The Royal Street Control of		ICEHOLDER CE REPORT		FORM C/C	_
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received	-
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX 8718 4 Lutin	RASSWREN I	CITY, STATE, ZIP CODE  PD  77407	RECVD VIA EMAIL FEB. 05, 2024 FORT BEND COUNTY ELECTION	NC
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	t49 140	EXTENSION	Date Hand-delivered or Date Postmark  Receipt #   Amount \$	red
6 CAMPAIGN TREASURER	MS / MRS / R	JOE	МІ	Date Processed	
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7 CAMPAIGN TREASURER ADDRESS	1115 H	(NO PO BOX PLEASE), APT / S LONEY ROSE	I .	STATE; ZIP CODE	
(Residence or Business)	KILL	mond tx	-77406		
8 CAMPAIGN TREASURER PHONE	(346)	396 7	extension	cane or continuental	
9 REPORT TYPE	January 15	26th day before e	Eveneded Medified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	01	101/24	THROUGH $O($	125/24	
11 ELECTION	Month Day	Year Primary	Runoff Other Description  Special		_
12 OFFICE	OFFICE HELD (if any	NIA	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 OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
A University Countries	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS	erd my est.		
10 (200 160 M	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
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		OFFICEHOLDER NANCE REPORT	со	FORM C/OH VER SHEET PG 2
15 C/OH NAME	mo	NEHLAD	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HER THAN	\$
The second	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES O	OF LOANS)	\$ 1357
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	3	\$
	4.	TOTAL POLITICAL EXPENDITURES	no air signment ore	\$ 20,762-24
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS O	OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	DANS AS OF THE	s 49575
Sworn to and subscribed 20 24 to certify Signature of officer administ (2) Unsworn Declarate	d before ny which, wi	Please complete either option  ATA IBRO  State of Texas res 01-11-2026 128143267  The by Mohammed Abdulham  tness my hand and seal of office.  Faluration State  Printed name of officer administering oath  OR	this the Q.54	Motasy Title of officer admynistering oath
My address is		, and my date	of birth is	, , , , , , , , , , , , , , , , , , ,
Executed in		(street) (city) County, State of, on the day		zip code) (country) _, 20
		Signature	of Candidate/Office	holder (Declarant)

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19 FIL	LER NAME	20 Filer ID (Ethics Con	mmission Filers)
60	MO NEMAD	3 3 40	SUBTOTAL
	CHEDULE SUBTOTALS  AME OF SCHEDULE	7 100 10 7000	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1357
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	1 1	\$
4.	SCHEDULE E: LOANS	- in the same	\$ 15000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$ 20762.3
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	- > -	s
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	s
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

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# 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. 2 FILER NAME NEHAD MO 7 Amount of contribution (\$) O1/15/27 CRAIG LETULE 6 Contributor address; City, State; Zip 403 INSUPHWE PD 8 Principal occupation / Job title (See Instructions) BUSINEISMAN out-of-state PAC (ID# Principal occupation / Job title (See Instructions) CONSULTANT Out-of-state PAC (ID# Date Amount of contribution (S) Principal occupation / Job title (See Instructions) CONSULTANT Date Amount of contribution (\$) 77 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF BUSI NESS MAN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT Include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME out-of-state PAC (ID# 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) BUSINESSMAN out-of-state PAC (ID# Amount of contribution (\$) 4103 HIGH MEADOWS G SUGARLAS Principal occupation / Job title (See Instructions) HAR MONY ACCOUNTANT Out-of-state PAC (ID# Amount of contribution (S) Principal occupation / Job title (See Instructions) Instructions) LONSULTANT Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: State; Zip Code Contributor address; City; 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.

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SCHEDULE F1

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credt Card Payment	Fees Off Food/Beverage Expense Poi By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement floe Overhead/Rental Expense filing Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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SCHEDULE F1

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SCHEDULE F1

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450	P.O. BOX 698	MARIANNA	FL 32447
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2000.2	3245 MAIN ST.	OFFICE	TX 75034
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#### SCHEDULE F1

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#### SCHEDULE F1

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#### SCHEDULE F1

If the requested inf	ormation is not applicable, DO NOT Includ	e this page in the report.
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6 Amount (S) 5-910-32	7 Payee address; 7934 BREEN D	2. VIRUINIA BEACH 23454
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADUERTISLNY	PHONE CALLS
	(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  NEH AD	PORTBEND SHERIFF
Date 0 1 2 1 2 1	Payee name  REHIND THE	Napues
Amount (\$)	202 CENTURY Say	MRE BLVD LAND TX-77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CHOCK If Travel outside of Texas. Complete Schedule T.	TABLE SPONSONSHIP  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  MO NEHAD Po	Office sought Office held  PEND SHEPLE
Date Olal M	Payee name POPT REMO L	sunry Gof
Amount (\$)	Payee address;	City; State; Zip Code  Ruthmous TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  We WHAD	Office sought Office near FORT BEND STIPLIFF
2 2 2	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED
Forms provided by Texas Ethi	cs Commission www.ethics.state.tx	us Revised 1/1/2024

LOANS			SCHEDULE E
If the requeste	d information is not applicable, DO NO	OT include this page in the re	port.
The	Instruction Gulde explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	LO NEMAD		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$ 15,000
5 Date of loan	7 Name of lender		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN	8718 GRASSWI	x 77407	11 Maturity date  NA
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	WOODBRANCH
14 Description of Col		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code  ☐ not applicable			
20 Principal Occupa	Ition (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City,	State: Zip Code	
not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

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