	TE / OFFICEHOLDEF N FINANCE REPORT	R	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: 27
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST NEHAC	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 8718 URASSWRED KILL	CITY; STATE; ZIP CODE JRD AMOND TR77407	JUL 14 2023 9
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 449 14	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	MI	Receipt # Amount \$
NAME		SUFFIX	Date Processed
	NORMANIE NALZ	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	1115 HONEY PD	SUITE #: CITY; SE CT WOND TX 774	STATE; ZIP CODE
(Residence or Business)	AREA CODE PHONE NUMBER		
8 CAMPAIGN TREASURER PHONE	(346) 396 77	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before e	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
OVERED	Month Day Year		Day Year 20/23
11 ELECTION	ELECTION DATE Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
4 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURI CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WITHOUT THE CANDI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TR		
		PAGE 2	

	TE / OFFICEHOLDER N FINANCE REPORT	c	FORM C/OH OVER SHEET PG 2
15 C/OH NAME	NO NEHAD	16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONT PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR C		\$ 570,348-20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	IDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 23,981-96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	INTAINED AS OF THE LAST DAY	\$ 35,269.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIOR		\$ 8984.2
	wear, or affirm, under penalty of perjury, that the a juired to be reported by me under Title 15, Election Co		correct and includes all information
	\sim	Inhuml 6	mharf
		Signature of Candidat	e or Officeholder
	Discourse in the state	4h	
	Please complete ei	ther option below:	
ALEJANDRO ZAPATA			
(1) Affidavit		or No	n. Expires 02-02-2026 tary ID 133567077
NOTARY STAMP/SEAL	-uAt		the set
Sworn to and subscribed	before me by <u>NVO NEAAT</u>	this the <u>10</u>	day of July,
20 <u>7</u> , to certify	which, witness my hand and seal of office.	201	
Signature of officer administer	ing oath Printed hame of officer admini		Title of officer edministering oath
	OR	19	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	
My address is			
	(street)	(city) (state)	(zip code) (country)
Executed in	County, State of, on the	e day of (month)	, 20 (year)
	_	Signature of Candidate/Of	ficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME MONEHAD	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 570,342.
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 8984 2
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$ 13,733
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 8999
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 2250
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1		
If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule
2 FILER NAME	MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 Date 01/15	5 Full name of contributor VELWON BEYER 6 Contributor address; City; State; Zip Code 4, ELLILOTT WAY SULARY BTX 77479	7 Amount of contribution (\$)
	Pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 02/08	Full name of contributor	Amount of contribution (\$)
Principal occur	Dation / Job title (See Instructions) Employer (See Instructions)	
Date OYL27	Full name of contributor	Amount of contribution (\$)
Principal occur Polite	Destion / Job title (See Instructions) Employer (See Instructions) DFFUEL	ctions)
Date OJV3	Full name of contributor Out-of-state PAC (ID#) NMYELA ABOULHAMED Contributor address; City; State; Zip Code 16931 Moknung Durk	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instructions) ETWURK CTY H	e Housron
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1		
If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	MO NEHLAI)	3 Filer ID (Ethics Commission Filers)-
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:) BEVELY STUCCER 6 Contributor address; City; State; Zip Code 14 323 BUPPALO \$1. NEEDVILLE TZ7746]	7 Amount of contribution (\$)
	Inpation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 05/16	Full name of contributor Out-of-state PAC (ID#) MAKY AWW STURDIVANT Contributor address; City; State; Zip Code 3418 SATIN EAF Withmans R-7746 Guilding Contribution of the content of the conten	Amount of contribution (\$)
	Employer (See Instructions) Employer (See Instructions)	tions)
Date 155 (16	Full name of contributor Out-of-state PAC (ID#) PHILIP ANOREWS Contributor address; City; State; Zip Code P-0. Box 17176 SUJARDAND TZ 1746	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#) LAQUE REMMAN Contributor address; City; State; Zip Code 50715 WESTHEIMER Lot 505 71056 HOW PONTZ	Amount of contribution (\$)
-	pation / Job title (See Instructions) Employer (See Instructions) NERSMAN Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

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 this form.	1 Total pages Schedule A1:	
2 FILER NAME MONEMAD	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 05[19] MSDAH CHAY DURY 6 Contributor address; City; State; Zip Code [1571]CHTY Pwy Hourrow R77079	7 Amount of contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) • MTORNEY	tions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
06/14 Contributor address; City; State; Zip Code 4, GULOTTWAY FUGARIANN TX	\$ 10,000	
Principal oppupation / Job title (See Instructions) Employer (See Instruct	tions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
06/03 Contributor address; City; State; Zip Code 7101 33 Vol Ave NE LACEY WA 9FT16	\$10,000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date Full name of contributor	Amount of contribution (\$)	
Ob113 Contributor address; City; State; Zip Code 7106 WESTFORD PARK LN RILLINOND	\$ 100 m	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional		

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 9
2 FILER NAME	MO NEHAD		3 Filer ID (Ethics Commission Filers)
Date 05/16	5 Full name of contributor TAUSEE P ASHRAF 6 Contributor address; City; 17410 FECHCER LA		7 Amount of contribution (\$)
	upation / Job title (See Instructions)	9 Employer (See Instruction	y of Housron
Date 0116 Principal occu	Full name of contributor □ out-of-state PA UMER VIAL Contributor address; City; UG77 BUTLER Ipation / Job title (See Instructions)	Otates - Zie Ocada	Amount of contribution (\$)
Date	Full name of contributor HADI 2AIDI Contributor address; Contributor address; Contributor address; City; Ci	C (ID#:) State; Zip Code C TZ TV95 Employer (See Instruction	Amount of contribution (\$)
Date	Full name of contributor address; City;	State; Zip Code	Amount of contribution (\$)
	Jpation / Job title (See Instructions)	Employer (See Instruct	ions)

EXPENDITUR	RES MADE BY CREDIT CARD SCHEDULE F4
If the requested inform	nation is not applicable, DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME NECHAD 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date Q 23 23	6 Payee name FACEBOUL
7 Amount (\$) 35-75	8 Payee address; City; State; Zip Code 1 HAULER WAY MENIO PAKIG LA-94025
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING (b) Description Pourticat
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held MD NEHLAD FOM REND Stepset PF PF
Date 03/21/23 Amount (\$) 1 50 - 9	Payee name FORT BEWN GOP Payee address; City; State; Zip Code P-0-BOX 461 SUYARLAND TX -77487
TYPE OF EXPENDITURE	Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description ADVEMMSING EVEMT Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MO NEHAD FORT BOND SHERLER OFFICE
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

г

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Transportation Equipment & Related Expense Polling Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) NEHAD MO 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name KINT 060 STA 7 Amount (\$) 8 Payee address; City; State: Zip Code 275 WYMAN ST. WALFHAM MA 02457 316-24 9 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE BUSINESS CARDS WARTSING OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH SHERIFF FORT BEND Office MO NEHAD Payee name Date PRINT LISTA 0000 Pavee address City; State: Zip Code WYMAN ST. WALTHAM MA-0245 63-73 TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description BULLINES POST LANDS PURPOSE AWERTISING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH NEHAD PORT BAND SHERIFF DATE m ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	ES MADE BY CREDIT CARD SCHEDULE F4
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME MONEHAD 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name Nisla brint
7 Amount (\$)	8 Payee address; City; State; Zip Code
362-79	275 Wyman st waltham MA 02457
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Admentismy Port Conds
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MONEANAN FORTBEND SHERLEF DEPLUE
Date 06 0 6	Payee name USPS
Amount (\$) \$ 482.20	Payee address; City; State; Zip Code 225 Mattage Way Syaw Land TX 77478
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Advertising Stompts
	Candidate / Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	MO NEHAD FORT BOND SHERRE OPPILE
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITU	RES MADE BY CREDIT CARD SCHEDULE F4	
If the requested information is not applicable, DO NOT include this page in the report.		
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		
1 Total pages Schedule F4:	2 FILER NAME NO NEHAD 3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date	6 Payee name PACE BOOL	
7 Amount (\$) 10-2	8 Payee address; I HALKER WAY MENID PARK LA - 94025 Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING POUTLAL POSTS	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held NEMAD PORT BEND LOUNTY SHEAF	
Date 6 3/2/23	Payee name FACE BOOK	
Amount (\$)	Payee address; City; State; Zip Code I HALKER WAY MENIO PARIC LA-GY025	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description ADVERTSLNY Pound Posts Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MONEMAD PONT RIND LOWINTY STURAFE	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

Г

Т

	RES MADE BY CREDIT CARD SCHEDULE F4
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME NO NEHAD 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name PARE BOOK
7 Amount (\$)	8 Payee address; City; State; Zip Code
61.59	1 HARLER WAY PARK LA -94025
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	ADVERTISINY POURIAL
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Mo NEHAD PORT ROND LOUNTY STLERIFI
Date blirts	Payee name FACE BOOK
Amount (\$)	Payee address; City; State; Zip Code
175-12	[HAULER WAY MENIO PARIC LA-94025
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	ADVERTISING POLITICAL
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held WO NEMAD FORT BERNO SHEPHAD
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
orms provided by Texas Ethics	Commission www.ethics.state.tx.us Revised 11/15/2022

EXPENDITU	RES MADE BY CREDIT CARD SCHEDULE F4	
If the requested infor	mation is not applicable, DO NOT include this page in the report.	
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		
1 Total pages Schedule F4:	2 FILER NAME NEW AD 3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date 0 b (21 23	6 Payee name PALE BOOL	
7 Amount (\$) 124-66	8 Payee address; I HACKER WAY MONID PAKK LA-94025	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description ADVERMSINY Ponnual	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 18 23	Payee name REPUBLIC WOMAN CLUB	
Amount (\$)	Payee address; City; State; Zip Code 9550 SIKING GREEN BUD KATY TX 77494	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description MEETINY CUUB EVENT	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MONEHAD FORT BEND LOUNTY SHEERIFF	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
orms provided by Texas Ethics	Commission www.ethics.state.tx.us Revised 11/15/2022	

EXPENDITUR	RES MADE BY CREDIT CARD SCHEDULE F4
If the requested inform	mation is not applicable, DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME MO NEHAD 3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 03 (13	6 Payee name NONICA MLEY
7 Amount (\$) 2,09-93	8 Payee address; P-0.BDX 2082 MISSDUG UTY TX 77459
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description THATNING VIPTUAL (c) Check if travel outside of Texas. Complete Schedule T.
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Data	Payee name FOFT BEND COUNTY GOP Payee address; City; State; Zip Code
3000	P.O.BOX 461 SUGARLAND TR 77487
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description GUENT ADVENTSUVY Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MONEMAD FORT BEND LOUNTY SHERLEF
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Politi Credit Card Payment	Traver Out Of District	
	The instruction Guide explains now to complete this form.	
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
4 Date 0-1~23	5 Payee name REACH DUT HOUTON TERM WE	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reiphbursement from political contributions intended	15000 W. Berpart Blud Hyzy Sugar Land TR 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Alumber Media	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MO NETUAD NETUAD NETUAD Office held	
Date	Payee name	
oblas	REACT Devi Hourson	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	15000 W. Ninpart Blud #424 Land TX T1498	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Actuation Mechai	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held DH NEHAD PORT BOND SFUEPULEF OPPULE	
Date	Payee name	
06/28	Payee address; City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	3825 State they 363 Rosenberg 12-77471	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Cwent again Comparing Control Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment	Fees G Food/Beverage Expense F By Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense salaries/Wages/Contract Labor now 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 MONETAD		3 Filer ID (Ethics Commission Filers)
4 Date 07/16/23	5 Payee name 9 evs GMU		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; S&70 New temle	y DIvd Syan	State; Zip Code -land tx -77479
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Cerent Ceppenne (c) Check if travel outside of Texas. Complete Sched	(b) Description	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought UBEND GUEM	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description	
EXI ENDITORE	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description	6
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			The Instruction Guide exp	plains how to complete this for	m.
		•• Comp	plete only if "Report Type	" on page 1 is marked "Fina	al Report'' ••
1	C/OH N		NEHAD		2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE			
	designa	ing a report as a final re	eport terminates my campaig	without a campaign treasurer ap	nderstand that I may not accept any
4		WHO IS NOT AN OF plete A & B below on	FICEHOLDER /y if you are not an officeh	older. ••	
	Α.	CAMPAIGN FUNDS			
	Check	only one:			
		I do not have unexpend	ded contributions or unexpen	ded interest or income earned fro	om political contributions.
		may not convert unexp personal use. I also u unexpended contribution filing this final report.	pended political contributions understand that I must file an ons or unexpended interest o Further, I understand that I m	or unexpended interest or incom a annual report of unexpended or r income earned on political cont	tical contributions. I understand that I me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended nts of Election Code, § 254.204.
	В.	ASSETS			
	Check	only one:			
		I do not retain assets p	ourchased with political contri	butions or interest or other incom	e from political contributions.
		that I may not convert	assets purchased with politic nderstand that I must dispose	al contributions or interest or othe of assets purchased with politica	om political contributions. I understand er income from political contributions to al contributions in accordance with the Multiple Signature of Candidate
5	OFFIC	HOLDER		_	
	•• Com	I am aware that I remain file. I am also aware tha an officeholder, I retain	at I will be required to file repo	applicable to an officeholder who on rts of unexpended contributions if to rother income from political contributions in the second contribution of the second contributicon of the sec	does not have a campaign treasurer on , after filing the last required report as ntributions, or assets purchased with
				S	ignature of Officeholder

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
FILER NAM	MO NEHAD	3 Filer ID (Ethics Commission Filers)
Date AIG	5 Full name of contributor SYED AU 6 Contributor address; City; #355 HZ MAY 1750 W. GRANDIKEY Superland	7 Amount of contribution (\$) 9 25 2
n	Supation / Job title (See Instructions) 9 Employer (See Instructions) 1 1	tions)
Date	Full name of contributor	Amount of contribution (\$)
	upation / Job title (See Instructions) Employer (See Instructions) RTY Roperstonal STATE	
Date 6 (VØ	Full name of contributor out-of-state PAC (ID#:) REHAN Attactor Contributor address; City; State; Zip Code 18331 NEWMARCHTER WHY Kuthnony TX77467	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#) MUHAMMAD GHUFRM Contributor address; City; State; Zip Code IS306 NEWMAKUHAK NEWMAKUHAK NAY TX 774 07	Amount of contribution $(\$)$ 4100^{2}
Principal occi	upation / Job title (See Instructions)	uons)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	MO NEHLAD	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 🗇 out-of-state PAC (ID#:)	7 Amount of contribution (\$)
06/15	6 Contributor address: City: State: Zin Code	\$100 2
V · (°	18946 ELRINGTON CROTHLUMMONT X 72407	
	pation / Job title (See Instructions) 9 Employer (See Instructions)	
1343	INUSSMAN ZED 1	vuistils
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
03/26	Contributor address; City; State; Zip Code	4479-70
	5773 Woodmary Dr. Houston TR77057	
~	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of-state PAC (ID#) VISHNU Pamp angowd gani Contributor address; City; State; Zip Code 3426 Fermingten Trace Mr. Kaly TX 71494	Amount of contribution (\$) (2) - 70
0	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 0 Stra	Full name of contributor address; City; State; Zip Code 6161 SMay M Hustim TX 77036	Amount of contribution (\$)
Principal occur BM&S	Deation / Job title (See Instructions) Employer (See Instructions)	itions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME Journal Shake MO NETCAD	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 7 A Date 5 Full name of contributor Brack (ID#:) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) § 23-70
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Consultant	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
06/15 Junion Schero Contributor address; City; State; Zip Code 21118 Meadow Ash G Rechmond TR 72407	\$ 95-20
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor 🗍 out-of-state PAC (ID#:) Mowcon Tohnsun	Amount of contribution (\$)
06/2 Contributor address; City; State; Zip Code 5643 Balon Punge LA 70812	\$ 23-70
Principal occupation / Job title (See Instructions) Employer (See Instructions) Em	ctions)
Date Full name of contributor □ out-of-state PAC (ID#:) bb{m thumphney Dhefmicah fr contributor address; City; State; Zip Code 14402 Stone Panlepd Missoni City;	Amount of contribution (\$) 9 - 3 - 3 - 2 - 2 - 3 - 2 - 3 - 3 - 3 - 3
Principal occupation / Job title (See Instructions) Employer (See Instructions) Hans a	
	NEEDED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME MO Nehad	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (ID#) Hal Finberg 6 Contributor address; City; State; Zip Code 31 Monino M Scamilul TR MY59	7 Amount of contribution (\$) \$ 959-70
8 Principal occupation / Job title (See Instructions) Prnanual Consultant 9 Employer (See Instructions) Wells For	
Date Full name of contributor out-of-state PAC (ID#:) Bb/D2 Salda pareph Contributor address; City; State; Zip Code Bb/D2 Deer hollow MY Super Land TX 77479	Amount of contribution (\$) (3)
Principal occupation / Job title (See Instructions) Employer (See Instructions) EMPLOYER STATE OF	
Date Full name of contributor [] out-of-state PAC (ID#:) (Cashif Raman Contributor address; City; State; Zip Code 11742 Nantello lane fertimend TX 1740b	Amount of contribution (\$) 425^{-12}
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Date Full name of contributor I out-of-state PAC (ID#:) bm Contributor address; City; State; Zip Code bm Contributor address; City; State; Zip Code 2823 PonD Springs Gendard tx Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional is	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 Date 05119	 5 Full name of contributor □ out-of-state PAC (ID#:) Rashid Chohan 6 Contributor address; City; State; Zip Code 5303 Dandellon Meandum In Kaly gy 	7 Amount of contribution (\$)
	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 6718	Full name of contributor I out-of-state PAC (ID#:) Tuyen Bui Contributor address; City; State; Zip Code 2219 Uawsen Falls In Sugarland H 27479	Amount of contribution (\$) $ \begin{cases} 3 + 2 - 3/0 \\ 3 - 0 \\ 2 \end{cases} $
	pation / Job title (See Instructions) Employer (See Instructions)	prentor
Date 65116	Full name of contributor Dout-of-state PAC (ID#:) Contributor address; City; State; Zip Code 1906 veldwood W Pichmend TX 1906	Amount of contribution (\$)
	Noted Employer (See Instructions)	ctions)
Date	Full name of contributor Dout-of-state PAC (ID#:) Rervean Khaja Contributor address; City; State; Zip Code 3014 Prny Fenest M Homban TR 77034	Amount of contribution (\$)
	bation / Job title (See Instructions) Employer (See Instructions)	tions) Merch
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

LOANS			SCHEDULE E
If the requested	d information is not applicable, DO NO	OT include this page in the re	port.
The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
2 FILER NAME	MO NEHAD		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#)	9 Loan Amount (\$)
03/01	MO NEHAD		5150
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	8718 4 RASSWAEN R RUUNDAUD	TK 77407	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal function 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	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#:)	Loan Amount (\$)
03/15	MO NEHAT)	3834
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Y N	8718 GRASSWIG	EN RO CHIMOND IX 77407	Maturity date
Principal occupation	UE OFFILER	Employer (See Instructions)	
		Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NEE struction guide for additional re	

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/Politica Credit Card Payment	e By Gift/Awards/Memorials Expense Printing Expense Travel Out 0 Food/Beverage Expense Polling Expense Travel out 0 Food/Beverage Expense Printing Expense Travel Out 0		
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	T: 2 FILER NAME MO NEHAD 3 Filer ID	(Ethics Commission Filers)	
4 Date 06/15/22	5 Payee name Pressler W		
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code	
9,000	8035 Gross Mail Dr #203 Syoulan	-11479	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Consulting Adrison		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehold	ler living expense	
9 Complete ONLY if direct	Candidate Officeholder name Office sought	Office held	
expenditure to benefit C/OF	OH NO NEHAD PORTBEND SHERIPE OF	HLE	
Date	Payee name	and an and a state of the state	
03/21/23	Cyndra Rodrigues		
Amount (\$)	Payee address; City; Sta		
300-4	911 Thompson Rd Rechnend TK	77469	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	avent montceting		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehold	ler living expense	
Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held	
expenditure to benefit C/OF	OH CH	112	
		ue	
Date	Payee name		
oulos	Sign of Banner		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
1000-4	9440 Hommin suite E Houston.	18-77036	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Advertiering Barnes		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehold	ler living expense	
Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held	
	expenditure to benefit C/OH MO NEWAD PORT BOND SHEPPTF OPENE		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

a are requested internation to not applicable, be 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		
1 Total pages Schedule F1:	MUO NEHAD	
	5 Payee name BARANOS RIVER SPORTSMAN CLAB	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$350-2	3525 Bowser Rd Fulshear TX 77441	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	OTHER	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held MONEAD 1934 Demo Sturrupt Opplie	
Date	Payee name	
oylu	SIGN & BANNER	
Amount (\$)	Payee address; City; State; Zip Code	
83302	9440 HARMINDA HE HULTON TX 72036	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Acurtising Bonners	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Office holder name Office sought Office held	
expenditure to benefit C/OF	MONETIAN PORTBOND SHERIFF QPPILE	
Date	Payee name /	
oul13	All Glory Honor Guard	
Amount (\$)	Payee address; U City; State; Zip Code	
Q200	1603 Grand Dould Dr. Mo Calf 1277489	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	avent experne Bags Presentation	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 By	
Candidate/Officeholder/Political Committee	

Event Expense Fees Food/Beverage Expense Git/Awards/Memonials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME MONEHAD		3 Filer ID (Ethics Commission Filers)		
4 Date 04 13 23	5 Payee name Mp & Banner 7 Payee address;				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 200.5	9440 Hamin Mr. #	f & How	en 17 77 036		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Adurtising	Barne	vs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
oulin	Tourcef Astrony				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$1040 ×					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Adurtising	T-SM	sto		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH NO NEHAD PORTBEND SUPPLY OPPLY					
Date	Payee name		0		
104/18	Brazos Rever Spon	thinan C	lub		
Amount (\$)	Payee address;	City;	State; Zip Code		
	3tat Bouser Rd F	ulthear	tx 77441		
	Category (See Categories listed at the top of this schedule)	Description	Proce Pro-		
PURPOSE OF EXPENDITURE	OTTUCR,	donaling	punchase for s to Non-pufit		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date DUM	5 Payee name Sin & Bennch	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 500 m	7 Payee address; 9440 Harmen Mr # 2	Howton \$\$ 77036
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Adminip	Car Magnets
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MONEHAD FONT R	Office sought Office held
Date	Payee name	
06/20	Sign & Barner	
Amount (\$)	Payee address;	City; State; Zip Code
1082	9440 Hommin Dr #	E floustern TX 77036
and address and and a	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Admitistry	Staters
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	MONGRAD PORTBA	WD LOHERUPP DIZPILE
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED