

**PERSONAL FINANCIAL STATEMENT**

**FORM PFS  
COVER SHEET  
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2022, covering calendar year ending December 31, 2021.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
5

ACCOUNT #  
00090753

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">Zohaib A.</p>	<b>OFFICE USE ONLY</b>	
	NICKNAME; LAST; SUFFIX <p style="text-align: center;">Qadri</p>		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 301 Brazos St Unit 1217 Austin, TX 78701	Receipt #	
	<input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (361) 652-8290	Date Imaged	

4 REASON FOR FILING STATEMENT	<input checked="" type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input type="checkbox"/> ELECTED OFFICER _____ (INDICATE OFFICE)
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Wafa Mehdi

DEPENDENT CHILD 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 FILER INFORMATION</b>	FILER NAME Qadri, Zohaib A.	FILER ID 00090753
<b>2 INFORMATION RELATES TO</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
<b>3 EMPLOYMENT</b> <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER  ActBlue  ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  366 Summer St  Somerville, MA 02144  POSITION HELD  Local and State Manager	
	<input type="checkbox"/> SELF-EMPLOYED                      NATURE OF OCCUPATION	

<b>INFORMATION RELATES TO</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____	
<b>EMPLOYMENT</b> <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER  Newco  ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  7104 Pinehurst Pkwy  Chevy Chase, MD 20815  POSITION HELD  Senior Associate	
	<input type="checkbox"/> SELF-EMPLOYED                      NATURE OF OCCUPATION	

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Qadri, Zohaib A. FILER ID 00090753
2 INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Baylor Scott and White ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 1701 E Pflugerville Pkwy Pflugerville, TX 78660 Physician Assistant POSITION HELD NATURE OF OCCUPATION <input type="checkbox"/> SELF-EMPLOYED

# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS  
COVER SHEET  
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

## 6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Zohaib A. Qadri

\_\_\_\_\_  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# STATEMENT OF FINANCIAL INFORMATION

FORM SFI  
COVER SHEET

<b>1 NAME</b>	TITLE; FIRST; MI <p style="text-align: center;">Zohaib A.</p> <hr style="border-top: 1px dashed black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Qadri</p>	PAGE # <p style="text-align: center;">4</p>						
<b>2 ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 301 Brazos St. Unit 1217 Austin, TX 78701 <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	<b>OFFICE USE ONLY</b>						
		Date Received <p style="text-align: center;">ELECTRONICALLY FILED 08/29/2022</p> Receipt #						
<b>3 Spouse or Domestic Partner whose financial activity you are reporting</b>	SPOUSE Wafa Mehdi 301 Brazos St. 1217 Austin, TX 78701 Physician Assistant	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">HD / PM</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	HD / PM	Amount	Date Processed		Date Imaged	
HD / PM	Amount							
Date Processed								
Date Imaged								
<b>4 REASON FOR FILING STATEMENT</b>	<table style="width:100%;"> <tr> <td style="width:20%; vertical-align: top;"> <input type="checkbox"/> MAYOR  <input type="checkbox"/> CITY COUNCIL MEMBER  <input type="checkbox"/> CITY STAFF/EMPLOYEE  <input checked="" type="checkbox"/> CANDIDATE  <input type="checkbox"/> BOARD MEMBER                 </td> <td style="width:80%;"> <p>This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2021.</p> <p><b>Filing Deadlines:</b>                      Mayor &amp; Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year.                      Except that outgoing Mayor &amp; Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office.                      Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices.                      Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed.</p> <p>For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday.</p> <p>This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required.</p> </td> </tr> </table>		<input type="checkbox"/> MAYOR <input type="checkbox"/> CITY COUNCIL MEMBER <input type="checkbox"/> CITY STAFF/EMPLOYEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> BOARD MEMBER	<p>This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2021.</p> <p><b>Filing Deadlines:</b>                      Mayor &amp; Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year.                      Except that outgoing Mayor &amp; Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office.                      Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices.                      Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed.</p> <p>For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday.</p> <p>This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required.</p>				
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# OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	ActBlue
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 366 Summer St. Somerville, MA 02144
3 NATURE OF OCCUPATION OR BUSINESS	State and Local Manager
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	

NAME OF EMPLOYER OR SOURCE OF INCOME	NEWCO Public Affairs Strategies
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 7104 Pinehurst Pkwy Chevy Chase, MD 20815
NATURE OF OCCUPATION OR BUSINESS	Senior Associate
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input checked="" type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	
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# STATEMENT OF FINANCIAL INFORMATION

## PARTS MARKED "NOT APPLICABLE" BY FILER

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- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)



# STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

Zohaib A. Qadri

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Signature of Filer