

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME NABIL SHIKE		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)	\$ 15,090.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,657.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,433.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

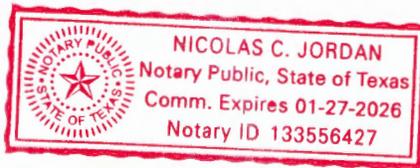
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Nabil Shike

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nabil Shike this the 14 day of July, 2023, to certify which, witness my hand and seal of office.

Nicolas Clark Jordan Signature of officer administering oath
Nicolas Clark Jordan Printed name of officer administering oath
Notary 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 NABIL SHIKE		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,090.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 13,657.57
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME NABIL SHIKE		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) BEVERLY WALKER <hr/> 6 Contributor address; City; State; Zip Code P.O BOX 270005 HOUSTON TX 77277	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) FORT BEND DISTRICT CLERK		9 Employer (See Instructions) FORT BEND COUNTY
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) MARK HARRISON <hr/> Contributor address; City; State; Zip Code 6733 HENDON HOUSTON TX 77074	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) FINANCE		Employer (See Instructions) GROUP ONE
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) MONICA AUGUSTUS <hr/> Contributor address; City; State; Zip Code 8022 BORLAND CT ROSHARON TX77583	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) FORT BEND COUNTY
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) VERNA CADDIE <hr/> Contributor address; City; State; Zip Code 139 CYPRESSWOOD SPRING TX 77373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

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:
2 FILER NAME NABIL SHIKE		3 Filer ID (Ethics Commission Filers)
4 Date 05/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) HUSSIEN HADI 6 Contributor address; City; State; Zip Code 7100 REGENCY SQUARE HOUSTON TX 77036	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) THE HADI LAW FIRM
Date 02/19/23	Full name of contributor out-of-state PAC (ID#: _____) MASON WILLIAMS Contributor address; City; State; Zip Code 7500 BRANFORD PLACE SUGAR LAND TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) STUDENT		Employer (See Instructions) STUDENT
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) JOHN SHIKE Contributor address; City; State; Zip Code 10101 W SAM HOUSTON PKWY S HOUSTON TX	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) MARCO SCOTT Contributor address; City; State; Zip Code 13919 DAIRY ASHFORD SUGAR LAND TX 77478	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) FORT BEND COUNTY

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME NABIL SHIKE		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) MUHAMMAD TAHIR 6 Contributor address; City; State; Zip Code 3802 WINDMILL LINKS DR RICHMOND TX 77407	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) MARK GIBSON Contributor address; City; State; Zip Code 6307 PENHALLOW LN MISSOURI CITY TX 77459	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) SENIOR MANAGER		Employer (See Instructions) WASTE MANAGEMENT
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) ROBIN FULFORD Contributor address; City; State; Zip Code 90 N PINTO POINT CIR WOODLANDS TX 77389	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) OMAR KHAWAJA Contributor address; City; State; Zip Code 13602 MILAN MEADOW CT HOUSTON TX 77077	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAW OFFICE OF OMAR KHAWAJA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME NABIL SHIKE		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/23	5 Full name of contributor out-of-state PAC (ID#: _____) MOHAMMAD JAVED 6 Contributor address; City; State; Zip Code 2295 AVALON BEAUMONT TX 77707	7 Amount of contribution (\$) 10,000.00
8 Principal occupation / Job title (See Instructions) HEALTHCARE EXECUTIVE		9 Employer (See Instructions) RICELAND HEALTHCARE
Date 03/02/23	Full name of contributor out-of-state PAC (ID#: _____) ROKSANA AKTAR Contributor address; City; State; Zip Code 7206 THORNMEADOW LN CYPRESS TX 77433	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CLINICAL RESEARCH		Employer (See Instructions) ORION GROUP
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) JOHN AND DONNA MCCOY Contributor address; City; State; Zip Code 2339 MILL CREEK DR SUGAR LAND TX 77478	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) MILTON O'GILVIE Contributor address; City; State; Zip Code 9930 SENDERA DR, MAGNOLIA TX 77354	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME NABIL SHIKE		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) JAMES REED 6 Contributor address; City; State; Zip Code 9205 SEA GARDEN HOUSTON TX 77034	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) POLICE OFFICER		9 Employer (See Instructions) FORT BEND COUNTY
Date 02/19/23	Full name of contributor out-of-state PAC (ID#: _____) ZEESHAN ISSAC Contributor address; City; State; Zip Code 4803 FAIRFORD DR, Sugar Land TX 77479	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) ACCOUNT MANAGEMENT		Employer (See Instructions) AMEX
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) KENNETH HAYES Contributor address; City; State; Zip Code 1422 EUGENE HEIMANN CIR, RICHMOND TX 77469	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) FORT BEND COUNTY
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) MARTIN GARRET Contributor address; City; State; Zip Code 13919 DAIRY ASHFORD SUGAR LAND TX 77478	Amount of contribution (\$) 500.00 50.00
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) FORT BEND COUNTY

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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:	2 FILER NAME NABIL SHIKE	3 Filer ID (Ethics Commission Filers)
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4 Date 3/20/23	5 Payee name TGM PRINTING
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6 Amount (\$) 4,600.00	7 Payee address; City; State; Zip Code 13910 MURPHY RD, STAFFORD TX 77477
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/13/23	Payee name FORT BEND YOUNG DEMS
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Amount (\$) 250.00	Payee address; City; State; Zip Code 13515 SOUTHWEST FREEWAY SUGAR LAND TX 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description OTHER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/17/23	Payee name FORT BEND IFTAR
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Amount (\$) 2,500.00	Payee address; City; State; Zip Code 16090 CITY WALK SUGAR LAND TX 77479
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description EVENT EXPENSE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME NABIL SHIKE	3 Filer ID (Ethics Commission Filers)
4 Date 5/07/23	5 Payee name PABPA	
6 Amount (\$) 5,000.00	7 Payee address; City; State; Zip Code 10505 CASH RD, STAFFORD TX 77477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description EVENT EXPENSE
	(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
Date 05/19/23	Payee name THE TRADE ENTERTAINMENT	
Amount (\$) 450.00	Payee address; City; State; Zip Code 4124 BARNES ST HOUSTON TX 77007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description EVENT EXPENSE
	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
Date 05/19/23	Payee name AA JUMP BALLOON-N-NOVELTY	
Amount (\$) 389.89	Payee address; City; State; Zip Code STAFFORD TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description EVENT EXPENSE
	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

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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:	2 FILER NAME NABIL SHIKE	3 Filer ID (Ethics Commission Filers)
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4 Date 03/05/23	5 Payee name ACT BLUE
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6 Amount (\$) 3.95	7 Payee address; City; State; Zip Code SOMERVILLE MASSACUSETTS
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description FEE
	(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
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Date 02/26/23	Payee name ACT BLUE
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Amount (\$) 398.95	Payee address; City; State; Zip Code SOMERVILLE MASSACUSETTS
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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 Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/19/23	Payee name ACT BLUE
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Amount (\$) 64.78	Payee address; City; State; Zip Code SOMERVILLE MASSACUSETTS
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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 Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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