PAC (ID#: _____) Kasim Siddiqui 6 Contributor address; City; State; Zip Code 16806 Calcots Dr, Richmond, TX 77407	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/20	Full name of contributor out-of-state PAC (ID#: _____) Christie Whitbeck Contributor address; City; State; Zip Code 20527 Sparrows Spur St, Richmond	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/20	Full name of contributor out-of-state PAC (ID#: _____) Mohamed Dooply Contributor address; City; State; Zip Code 17022 Mahogany Trace LN, Richmond, TX 77407	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/20	Full name of contributor out-of-state PAC (ID#: _____) Veronica Sopher Contributor address; City; State; Zip Code 2842 River Birch Lane, Sugar Land, TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Rizvan Quadri

3 Filer ID (Ethics Commission Filers)**4** Date

03/06/20

5 Full name of contributor

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

Rasheed and Azra Quadri

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

17515 Hankar Way, Richmond, TX 77407

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/06/20

Full name of contributor

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

Taqdees Vahidy

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

17918 Dafty Path, Richmond, TX 77407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/06/20

Full name of contributor

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

Khalida Vahidy

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

17918 Dafty Path, Richmond, TX 77407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/06/20

Full name of contributor

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

James Patterson

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

314 S Belknap Ct, Sugar Land, TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

Rizvan Quadri

3 Filer ID (Ethics Commission Filers)

\$ 500.00

03/0€

500.00

Aling's-Appetizers /Refreshments

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Rizvan Quadri	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2024	5 Payee name M3 Graphics	
6 Amount (\$) 1,017.55 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11730 S Wilcrest Dr, Houston, TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Print Expenses	(b) Description Yard signs, push cards, rack cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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