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 filed: 12

OFFICE USE ONLY

Date Received

RECVD VIA EMAIL
FEB. 05, 2024
FORT BEND COUNTY ELECTION

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ø | FIRST: MO | MI:
NICKNAME | LAST: NEHAD | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
8718 GRASSWREN RD
RICHMOND TX-77407

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (713) | PHONE NUMBER: 449 1448 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ø | FIRST: JOE | MI:
NICKNAME | LAST: WALZ | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
1115 HONEY ROSE CT
RICHMOND TX-77406

8 CAMPAIGN TREASURER PHONE

AREA CODE: (346) | PHONE NUMBER: 396 7777 | EXTENSION:

9 REPORT TYPE

☐ January 15 ☑ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 01 / 01 / 24 THROUGH Month Day Year: 01 / 25 / 24

11 ELECTION

ELECTION DATE: Month Day Year: 03 / 05 / 24

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): FORT BEND SHERIFF

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME MO NEHAD		**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)	$ 1357
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 20,762-24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 49575

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 Abdulhameed

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

FALMATA IBRO
Notary Public, State of Texas
Comm. Expires 01-11-2026
Notary ID 128143267

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mohammed Abdulhameed this the 25th day of Feb, 20 24, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Falmata Ibro	Notary

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	20 Filer ID (Ethics Commission Filers)
MO NEHAD	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1357
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐ SCHEDULE E: LOANS	$ 15000
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 20762.24
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

2 FILER NAME: MO NEHAD

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# ____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
01/15/24	CRAIG LETULLE 403 INSURAWLE RD BOOTH TX	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BUSINESSMAN	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
01/22/24	AFTAB AHMAD KATY TX	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CONSULTANT	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
01/22/24	ABDUL QADIR SUGARLAND TX	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CONSULTANT	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID# ____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
01/22/24	SURYA ANIKALA KATY TX	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN	SELF

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: MO NEHAD

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
01/12/24	KIZWAN AFZAL 6 Contributor address; City; State; Zip Code: KATY TX	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BUSINESSMAN	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
01/02/24	BURAK KOYUN Contributor address; City; State; Zip Code: 4103 HIGH MEADOWS CT SUGARLAND TX 77479	47.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ACCOUNTANT	HARMONY

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
01/10/24	OMER YAZICI Contributor address; City; State; Zip Code: 6842 DELL VISTA DR. ROSENBERG TX 77469	10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
IT CONSULTANT	SELF EMPLOYED

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code:	

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.

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:

2 FILER NAME: MO NEHAD

3 Filer ID (Ethics Commission Filers):

4 Date: 01/02/24

5 Payee name: TAUSEEF ASHRAF

6 Amount ($): 325.00

7 Payee address; City; State; Zip Code: 17410 FECHSER LN RICHMOND TX 77407

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING

(b) Description: SHIRTS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: FORT BEND SHERIFF

~~Office held~~

Date: 01/03/24

Payee name: REACH OUT

Amount ($): 1500.00

Payee address; City; State; Zip Code: 15000 W. AIRPORT BLVD SUGAR LAND TX 77498

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: VIDEO PRODUCTION

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: FORT BEND SHERIFF

~~Office held~~

Date: 01/08/24

Payee name: TEXAS GOP STORE

Amount ($): 1452.95

Payee address; City; State; Zip Code: 404 I-45 HUNTSVILLE TX 77488

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: YARD SIGNS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: FORT BEND SHERIFF

~~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	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
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 F1:

2 FILER NAME: MO NEHAD

3 Filer ID (Ethics Commission Filers):

4 Date: 01/29/24

5 Payee name: TEXAS GOP STORE

6 Amount ($): 983.07

7 Payee address; City; State; Zip Code: 404 I 45 HUNTSVILLE TX 77488

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING

(b) Description: ROAD SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: FORT BEND SHERIFF

~~Office held~~

Date: 01/25/24

Payee name: JAMES PRESSLER

Amount ($): 1500.42

Payee address; City; State; Zip Code: 8035 CROSS TRAILS DR. SUGAR LAND TX 77479

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONSULTING

Description: CAMPAIGN MANAGEMENT

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: FORT BEND SHERIFF

~~Office held~~

Date: 01/19/24

Payee name: POLITICAL MARKETING INTL INC

Amount ($): 450

Payee address; City; State; Zip Code: P.O. BOX 698 MARIANNA FL-32447

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: RESEARCH

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: FORT BEND SHERIFF

~~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:

2 FILER NAME: MO NEHAD

3 Filer ID (Ethics Commission Filers):

4 Date: 01/06/24

5 Payee name: POLITICAL MARKETING INT L INC

6 Amount ($): 450

7 Payee address; City; State; Zip Code: P.O. BOX 698 MARIANNA FL 32447

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING

(b) Description: PHONE CALLS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: FORTBEND SHERIFF

~~Office held~~

Date: 01/01/24

Payee name: SWEETGRASS REPUBLICANS CLUB

Amount ($): 500.00

Payee address; City; State; Zip Code: 707 DEL WEBB BLVD RICHMOND TX 77469

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): TICKETS

Description: EVENT

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: ~~FORT B~~ MO NEHAD

Office sought: FORT BEND SHERIFF

~~Office held~~

Date: 01/23/24

Payee name: YT AD SERVICE

Amount ($): 5000.00

Payee address; City; State; Zip Code: 3245 MAIN ST. DALLAS TX 75034

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: ADS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: FORT BEND SHERIFF

~~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	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
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 F1:

2 FILER NAME: MO NEHAD

3 Filer ID (Ethics Commission Filers):

4 Date: 01/23/24

5 Payee name: GOOGLE ADS

6 Amount ($): 316.42

7 Payee address; City; State; Zip Code: MENLO PARK CA

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING

(b) Description: VIDEOS PROMOTION

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: PORT BEND SHERIFF

~~Office held~~

Date: 01/21/24

Payee name: AD CRITTER

Amount ($): 2000.42

Payee address; City; State; Zip Code: 2510 8TH ST NASHVILLE TN 37204

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: VIDEOS PROMOTION

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 held~~

Date: 01/21/24

Payee name: FACEBOOK

Amount ($): 1230.42

Payee address; City; State; Zip Code: 1 HACKER WAY MENLO PARK CA-94205

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING

Description: VIDEOS PROMOTION

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 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:	2 FILER NAME MO NEHAD	3 Filer ID (Ethics Commission Filers)

4 Date 01/1/24	5 Payee name TEXT BY GHOLE
6 Amount ($) 1500.00	7 Payee address; 325 FAIRPOINTE PLACE City, SUWANEE State; GA Zip Code 30024

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description TEXT MESSAGES
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

Date 01/01/24	Payee name REPUBLICAN WOMEN CLUB OF KATY	
Amount ($) 120.00	Payee address;	City; KATY State; TX Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description EVENT
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 held~~

Date 01/15/24	Payee name CAMPAIGN VERIFY
Amount ($) 95.00	Payee address; 1215 31ST ST NW City, WASHINGTON State; DC Zip Code 20007

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description VERIFICATION
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 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	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
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 F1:

2 FILER NAME: MO NEHAD

3 Filer ID (Ethics Commission Filers):

4 Date: 01/23/24

5 Payee name: ROBOCENTER INC

6 Amount ($): 590.22

7 Payee address; City; State; Zip Code: 7934 BREEN DR. VIRGINIA BEACH VA 23454

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING

(b) Description: PHONE CALLS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: MO NEHAD

Office sought: PORTBEND SHERIFF

~~Office held~~

Date: 01/05/24

Payee name: BEHIND THE BADGES

Amount ($): 1500.00

Payee address; City; State; Zip Code: 202 CENTURY SQUARE BLVD SUGAR LAND TX-77478

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): EVENT TICKETS

Description: TABLE SPONSORSHIP

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 held~~

Date: 01/01/24

Payee name: PORT BEND COUNTY GOP

Amount ($): 1250.00

Payee address; City; State; Zip Code: RICHMOND TX

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): FEES

Description: FEES

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 held~~

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1

2 FILER NAME: MO NEHAD

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $ 15,000

5 Date of loan: 01/01/24

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

9 Loan Amount ($): 15,000

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: N/A

12 Principal occupation / Job title (See Instructions): POLICE OFFICER

13 Employer (See Instructions): CITY OF WOODBRANCH

14 Description of Collateral: N/A ☐ none

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

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount ($)

Is lender a financial Institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

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

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State Zip Code

Amount Guaranteed ($)

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.