# 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 f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST NABIL	MI R	OFFICE	USEONLY
NAME	NICKNAME	SHIKE	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		FORD PLACE ID, TX, 77479	SITY; STATE; ZIP CODE		JUL 14 2023 R
5 CANDIDATE/ OFFICEHOLDER PHONE	( 832 )	755-0922	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	NUZHAT	MI	Receipt #	Amount \$
NAME	NICKNAME	ALVI	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / SU ESS SHRUB TRAIL , TX 77407		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 832 )	335-6559	EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day before elect		treasurer a (Officehold	fiter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year 23	THROUGH 06	30 Yea	
11 ELECTION	Month Day 05	Year Primary	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) FORT BEND	CONSTABLE PC	T3 OFFICE SOUGHT (if known		T 3
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES N MAY HAVE BEEN MADE WITHOUT THE CAN. RED TO REPORT THIS INFORMATION ONLY IF THE CAN. ASURER NAME	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME NABIL SHIKE	1	16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,090.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	13,657.68
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	1,433.32
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	
	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and in	cludes all information
	Minled	-	
		didate or Officehol	lder
	Please complete either option below:		
(1) Affidavit	NICOLAS C. JORDAN Notary Public, State of Texas Comm. Expires 01-27-2026 Notary ID 133556427		
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by Nabil Shike this the	14 day of _	July.
	which, witness my hand and seal of office.		·
Alla Cala	Nicolas Clark Jordan	Notary	
Signature of office administer		Title of office	er administering oath
	OR		
(2) Unsworn Declaration	on		
My name is	, and my date of birth is _		
	(street) (city) (sta	ate) (zip code)	(country)
Executed in	County, State of, on the day of(month)	, 20	
	()	(5001)	)

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	ER NAME L SHIKE	20 Filer ID (Ethics Con	mmission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	NS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	-	\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	\$	
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	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

#### SCHEDULE A1

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

			- Capacita
Th	e Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
NABIL SH	T		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/23	5 Full name of contributor out-of-state BEVERLY WALKER  6 Contributor address; City; P.O BOX 270005 HOUSTON TX 7	State; Zip Code	7 Amount of contribution (\$) 200.00
	cupation / Job title (See Instructions)  D DISTRICT CLERK	9 Employer (See Instruc	
Date 2/19/23	Full name of contributor out-of-state MARK HARRISON  Contributor address; City; 6733 HENDON HOUSTON TX 77	State; Zip Code	Amount of contribution (\$) 100.00
Principal occu FINANCE	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 2/19/23	MONICA AUGUSTUS	State; Zip Code	Amount of contribution (\$) 40.00
Principal occi POLICE OF	upation / Job title (See Instructions)	FORT BEND COUN	
Date 2/19/23	Full name of contributor out-of-state  VERNA CADDIE  Contributor address; City;  139 CYPRESSWOOD SPRING T	State; Zip Code	Amount of contribution (\$) 100.00
Principal occi	upation / Job title (See Instructions) OYED	NOT EMPLOYED	tions)
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	IEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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#### SCHEDULE A1

if the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME NABIL SHII	KE		3 Filer ID (Ethics Commission Filers)
4 Date 05/19/23	5 Full name of contributor out-of-state PAC HUSSIEN HADI	C (ID#:)	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; City; 7100 REGENCY SQUARE HOUST	State; Zip Code ON TX 77036	
8 Principal occu LAWYER	pation / Job title (See Instructions)	9 Employer (See Instruct THE HADI LAW FIF	
Date 02/19/23	Full name of contributor out-of-state PAC MASON WILLIAMS  Contributor address; City; 7500 BRANFORD PLACE SUGAR I	State; Zip Code	Amount of contribution (\$) 100.00
Principal occup STUDENT	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 2/19/23	Full name of contributor out-of-state PAC JOHN SHIKE  Contributor address; City; 10101 W SAM HOUSTON PKWY S	State; Zip Code	Amount of contribution (\$) 150.00
Principal occup RETIRED	eation / Job title (See Instructions)	Employer (See Instruct RETIRED	ions)
Date 2/19/23	Full name of contributor out-of-state PAC  MARCO SCOTT  Contributor address; City;  13919 DAIRY ASHFORD SUGAR L	State; Zip Code AND TX 77478	Amount of contribution (\$) 100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr		

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#### SCHEDULE A1

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NABIL SHIKE    Date   Date			
NABIL SHIKE    Date	ne Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
MUHAMMAD TAHIR  6 Contributor address; City: State: Zip Code 3802 WINDMILL LINKS DR RICHMOND TX 77407  Principal occupation / Job title (See Instructions)  Date Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  WASTE MANAGEMENT  Amount of contribution (\$)  100.0  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  ROBIN FULFORD  Contributor address: 90 N PINTO POINT CIR WOODLANDS TX 77389  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  OMAR KHAWAJA  Contributor address: City: State: Zip Code 13602 MILAN MEADOW CT HOUSTON TX 77077  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			3 Filer ID (Ethics Commission Filers)
6 Contributor address; City; State; Zip Code 3802 WINDMILL LINKS DR RICHMOND TX 77407  6 Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID#	041 01 01410 17	AC (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:			
MARK GIBSON  Contributor address; City; State; Zip Code 6307 PENHALLOW LN MISSOURI CITY TX 77459  Principal occupation / Job title (See Instructions)  ENIOR MANAGER  Full name of contributor ROBIN FULFORD  Contributor address; City; State; Zip Code 90 N PINTO POINT CIR WOODLANDS TX 77389  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  100.0  Principal occupation / Job title (See Instructions)  Date Pull name of contributor OMAR KHAWAJA  Contributor address; City; State; Zip Code 2/19/23  Full name of contributor OMAR KHAWAJA  Contributor address; City; State; Zip Code 13602 MILAN MEADOW CT HOUSTON TX 77077  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		9 Employer (See Instruct	ions)
Contributor address: City: State: Zip Code 6307 PENHALLOW LN MISSOURI CITY TX 77459  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  WASTE MANAGEMENT  Pate Full name of contributor out-of-state PAC (ID#	MARK GIBSON		Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#:	Contributor address; City;	State; Zip Code	
ROBIN FULFORD  Contributor address; City; State; Zip Code 90 N PINTO POINT CIR WOODLANDS TX 77389  Principal occupation / Job title (See Instructions)  Date Pull name of contributor OMAR KHAWAJA  Contributor address; City; State; Zip Code 13602 MILAN MEADOW CT HOUSTON TX 77077  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  1,000.00  Employer (See Instructions)			
Date  Full name of contributor  OMAR KHAWAJA  Contributor address; City; State; Zip Code  13602 MILAN MEADOW CT HOUSTON TX 77077  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)  1,000.0	ROBIN FULFORD  Contributor address; City;	State; Zip Code	Amount of contribution (\$)  100.00
2/19/23  OMAR KHAWAJA  Contributor address; City; State; Zip Code 13602 MILAN MEADOW CT HOUSTON TX 77077  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instruct	ions)
Contributor address; City; State; Zip Code  13602 MILAN MEADOW CT HOUSTON TX 77077  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		AC (ID#:)	Amount of contribution (\$)
ATTORNEY LAW OFFICE OF OMAR KHAWAJA			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
ATTORNE		The Instruction Guide explains how to complete the BIIKE  5 Full name of contributor MUHAMMAD TAHIR  6 Contributor address; City; 3802 WINDMILL LINKS DR RICHM Cupation / Job title (See Instructions)  OYED  Full name of contributor MARK GIBSON  Contributor address; City; 6307 PENHALLOW LN MISSOURI  upation / Job title (See Instructions)  ANAGER  Full name of contributor out-of-state PAROBIN FULFORD  Contributor address; City; 90 N PINTO POINT CIR WOODLA!  upation / Job title (See Instructions)  OYED  Full name of contributor out-of-state PAROBIN FULFORD  Contributor address; City; 13602 MILAN MEADOW CT HOUSE  upation / Job title (See Instructions)	Full name of contributor MARK GIBSON  Contributor address; City; State; Zip Code 6307 PENHALLOW LN MISSOURI CITY TX 77459  Full name of contributor MARK GIBSON  Contributor address; City; State; Zip Code 6307 PENHALLOW LN MISSOURI CITY TX 77459  Full name of contributor MARK GIBSON  Contributor address; City; State; Zip Code 6307 PENHALLOW LN MISSOURI CITY TX 77459  Full name of contributor ROBIN FULFORD  Contributor address; City; State; Zip Code 90 N PINTO POINT CIR WOODLANDS TX 77389  Upation / Job title (See Instructions)  Full name of contributor ROBIN FULFORD  Full name of contributor Contributor address; City; State; Zip Code 90 N PINTO POINT CIR WOODLANDS TX 77389  Employer (See Instructions)  Full name of contributor OMAR KHAWAJA  Contributor address; City; State; Zip Code 13602 MILAN MEADOW CT HOUSTON TX 77077

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAME NABIL SHII			3 Filer ID (Ethics Commission Filers)
4 Date 2/25/23	5 Full name of contributor out-of-state F	PAC (ID#:)	7 Amount of contribution (\$) 10,000.00
	6 Contributor address; City; 2295 AVALON BEAUMONT TX 77		
	rpation / Job title (See Instructions) RE EXECUTIVE	9 Employer (See Instruct RICELAND HEALT	
Date 03/02/23	Full name of contributor out-of-state F ROKSANA AKTAR  Contributor address; City; 7206 THORNMEADOW LN CYPR	State; Zip Code ESS TX 77433	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions) ESEARCH	Employer (See Instruct	lions)
Date 2/19/23	Full name of contributor out-of-state F JOHN AND DONNA MCCOY  Contributor address; City; 2339 MILL CREEK DR SUGAR LA	State; Zip Code	Amount of contribution (\$) 750.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 2/19/23	Full name of contributor out-of-state F MILTON O'GILVIE  Contributor address; City; 9930 SENDERA DR, MAGNOLIA	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction RETIRED	tions)
	ATTACH ADDITIONAL COPIE		
	If contributor is out-of-state PAC, please see Ins	struction guide for additional	reporting requirements.

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#### SCHEDULE A1

edule A1:
Commission Filers)
tribution (\$) 500.00
tribution (\$) 50.00
tribution (\$) 50.00
tribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME NABIL SHIKE		3 Filer ID (Ethics	Commission Filers)
4 Date 3/20/23	5 Payee name TGM PRINTING			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4,600.00	13910 MURPHY RD, STAFFORD TX	X 77477		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	SIGNS		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought		Office held
Date	Payee name			
03/13/23	FORT BEND YOUNG DEMS			
Amount (\$) 250.00	Payee address; 13515 SOUTHWEST FREEWAY SU	City; State; Zip Code  JGAR LAND TX 77478		Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OTHER	OTHER		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/17/23	FORT BEND IFTAR			
Amount (\$) 2,500.00	Payee address; 16090 CITY WALK SUGAR LAND TX	City; X 77479	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		300
PURPOSE OF EXPENDITURE	EVENT EXPENSE	EVENT EXPE	NSE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

# 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/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)

Gredit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME NABIL SHIKE		3 Filer ID (Ethio	cs Commission Filers)
4 Date 5/07/23	5 Payee name PABPA	<u> </u>		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
5,000.00	10505 CASH RD, STAFFORD TX 77	7477		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	(b) Description EVENT EXPE	NSE	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/19/23	THE TRADE ENTERTAINMENT			
Amount (\$) 450.00	Payee address; 4124 BARNES ST HOUSTON TX 77	City; State; Zip Code		Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description EVENT EXPE	NSE	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense
Complete ONLY if direct candidate / Officeholder name Office sought expenditure to benefit C/OH			Office held	
Date	Payee name			
05/19/23	AA JUMP BALLOON-N-NOVELTY			
Amount (\$) 389.89	Payee address; STAFFORD TX	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description EVENT EXPEN	NSE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

#### 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 By Candidate/Officeholder/Political Committee

**Event Expense** Fees Food/Beverage Expense Gift/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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A  The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME NABIL SHIKE		3 Filer ID (Ethics Commission Filers)
Date 03/05/23	5 Payee name ACT BLUE		
3.95	7 Payee address; SOMERVILLE MASSACUSETTS	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Complete ONLY if direct Candidate / Officeholder name Office sought Office expenditure to benefit C/OH		Office held
Date 02/26/23	Payee name ACT BLUE		
Amount (\$) 398.95	Payee address; SOMERVILLE MASSACUSETTS	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description FEE	
	Check if travel outside of Texas. Complete Schedule T. Check if		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 05/19/23	Payee name ACT BLUE		
Amount (\$) 64.78	Payee address; SOMERVILLE MASSACUSETTS	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description FEE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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