

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

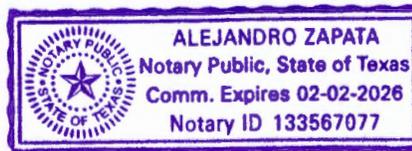
15 C/OH NAME <u>MVO NEHAD</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>50,348.20</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>23,981.96</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>35,269.12</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>8984.00</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mohammed Anwar

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by MVO NEHAD this the 10th day of July, 2023, to certify which, witness my hand and seal of office.

Alejandro Zapata Signature of officer administering oath
Alejandro Zapata Printed name of officer administering oath
notary public Title of officer administering oath

OR

(2) Unsworn Declaration

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 _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MO NEHAD		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,346.20
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 8984.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,733
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8999
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2250
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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 to complete this form.		1 Total pages Schedule A1 9
2 FILER NAME MO NEHAD		3 Filer ID (Ethics Commission Filers)
4 Date 01/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERNON BEYER	7 Amount of contribution (\$) \$ 10,000
6 Contributor address; City; State; Zip Code 4, ELLIOTT WAY SUGARLAND TX 77479		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 02/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARET LISLE	Amount of contribution (\$) \$ 10,000
Contributor address; City; State; Zip Code 813 OLD PIN OAK RD PALUE TX 75659		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMMY NAVE	Amount of contribution (\$) \$ 250 ~
Contributor address; City; State; Zip Code 31302 ROSEVILLE PARK CT SPRING TX 77386		
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions)
Date 07/03/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIYELA ABUHAMMED	Amount of contribution (\$) \$ 3000 ~
Contributor address; City; State; Zip Code 16931 MORNUNG DUNE DR RICHMOND TX 77407		
Principal occupation / Job title (See Instructions) SUPERVISOR		Employer (See Instructions) CITY OF HOUSTON

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

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: <u>9</u>
2 FILER NAME <u>MO NEHAN</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BEVELLY STRICKER</u>	7 Amount of contribution (\$) <u>\$ 100</u>
6 Contributor address; City; State; Zip Code <u>14323 BUFFALO ST. NEEDVILLE TX 77461</u>		

8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>	9 Employer (See Instructions)
---	-------------------------------

Date <u>05/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARY ANN STURDIVANT</u>	Amount of contribution (\$) <u>\$ 100</u>
Contributor address; City; State; Zip Code <u>3418 SATIN LEAF LN KUTWIND TX 77469</u>		

Principal occupation / Job title (See Instructions) <u>RETIRED</u>	Employer (See Instructions)
---	-----------------------------

Date <u>05/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PHILIP ANDREWS</u>	Amount of contribution (\$) <u>\$ 200</u>
Contributor address; City; State; Zip Code <u>P.O. BOX 17176 SUGARLAND TX 77469</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <u>05/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LAIQUE REHMAN</u>	Amount of contribution (\$) <u>\$ 1000</u>
Contributor address; City; State; Zip Code <u>5075 WESTHEIMER RD # 675 HOUSTON TX 77056</u>		

Principal occupation / Job title (See Instructions) <u>BUSINESSMAN</u>	Employer (See Instructions)
---	-----------------------------

--	--

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

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: 9
2 FILER NAME MO NEHAD		3 Filer ID (Ethics Commission Filers)
4 Date 05/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSBAH CHAUDHRY	7 Amount of contribution (\$) \$ 500
	6 Contributor address; City; State; Zip Code 11571 KATY PWAY HOUSTON TX 77079	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 06/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERNON BEYER	Amount of contribution (\$) \$ 10,000
	Contributor address; City; State; Zip Code 4, ELLIOTT WAY SUGARLAND TX 77479	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 06/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUHAMMAD AYUB	Amount of contribution (\$) \$ 10,000
	Contributor address; City; State; Zip Code 7101 33RD AVE NE LACEY WA 98516	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) DOD
Date 06/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAPEES ASGHAR	Amount of contribution (\$) \$ 200
	Contributor address; City; State; Zip Code 7106 WESTFORD PARK LN RICHMOND TX 77407	
Principal occupation / Job title (See Instructions) SALES EXECUTIVE		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <u>9</u>
2 FILER NAME <u>MO NEHAD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TAUSEEF ASHRAF</u>	7 Amount of contribution (\$) <u>\$250.00</u>
6 Contributor address; City; State; Zip Code <u>17410 PECHER LN HOUSTON TX 77407</u>		
8 Principal occupation / Job title (See Instructions) <u>PROFESSOR</u>		9 Employer (See Instructions) <u>UNIVERSITY OF HOUSTON</u>
Date <u>05/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>UMER VIRK</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code <u>1977 BUTLER BLVD HOUSTON TX 77030</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>05/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HADI ZAIDI</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code <u>1650 Highway 6 Sugarland TX 77478</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>05/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KURN TIROO</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code <u>14231 Pm 1464 #3305 Sugarland TX 77498</u>		
Principal occupation / Job title (See Instructions) <u>CONSULTANT</u>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

EXPENDITURES 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 7	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 01/23/23	6 Payee name FACEBOOK ←	
7 Amount (\$) 35.75	8 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA-94025	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description POLITICAL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought FORT BEND SHERIFF OFFICE
Date 03/21/23	Payee name FORT BEND GOP	
Amount (\$) 150.00	Payee address; City; State; Zip Code P.O. BOX 461 SUGARLAND TX-77487	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description EVENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought FORT BEND SHERIFF OFFICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 7	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 06/01	6 Payee name VISTA PRINT	
7 Amount (\$) 316.24	8 Payee address; City; State; Zip Code 275 WYMAN ST. WALTHAM MA 02457	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description BUSINESS CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought FORT BEND
		Office held SHERIFF OFFICE
Date 06/01	Payee name VISTA PRINT	
Amount (\$) 63.73	Payee address; City; State; Zip Code 275 WYMAN ST. WALTHAM MA-02457	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description BUSINESS POST CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought FORT BEND
		Office held SHERIFF OFFICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 7	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)
--	---------------------------------	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 05/20	6 Payee name Vista Print
------------------------	------------------------------------

7 Amount (\$) 302.79	8 Payee address; 275 Wymann St Waltham MA 02457	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Post Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought PORT BEND SHERIFF OFFICE	Office held
--	---	---	-------------

Date 06/06	Payee name USPS
---------------	--------------------

Amount (\$) \$ 482.20	Payee address; 225 Matlage Way Sugar Land TX 77478	City;	State;	Zip Code
--------------------------	---	-------	--------	----------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought PORT BEND SHERIFF OFFICE	Office held
---	---	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 7	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 02/21/23	6 Payee name FACE BOOK	
7 Amount (\$) 10.2	8 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA - 94025	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description POLITICAL POSTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought / Office held PORT BEND COUNTY SHERIFF
Date 02/21/23	Payee name FACE BOOK	
Amount (\$) 18.19	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA - 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description POLITICAL POSTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought / Office held PORT BEND COUNTY SHERIFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 7	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 04/30/23	6 Payee name FACE BOOK	
7 Amount (\$) 61.59	8 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA - 94025	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description POLITICAL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought FORT BEND COUNTY SHERIFF
Date 06/15/23	Payee name FACE BOOK	
Amount (\$) 175.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA - 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description POLITICAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office held FORT BEND SHERIFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>7</u>	2 FILER NAME <u>MO NEHAD</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>06/21/23</u>	6 Payee name <u>PALE BOOK</u>	
7 Amount (\$) <u>124.66</u>	8 Payee address; City; State; Zip Code <u>1 HACKER WAY MONRO PARK CA 94025</u>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	(b) Description <u>POLITICAL</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MO NEHAD</u>	Office sought <u>FORT BEND COUNTY SHERIFF</u>
	Office held <u>SHERIFF</u>	
Date <u>05/18/23</u>	Payee name <u>REPUBLIC WOMAN CLUB</u>	
Amount (\$) <u>50.2</u>	Payee address; City; State; Zip Code <u>9550 SPRING GREEN BLVD KATY TX 77494</u>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>MEETING</u>	Description <u>CLUB EVENT</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MO NEHAD</u>	Office sought <u>FORT BEND COUNTY SHERIFF</u>
	Office held <u>SHERIFF</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 7	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 03/13	6 Payee name MONICA RILEY	
7 Amount (\$) 209.93	8 Payee address; City; State; Zip Code P.O. Box 2082 MISSOURI CITY TX 77459	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAINING	(b) Description VIRTUAL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought / Office held FORT BEND COUNTY SHERIFF
Date 03/08/23	Payee name FORT BEND COUNTY GOP	
Amount (\$) 3000	Payee address; City; State; Zip Code P.O. BOX 461 SUGARLAND TX 77487	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT	Description ADVERTISING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought / Office held FORT BEND COUNTY SHERIFF

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 Date 02/20/23	5 Payee name REACH OUT HOUSTON TEXAS LLC	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 15000 W. Airport Blvd #424 Sugar Land TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Media
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought / Office held PORT BEND STURIFF
Date 06/25	Payee name REACH OUT HOUSTON	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 15000 W. Airport Blvd #424 Sugar Land TX 77498	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Media
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEHAD	Office sought / Office held PORT BEND STURIFF & PILL
Date 06/28	Payee name City of Rosenberg	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3825 State Hwy 363 Rosenberg TX 77471	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME MO NEUAD	3 Filer ID (Ethics Commission Filers)
4 Date 05/16/23	5 Payee name 9ers Grill	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5870 New Territory Blvd Bryan TX 77879	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Food
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MO NEUAD	Office sought / Office held FORT BEND SHERIFF OFFICE
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

MO NEHAD

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

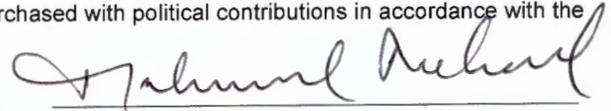
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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: 9
2 FILER NAME MO NEHAD		3 Filer ID (Ethics Commission Filers)
4 Date 05/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SYED ALI	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 17510 W. GRAND PKWY #385 Sugarland TX 77479		
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions)
Date 06/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPAN WONY	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) SECURITY PROFESSIONAL		Employer (See Instructions) STATE OF TEXAS
Date 06/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REHAN AHMED	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 18331 NEWMARKET WAY RICHMOND TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUHAMMAD GHUFRAH	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 18306 NEWMARKET WAY RICHMOND TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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: <u>9</u>
2 FILER NAME <u>MO NEHAD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>06/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ASIF MAHMOOD</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>18946 ELRINGTON CREEK LUMINOUS TX 77407</u>		
8 Principal occupation / Job title (See Instructions) <u>Businessman</u>		9 Employer (See Instructions) <u>ZED LOGISTICS</u>
Date <u>03/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Zahoor Qure</u>	Amount of contribution (\$) <u>\$ 479.70</u>
Contributor address; City; State; Zip Code <u>5773 Woodmay Dr. Houston TX 77057</u>		
Principal occupation / Job title (See Instructions) <u>Businessman</u>		Employer (See Instructions)
Date <u>05/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Vishnu Pampanowdgar</u>	Amount of contribution (\$) <u>\$ 23.70</u>
Contributor address; City; State; Zip Code <u>3426 Remington Trace Dr. Katy TX 77494</u>		
Principal occupation / Job title (See Instructions) <u>Consultant</u>		Employer (See Instructions)
Date <u>05/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Abdul Zahir</u>	Amount of contribution (\$) <u>\$ 479.70</u>
Contributor address; City; State; Zip Code <u>6161 Swayor Houston TX 77036</u>		
Principal occupation / Job title (See Instructions) <u>Businessman</u>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <u>9</u>
2 FILER NAME <u>Tamara Shah MO NEHAD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>06/15</u> <u>05/31</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tamara Shah</u>	7 Amount of contribution (\$) <u>\$ 23.70</u>
6 Contributor address; City; State; Zip Code <u>600 Della Ave #19 Conroe TX 45226</u>		
8 Principal occupation / Job title (See Instructions) <u>Consultant</u>		9 Employer (See Instructions)
Date <u>06/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Justin Schero</u>	Amount of contribution (\$) <u>\$ 95.70</u>
Contributor address; City; State; Zip Code <u>21118 Meadow Ash Ct Richmond TX 77407</u>		
Principal occupation / Job title (See Instructions) <u>Political Consultant</u>		Employer (See Instructions)
Date <u>06/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Morgan Johnson</u>	Amount of contribution (\$) <u>\$ 23.70</u>
Contributor address; City; State; Zip Code <u>5643 Baton Rouge LA 70812</u> <u>Holiday Ct</u>		
Principal occupation / Job title (See Instructions) <u>Political Consultant</u>		Employer (See Instructions)
Date <u>06/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Humphrey Dhejmkah Jr</u>	Amount of contribution (\$) <u>\$ 9.30</u>
Contributor address; City; State; Zip Code <u>14402 Stone Park Rd Missouri City TX 77459</u>		
Principal occupation / Job title (See Instructions) <u>Police officer</u>		Employer (See Instructions) <u>Harris County</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <u>9</u>
2 FILER NAME <u>Mo Nehad</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>06/28</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Heal Pinberg</u>	7 Amount of contribution (\$) <u>\$ 959.70</u>
6 Contributor address; City; State; Zip Code <u>31 Marino Dr Mesquite TX 77459</u>		
8 Principal occupation / Job title (See Instructions) <u>Financial Consultant</u>		9 Employer (See Instructions) <u>Wells Fargo</u>
Date <u>06/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Saldi Joseph</u>	Amount of contribution (\$) <u>\$ 26.03</u>
Contributor address; City; State; Zip Code <u>830 Deer hollow Dr Sugar Land TX 77479</u>		
Principal occupation / Job title (See Instructions) <u>Engineer</u>		Employer (See Instructions) <u>STATE OF TEXAS</u>
Date <u>07/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kashif Qamar</u>	Amount of contribution (\$) <u>\$ 25.00</u>
Contributor address; City; State; Zip Code <u>11742 Pastello lane Richmond TX 77406</u>		
Principal occupation / Job title (See Instructions) <u>IT Consultant</u>		Employer (See Instructions)
Date <u>07/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sulaiman Rasheed</u>	Amount of contribution (\$) <u>\$ 26.03</u>
Contributor address; City; State; Zip Code <u>2823 Pond Springs Sugarland TX 77406</u>		
Principal occupation / Job title (See Instructions) <u>Businessman</u>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <u>9</u>
2 FILER NAME <u>MO NEHAD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rashid Chohan</u>	7 Amount of contribution (\$) \$25 <u>23.70</u>
6 Contributor address; City; State; Zip Code <u>5303 Dandelion Meadow Ln Katy TX 77494</u>		
8 Principal occupation / Job title (See Instructions) <u>Businessman</u>		9 Employer (See Instructions)
Date <u>05/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tuyen Bui</u>	Amount of contribution (\$) \$ 312.50 <u>300.50</u>
Contributor address; City; State; Zip Code <u>2219 Lawson Falls Ln Sugar Land TX 77479</u>		
Principal occupation / Job title (See Instructions) <u>Chiropractor</u>		Employer (See Instructions) <u>SW Chiropractor</u>
Date <u>05/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Avelyn Montalvo</u>	Amount of contribution (\$) <u>\$ 479.70</u>
Contributor address; City; State; Zip Code <u>1906 Wildwood Ln Richmond TX 77406</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>03/28</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rozwan Khaja</u>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <u>3014 Pine Forest Dr Houston TX 77024</u>		
Principal occupation / Job title (See Instructions) <u>Businessman</u>		Employer (See Instructions) <u>Namak Merch</u>

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

LOANS

SCHEDULE E

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 E:

2 FILER NAME

MO NEHAD

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

03/01

7 Name of lender out-of-state PAC (ID#: _____)

MO NEHAD

9 Loan Amount (\$)

5150

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

8718 GRASSWREN RD
RICHMOND TX 77407

10 Interest rate

0

11 Maturity date

12 Principal occupation / Job title (See Instructions)

POLICE OFFICER

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

03/15

Name of lender out-of-state PAC (ID#: _____)

MO NEHAD

Loan Amount (\$)

3834

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

8718 GRASSWREN RD
RICHMOND TX 77407

Interest rate

0

Maturity date

0

Principal occupation / Job title (See Instructions)

POLICE OFFICER

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)
4 Date 06/15/23	5 Payee name Pressler Inc	
6 Amount (\$) 9,000	7 Payee address; City; State; Zip Code 8035 Cross Mail Dr #203 Bryanland TX 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Committing	(b) Description Advisory
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MO NEHAD PORT BEND SHERIFF OFFICE	
Date 03/21/23	Payee name Cyndra Rodriguez	
Amount (\$) 300⁰⁰	Payee address; City; State; Zip Code 911 Thompson Rd Richmond TX 77469	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Marketing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MO NEHAD PORT BEND SHERIFF OFFICE	
Date 04/03	Payee name Sign a Banner	
Amount (\$) 1000⁰⁰	Payee address; City; State; Zip Code 9440 Hammin Suite E Houston TX - 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MO NEHAD PORT BEND SHERIFF OFFICE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME MVO NEHAD	3 Filer ID (Ethics Commission Filers)
4 Date 04/10	5 Payee name BRANDS RIVER SPORTSMAN CLUB	
6 Amount (\$) \$350 ⁰⁰	7 Payee address; City; State; Zip Code 3525 Bowser Rd Tulshear TX 77441	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MVO NEHAD	Office sought PORT BEND SHERIFF OFFICE
	Office held	
Date 04/11	Payee name SIGN & BANNER	
Amount (\$) \$330 ⁰⁰	Payee address; City; State; Zip Code 9440 HARMON # E HOUSTON TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MVO NEHAD	Office sought PORT BEND SHERIFF OFFICE
	Office held	
Date 04/13	Payee name All Along Honor Guard	
Amount (\$) \$200 ⁰⁰	Payee address; City; State; Zip Code 1503 Grand Blvd Mr. Mo City TX 77489	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Flags Presentation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>4</u>	2 FILER NAME <u>MO NEHAD</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04/03/23</u>	5 Payee name <u>Sign & Banner</u>	
6 Amount (\$) <u>\$ 500.00</u>	7 Payee address; City; State; Zip Code <u>9440 Hammin Dr. # E Houston TX 77036</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Banners</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MO NEHAD</u>	Office sought <u>FORT BEND SHERIFF OFFICE</u>
Date <u>04/17</u>	Payee name <u>Tawneef Ashraf</u>	
Amount (\$) <u>\$1040.00</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>T-shirts</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MO NEHAD</u>	Office sought <u>FORT BEND SHERIFF OFFICE</u>
Date <u>04/18</u>	Payee name <u>Bravos River Sportsman Club</u>	
Amount (\$)	Payee address; City; State; Zip Code <u>3525 Bonser Rd Pulkhear TX 77441</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>OTHER</u>	Description <u>Barbecue purchase for donating to Non-profit</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>4</u>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <u>04/24</u>	5 Payee name <u>Sign & Banner</u>	
6 Amount (\$) <u>9500⁰⁰</u>	7 Payee address; City; State; Zip Code <u>9440 Hammin Dr # E Houston TX 77036</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Car Magnets</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MO NEHAD</u>	Office sought <u>PORT BEND SHERIFF OFFICE</u>
Date <u>06/20</u>	Payee name <u>Sign & Banner</u>	
Amount (\$) <u>108⁰⁰</u>	Payee address; City; State; Zip Code <u>9440 Hammin Dr # E Houston TX 77036</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Stickers</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MO NEHAD</u>	Office sought <u>PORT BEND SHERIFF OFFICE</u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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