CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Mike	MI	OFFICE	USEONLY
NAME	NICKNAME	LAST Khan	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX P.O. Box 23		JUL 14 2023 RCM		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	235-4711	EXTENSION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	M!	Receipt #	Amount \$
TREASURER NAME	Mr.	Ray		Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Aguilar		Date maged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S Lake Court, Richn	suite #; city; nond, TX 77406	\$TATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 923-4176	EXTENSION		
9 REPORT TYPE	January 15	30th day before o		15th day at treasurer a (Officeholde	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1	/ 1 / 23	THROUGH 6	/ 30 / 23	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	3 / 5 /	General General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known County Commissione		ort Bend County
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES M. S MAY HAVE BEEN MADE WITHOUT THE CAND IRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
	1	GO TO	PAGE 2		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME 20 Filer ID (Ethics Con Mike Khan 20 Filer ID (Ethics Con						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	48,867.26				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS	\$	75,000.00				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	722.47				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	1,187.72				
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	\$	9,504.00				
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	\$					

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mike Khan		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Waqar Ahmed	7 Amount of contribution (\$)
05/31/2023	6 Contributor address; City; State; Zip Code 2414 Burkdale Dr., Sugar Land, TX 77478	1,500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/31/2023	Shahid Patel Contributor address; City; State; Zip Code 2002 Calico Hill Ln., Sugar Land, TX 77478	1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/31/2023	Mohammad Wasim Contributor address; City; State; Zip Code 2402 Ranna Ct., Sugar Land, TX 77498	1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/31/2023	Syed Hussain Contributor address; City; State; Zip Code	1,000.00
	2023 Magnolia Crest Ln., Sugar Land, TX 77478	
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	tions)

)5/31/2023	Full name of contributor out-of-state PAC (ID:		3 Filer ID (Ethics Commission Filers)
Date 5 K 05/31/2023	Full name of contributor out-of-state PAC (ID:		
)5/31/2023	Full name of contributor out-of-state PAC (ID		
15/31/2023	amran Ahmed	#:)	7 Amount of contribution (\$)
	Contributor address; City; Sity; Sit	1,000.00	
Principal occupation	on / Job title (See Instructions) 9	Employer (See Instructio	ins)
Date		#:)	Amount of contribution (\$)
05/31/2023	arida Jamal Contributor address; City; 903 Evening Sun Ct., Richmor	State; Zip Code	2,500.00
Principal occupation	n / Job title (See Instructions)	Employer (See Instructio	ns)
Date		#:)	Amount of contribution (\$)
05/31/2023	Contributor address; City; S	a second and a second second	1,000.00
7	10 Winston Ln., Sugar Land	d, TX 77479	
Principal occupation	n / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID: asruddin Ali	#:)	Amount of contribution (\$)
06/10/2023	Contributor address; City;	State; Zip Code	2,500.00
6	511 Ashfield Place Ct., Sugar La	Ind, TX 77479	-
Principal occupation	n / Job title (See Instructions)	Employer (See Instructio	ins)

2 FILER NAME		7
		3 Filer ID (Ethics Commission Filers)
Mike Khan		
	Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
	6 Contributor address; City; Stat	Z.000.00
	4150 N New Meadows Dr., Sugar Lan	d, 1X 77479
8 Principal occupa	tion / Job title (See Instructions) 9 E	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
06/20/2023	Humaira Chaudhary	400.00
	Contributor address; City; Stat	
	P.O. Box 16967, Sugar Land, [•]	TX 77496
Principal occupat	ion / Job title (See Instructions) Er	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
06/20/2023	Contributor address; City; Stat	e; Zip Code 2,000.00
	4410 Million Bells Way, Richmond	
Principal occupat	ion / Job title (See Instructions) Ei	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
06/22/2023	Barkat Prasala	
	Contributor address; City; Stat 6406 Caparra Rock Ln., Sugar Lanc	2,000.00
	· · · · · · · · · · · · · · · · · · ·	mployer (See Instructions)
Principal occupat		

*

1110	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 7	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mike Khan	I			
4 Date	5 Full name of contributor out-of-state PAC (I Zulfikar Juneja	ID#:)	7 Amount of contribution (\$)	
06/26/2023		State; Zip Code	5,000.00	
	6714 De Moss Dr., Houstor	0,000100		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		D#:)	Amount of contribution (\$)	
06/26/2023	Aziz Amir Alwani Contributor address; City;	State; Zip Code	5,000.00	
	Houston, TX		0,000100	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date		D#:)	Amount of contribution (\$)	
06/21/2023	Contributor address; City;	State; Zip Code	3,000.00	
	4606 Auburn Brook Ln., Sugar La	and, TX 77479		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
05/31/2023	Wasi Khan		4 000 00	
00/01/2020	Contributor address; City;	State; Zip Code	1,000.00	
	10307 Logan Bridge Ln., Sugar L	and, TX 77498		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	

2 FILER NAME Mike Khan 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor Muneer Khan 0ut-of-state PAC (ID#) 7 Amount of contribution (\$) 06/02/2023 6 Contributor address: City: State: zip Code 2,5000.000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Adeeb Khan 0ut-of-state PAC (ID#	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
Def/02/2023 Individual of contribution Def/02/2023 Individual of contribution Def/02/2023 Individual of contribution Def/02/2023 Individual of contribution Def/02/2023 Def/02/2023 Def/02/2023 Individual of contribution Def/02/2023 Def/02/2023			3 Filer ID (Ethics Commission Filers)
6 Contributor address; City; State; Zip Code 2,500.00 10307 Loigan Bridge Ln., Sugar Land, TX 77498 2,500.00 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#			_) 7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Adeeb Khan Contributor address; City; State; Zip Code 10307 Loigan Bridge Ln., Sugar Land, TX 77498 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of con	06/02/2023		2,500.00
Adeeb Khan Adeeb Khan 2,500.00 Contributor address; City; State; Zip Code 10307 Loigan Bridge Ln., Sugar Land, TX 77498 2,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
D6/01/2023 Contributor address: City: State: Zip Code 2,500.000 D307 Loigan Bridge Ln., Sugar Land, TX 77498 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contributor (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor address: City: State: Zip Code 1,5000.000 D5/31/2023 Full name of contributor address: City: State: Zip Code 1,5000.000 Date Contributor address: City: State: Zip Code 1,5000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 1,5000.000 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1,5000.000 Date Full name of contributor out-of-state PAC (ID#	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	06/01/2023	Contributor address; City; State; Zip Code	
D5/31/2023 Talha Ahmed 1,500.00 Contributor address; City; State; Zip Code 2414 Burkdale Dr., Sugar Land, TX 77478 1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 1,500.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Contributor address; City; State; Zip Code 05/31/2023 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 2275 Sunflower St., Beaumont, TX 77713 1,5000.000	Principal occup		
D5/31/2023 Contributor address: City; State; Zip Code 1,500.000 2414 Burkdale Dr., Sugar Land, TX 77478 Interplay a contributor address; Employer (See Instructions) 1,500.000 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Other address; City; State; Zip Code 05/31/2023 Contributor address; City; State; Zip Code 1,500.000 2275 Sunflower St., Beaumont, TX 77713 Interplay Code 1,500.000 1,500.000	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) D5/31/2023 Raees Ahmed Amount of contribution (\$) Contributor address; City; State; Zip Code 2275 Sunflower St., Beaumont, TX 77713 1,500.000	05/31/2023	Contributor address; City; State; Zip Code	
05/31/2023 Raees Ahmed Contributor address; City; State; Zip Code 2275 Sunflower St., Beaumont, TX 77713	Principal occup		
D5/31/2023 Contributor address; City; State; Zip Code 1,500.00 2275 Sunflower St., Beaumont, TX 77713 1,500.00	Date		_) Amount of contribution (\$)
2275 Sunflower St., Beaumont, TX 77713	05/31/2023		1,500.00
	Driveiral ease	· · ·	8

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Mike Khan			
Date	5 Full name of contributor out-of-state PAC (ID#:) Muhammad Fahad Raza	7 Amount of contribution (\$)	
06/28/2023	⁶ Contributor address; City; State; Zip Code 2406 Ranna Ct., Sugar Land, TX 77498	1,000.00	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
)6/29/2023	Malik Jamal Contributor address; City; State; Zip Code	750.00	
	1227 Oxford Mills Ln., Sugar Land, TX 77479	100100	
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:) Brett Garner	Amount of contribution (\$)	
)6/29/2023	Contributor address; City; State; Zip Code	2,000.00	
	403 N. York St., Houston, TX 77003		
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
06/30/2023	Irfan Moosa Contributor address; City; State; Zip Code	2,500.00	
	39 Oakmere Pl., Sugar Land, TX 77479	,	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)	

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 7
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#	÷)	7 Amount of contribution (\$)
6/28/2023	6 Contributor address; City; S 6065 Hillcroft, Houston, TX	1,000.00	
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date		:)	Amount of contribution (\$)
06/30/2023	Malik Jamal Contributor address; City; S 1227 Oxford Mills Ln., Sugar Lan	State; Zip Code 1d, TX 77479	1,440.90
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		:)	Amount of contribution (\$)
6/13/2023		tate; Zip Code	96.06
Principal occup	11606 Bettyhill Ct., Richmond	Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of contribution (\$)
6/07/2023	Leo Sattani Contributor address; City; S	state; Zip Code	480.30
Principal occur	511 Interstate Ct., Sarasota	, FL 34240	

L

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mike Khan			
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
06/30/2023	Mike Khan		75,000.00
6 Is lender a financial Institution?	8 Lender address; City; 35 Laurel Wreath Trail	State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fun ✓ account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
 not applicable 	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender Out-of-state l	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEI struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	*	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/M	xpense Vages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense	
1 Total pages Schedule F1: 1	2 FILER N Mike Kha				3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na						
06/14/2023		nd County					
6 Amount (\$)	7 Payee a	State;	Zip Code				
56.00	4520 Reading Rd., Rosenberg, TX 77471						
8	(a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing	gExpense		Maps			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
05/31/2023	Moeloe	Media					
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code	
500.00	Rosenb	erg, TX					
	Category	/ (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Event I	Expense		Event Videog	rapher		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
06/20/2023	Microso	ft					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
166.47	One Mic	rosoft Way, Redmond	I, WA 98	8052			
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Office C	Verhead		Microsoft 365	Subscription		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CA	TEGORIES	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonials Expens Legal Services	Loan Repa Office Ove Polling Ex Printing Ex	yment/Reimbursement head/Rental Expense pense	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor)	ent & Related Expense
		The Instruction Guide ex	xplains how to c	omplete this form.		
1 Total pages Schedule F2: 1	2 FILER Mike Kh				3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEN		PAID INCURRED O	BLIGATION	S	\$	
5 Date	6 Payee n	ame				
06/20/2023	Neuman	n and Company				
7 Amount (\$)	8 Payee a	address;		City;	State;	Zip Code
1,187.72	5417 Pir	ne Street, Bellaire	, TX 77401			
9 TYPE OF EXPENDITURE	P	olitical	Non-Po	itical		
10	(a) Category	(See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Push/Busines	ss Cards	
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aus	tin, TX, officeholder living e	xpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate / Officeholder name	e 0	ffice sought	Office he	d
Date	Payee r	ame				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	P	olitical	Non-Po	itical		
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top	of this schedule)	Description		
		Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate / Officeholder name	e O	ffice sought	Office he	ld
	ATTAC	H ADDITIONAL COPIE	ES OF THIS S	CHEDULE AS NE	EDED	
Forms provided by Texas Ethic	cs Commission	n www.e	thics.state.tx.us			Kevised 8/17/2020

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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment	Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense P	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME]	3 Filer ID (Ethics Commission Filers)	
1	Mike Khan			
4 Date	5 Payee name			
04/05/2023	512 New Media			
6 Amount (\$) 7,995.00 ✓ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6161 Savoy Drive, STE 1200-A, Houston, TX 77036			
8 PURPOSE	(a) Category (See Categories listed at the top of this sched			
OF	Advertising Expense	Website		
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/31/2023	Hampton Inn Sugar Land			
Amount (\$) 1,299.00 ✓ Reimbursement from political contributions intended	Payee address; 218 Promenade Way, Sugar La	City; and, TX 77479	State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this sched	dule) Description		
OF	Event Expense	Campaign Eve	ent	
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH			Office held	
Date	Payee name			
06/27/2023	USPS			
Amount (\$) 210.00 Reimbursement from political contributions	Payee address; City; State; Zip Code 225 Matlage Way, Sugar Land, TX 77478			
intended				
PURPOSE OF	Category (See Categories listed at the top of this sched	dule) Description P.O. Box		
EXPENDITURE	Check if travel outside of Texas. Complete Schedu		n, TX, officeholder living expense	
		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Once sought	Once heid	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mike Khan		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS EXPENDITURE 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)	\$ 48,867.26			
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,226.47			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	st day \$ 129,747.24			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	^{F THE} \$ 75,000.00			
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information			
req	uired to be reported by me under Title 15, Election Code.	11			
1 aid the					
Signature of Candidate or Officeholder					
Please complete either option below:					
(1) Affidavit	MELVIN GIOVANNI DIMAS Notary ID #134190374 My Commission Expires February 8, 2027				
NOTARY STAMP/SEAL					
Sworn to and subscribed		14th day of July,			
20 25 to certify	which, witness my hand and seal of office. MEIVIN Groummin Dimois	Associate Banker			
Signature of officer administe	prior v yurs prior	Title of officer administering oath			
	OR				
(2) Unsworn Declaratio	on				
My name is	, and my date of birth is	3			
My address is	· ·	······ ·······························			
		state) (zip code) (country)			
Executed in	County, State of, on the day of(month	h), 20 (year)			
	Signature of Candic	date/Officeholder (Declarant)			