

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1** ACCOUNT # (Ethics Commission filers) **2** Total pages filed: **6**

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

MJ  
Khan

<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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6989 Wilcrest #6103  
Houston, TX 77072

<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(713) 861-0902

<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

Daniel  
Hanna

<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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7747 Kirkwood Dr., #204, Houston, TX 77072

<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(281) 564-9800

**9** REPORT TYPE

January 15     30th day before election     Final report (Attach C/OH - FR)     Exceeded \$500 limit

July 15     8th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)

**10** PERIOD COVERED

Month Day Year    THROUGH    Month Day Year

7 / 1 / 2006    12 / 31 / 2006

**11** ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE:  Primary     Runoff     General     Special

**12** OFFICE HELD (if any)    **13** OFFICE SOUGHT (if known)

Houston City Council, Dist F

**14** NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• 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. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**OFFICE USE ONLY**

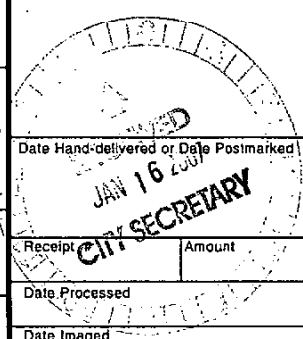
Date Received

Date Hand-delivered or Date Postmarked

Receipt Amount

Date Processed

Date Imaged



**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME MJ Khan 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

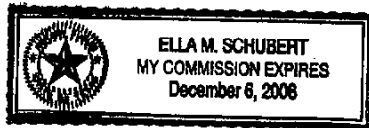
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 4,123.63
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33,353.22
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MJ Khan, this the 9<sup>th</sup> day of January, 20 07, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Ella M. Schubert  
Printed name of officer administering oath

Nalay public  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 1 of 4
FILER NAME: MJ Khan	ACCOUNT #: (Ethics Commission filers)

Date 7/3/2006	Payee name      Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740	Amount (\$) \$94.90
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Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 7/5/2006	Payee name      Payee address American Express Fee C/O United Central Bank P. O. Box 462267 Garland, TX 75046	Amount (\$) \$5.00
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Purpose of expenditure (See instructions regarding type of information required.) CC fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 7/24/2006	Payee name      Payee address Abbot's Computerized Mailing Service 5201 Mitchelldale, Ste. B-10 Houston, TX 77092	Amount (\$) \$616.23
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Purpose of expenditure (See instructions regarding type of information required.) Postage and mail processing expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 8/3/2006	Payee name      Payee address American Express Fee C/O United Central Bank P. O. Box 462267 Garland, TX 75046	Amount (\$) \$5.00
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Purpose of expenditure (See instructions regarding type of information required.) CC fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 8/4/2006	Payee name      Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740	Amount (\$) \$94.90
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Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 2 of 4
FILER NAME: MJ Khan	ACCOUNT #: (Ethics Commission filers)

Date 9/3/2006	Payee name      Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740	Amount (\$) \$94.90
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Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 9/4/2006	Payee name      Payee address American Express Fee C/O United Central Bank P. O. Box 462267 Garland, TX 75046	Amount (\$) \$5.00
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Purpose of expenditure (See instructions regarding type of information required.) CC fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/3/2006	Payee name      Payee address American Express Fee C/O United Central Bank P. O. Box 462267 Garland, TX 75046	Amount (\$) \$5.00
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Purpose of expenditure (See instructions regarding type of information required.) CC fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/3/2006	Payee name      Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740	Amount (\$) \$94.90
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Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/12/2006	Payee name      Payee address Houston Police Department 4300 Lyons Ave. #3 Houston, TX 77020	Amount (\$) \$1,225.00
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Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 3 of 4
FILER NAME: MJ Khan	ACCOUNT #: (Ethics Commission filers)

Date 11/3/2006	Payee name      Payee address American Express Fee C/O United Central Bank P. O. Box 462267 Garland, TX 75046	Amount (\$) \$5.00
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Purpose of expenditure (See instructions regarding type of information required.) CC fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 11/3/2006	Payee name      Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740	Amount (\$) \$94.90
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Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 11/24/2006	Payee name      Payee address Breakfast Klub 3711 Travis Houston, TX 77002	Amount (\$) \$433.00
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Purpose of expenditure (See instructions regarding type of information required.) Meeting expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 12/3/2006	Payee name      Payee address American Express Fee C/O United Central Bank P. O. Box 462267 Garland, TX 75046	Amount (\$) \$5.00
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Purpose of expenditure (See instructions regarding type of information required.) CC fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 12/3/2006	Payee name      Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740	Amount (\$) \$94.90
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Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 4 of 4
FILER NAME: MJ Khan	ACCOUNT #: (Ethics Commission filers)

Date 12/5/2006	Payee name      Payee address Glen Gondo 3123 Bonnebridge Way Blvd. Houston, TX 77082	Amount (\$) \$250.00
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Purpose of expenditure (See instructions regarding type of information required.) Refund of contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 12/5/2006	Payee name      Payee address Herbert Johnson 6120 S. Dairy Ashford Houston, TX 77072	Amount (\$) \$250.00
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Purpose of expenditure (See instructions regarding type of information required.) Refund of contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 12/5/2006	Payee name      Payee address Dan Nip 302 Gentilly Place Houston, TX 77024	Amount (\$) \$250.00
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Purpose of expenditure (See instructions regarding type of information required.) Refund of contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 12/5/2006	Payee name      Payee address James D. Dannenbaum 3100 W. Alabama St. Houston, TX 77098	Amount (\$) \$500.00
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Purpose of expenditure (See instructions regarding type of information required.) Refund of contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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