

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **ORIGINAL** **FORM JC/OH COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. MOHAMMED S. <hr/> NICKNAME LAST SUFFIX SAJEEL KHALEEL		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3304 SMOKE TREE LN., MCKINNEY, TX 75070		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 965-1426	Receipt # Amount <hr/> Date Processed 1/15/10 Date Imaged 1/15/10	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. ABDUL Q <hr/> NICKNAME LAST SUFFIX SHARIFF		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10570 ROSE GARDEN CT., MCKINNEY, TX 75070		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 288-1756		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 18 / 09 THROUGH 1 / 15 / 10		
11 ELECTION	ELECTION DATE Month Day Year 03 / 02 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) —	13 OFFICE SOUGHT (if known) JUDGE, COUNTY COURT AT LAW #3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. <hr/> Name <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **MOHAMMED S. SAJEEL KHALEEL** 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

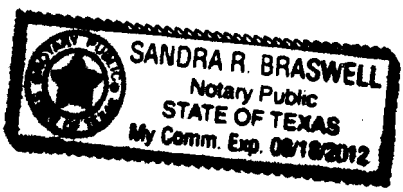
.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COLLIN COUNTY ELECTIONS ADMINISTRATION 10 JAN 15 PM 4:52
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 169.90
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 863.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT



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.

M. Sajeel Khaleel
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MOHAMMED S. SAJEEL KHALEEL this the 15TH day of JANUARY, 20 10, to certify which, witness my hand and seal of office.

Sandra R. Braswell Sandra R. Braswell Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 1	
2 FILER NAME MOHAMMED S. SAJEEL KHALEEL		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-24-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MOHAMMAD RAFI	7 Amount of contribution (\$) \$129.90	8 In-kind contribution description(if applicable) BUSINESS CARDS
6 Contributor address; City; State; Zip Code 13622 FLOYD CIR., DALLAS, TX 75243		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation PRINTING SHOP OWNER	10 Contributor's job title PRESIDENT
11 Contributor's employer/law firm ADVANCED EXPRESS PRINTING	12 Law firm of contributor's spouse (if any)

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

Date 12-18-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VICTOR LAWRENCE MANUEL	Amount of contribution (\$) \$40	In-kind contribution description(if applicable) VOTER LIST
Contributor address; City; State; Zip Code 2812 MESA VALLEY DR. MCKINNEY, TX 75071		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation IT PROFESSIONAL	Contributor's job title IT TECHNICIAN
Contributor's employer/law firm HOTELS.COM	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 JAN 15 PM 4:47

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

10 JAN 15 AM 4:47

Form 1-997s Schedule G:

2

2 FILER NAME

MOHAMMED S. SAJEEL KHALEEL

COLLIN COUNTY ELECTIONS ADMINISTRATION
COUNTY # (Ethics Commission filers)

4 Date

11-22-09

5 Payee name

HOST MONSTER

6 Payee address; City; State; Zip Code

1958 S 950 E, PROVO, UTAH 84606

7 Purpose of expenditure

WEB HOSTING + WEB DOMAIN

(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

\$59.40

Reimbursement from political contributions intended

Date

11-24-09

Payee name

WALMART

Payee address; City; State; Zip Code

5001 MCKINNEY RANCH PKWY, MCKINNEY, TX 75070

Purpose of expenditure

CLIPBOARDS + FILEBOX

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$13.37

Reimbursement from political contributions intended

Date

11-27-09

Payee name

T-MOBILE

Payee address; City; State; Zip Code

601 W. 15TH ST., STE 102, PLANO, TX 75075

Purpose of expenditure

CELL PHONE (REGISTRATION + PURCHASE OF UNIT)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$234.99

Reimbursement from political contributions intended

Date

12-22-09

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

2929 OAK LAWN AVE, DALLAS, TX 75219

Purpose of expenditure

PENS + CLIPBOARDS

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$9.89

Reimbursement from political contributions intended

Date

12-31-09

Payee name

T-MOBILE

Payee address; City; State; Zip Code

PO BOX 660252, DALLAS, TX 75266

Purpose of expenditure

CELL PHONE (MONTHLY [PARTIAL])

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$62.88

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

10 JAN 15 PM 4:47

Total pages Schedule G: **2**

2 FILER NAME
 MOHAMMED S. SAJEEL KHALEEL
 COLLIN COUNTY ELECTIONS ADMINISTRATION COUNTY # (Ethics Commission filers)

4 Date 1-12-10	5 Payee name JETIMPEX, INC [TEMPLATE MONSTER]	8 Amount (\$) \$ 66
	6 Payee address; City; State; Zip Code 1667 SHEEPSHEAD BAY RD, NEW YORK, NY 11235	
7 Purpose of expenditure WEBSITE TEMPLATE (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 1-15-10	Payee name HSNT	Amount (\$) \$ 300
	Payee address; City; State; Zip Code 4468 DALROCK DR., PLANO, TX 75024	
Purpose of expenditure RESERVE TABLE & SLIDE (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 1-15-10	Payee name T-MOBILE	Amount (\$) \$ 116.86
	Payee address; City; State; Zip Code PO BOX 660252, DALLAS, TX 75266	
Purpose of expenditure CELL PHONE (MONTHLY) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME MOHAMMED S SAJEEL KHALEEL		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee MOHAMMAD RAFI		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee VICTOR MANUEL		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 JAN 15 PM 4:47

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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