# 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:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST	мі R	OFFIC	E USE ONLY
NAME	••••••	••••••••••••••••••••••••••••	R	Date Received	
	NICKNAME	LAST	SUFFIX		
	Judah	Tibbs	Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. box 17151 Sugar Land TX 77496 JUL 11 2022 R			JUL 11 2022 RCV	
Change of Address					
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand deliver	ed or Date Postmarked
OFFICEHOLDER PHONE	(832)	443 - 8683			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER	Mr.	Mayur			
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	NORTOME	Shah	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	HTE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	13010 Park	brook Way Lane	Sugar Land	TX	77498
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	area code (713)	phone number 385 - 0387	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff		ifter campaign appointment ler Only)
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Yea	ar
COVERED	2	/ 23 / 22	THROUGH 7	/ 10 / 22	2
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Month Day Year Primary Runoff Other			
			Description		
	11 / 8	22 General	Special		
		L			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County Treasurer				
I4 NOTICE FROM POLITICAL	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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			SOCH EAPERLITORES.
		COMMITTEE ADDRESS		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
	<u> </u>	GO TO F	PAGE 2		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,541.86				
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE					
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,443.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	<sup>AY</sup> \$ 100.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	* \$ 34,444.00				
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true an	d correct and includes all information				
red	quired to be reported by me under Title 15, Election Code.					
Ψ.						
	Signature of Candid	ate or Officeholder				
	Please complete either option below:					
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by this the day of,						
20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declarati	on					
My name is <u><u><u></u></u><u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u>	6FML Noy Tibbs, Th., and my date of birth is_ 26 PLEASANT TAMIL, PAESNO, TX	12-06-1958				
(street) (city) (state) (zip code) (country) Executed in <u>ROUBERS</u> County, State of <u>TEAS</u> , on the <u>10th</u> day of <u>5426</u> , 20 <u>22</u> .						
	Signature of Canginate/	Officeholder (Declarant)				
	/	V				

	CODICIALO CICII	ORM C/OH SHEET PG 3			
19	FILER NAME ALBERT Tibbs 20 Filer ID (Ethics Con	mmission Filers)			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,041.86			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$ 34,444.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

## 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 t	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	ALSKRY Tibbs	,		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor King Lotts	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
5/25/22	6 Contributor address; 4214 QUIK+ DAM pation / Job title (See Instructions)	City;	State; Zip Code	\$250.00
Principal occu	pation / Job title (See Instructions)	WN LN 3	9 Employer (See Instru	(
	NESS OWNER		LOTTS U	K CANE
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
- 1 - 1	BECKY BUYKIN	City;	State; Zip Code	
5/18/22	9819			\$5.6.40
Principal occup	Q4EELS builde DL.	54011101	Employer (See Instruc	ttions)
	hh/		un	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
5/18/22	Bindie Keug Contributor address;	City;	State; Zip Code	
	7631 5. 6-Lene win	on mast	77489	25.00
Principal occup	bation / Job title (See Instructions)		Employer (See Instru	ctions)
4	W		UN	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
5/18/22	Contributor address;	City;	State; Zip Code	
	11		4	\$100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
	M		1/	
Principal occup	pation / Job title (See Instructions)			I
	ATTACH ADDITI	ONAL COPIES	OF THIS SCHEDULE AS I	NEEDED
	If contributor is out-of-state PAC,			

## **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 th	is form.	1 Total pages Schedule A1:
FILER NAME	Albert Tible		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
Principal occu	6 Contributor address; City; 7/19 Fm 1464M. #340 Richmond, T pation / Job title (See Instructions)	State; Zip Code 79401	\$ 500.0
	EALDI	9 Employer (See Instruct	
Date	Full name of contributor out-of-state P/	Amount of contribution (\$)	
4/23/22	Contributor address; City; 3018 APPLE VALLY for Mrs.	State; Zip Code <i>Tr</i> 7145-9	\$10.22
	ation / Job title (See Instructions)	Employer (See Instruct	
	Contributor address; 1302 (LEM Way DA, 12)	State; Zip Code	Amount of contribution (\$) $I/D \cdot Op$
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	** *****	

LOANS			SCHEDULE E
If the requested	information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: /
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
K	26613et Tibbs		
4 TOTAL OF UN	\$ 22,443.00		
5 Date of loan	7 Name of lender Out-of-state	PAC (ID#: )	9 Loan Amount (\$)
2/23 - 7/10/2	ALGENT + MMVilyN	Tibbs	22.443 (2)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interestrate D
YUN	(12, 130x 1910) Scelen	Lord Tre 77496	11 Maturity date - D -
12 Principal occupation	1-10,190x 19157 5964	13 Employer (See Instructions)	1
Busin	ess ownen	THEODOLD + COM	
14 Description of Coll	ateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State: Zip Code	
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor	<b>.</b>	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
if ie	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	IES OF THIS SCHEDULE AS NE struction guide for additional re	