

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	<b>OFFICE USE ONLY</b> Date Received  <b>OCT 28 2024 RCVD</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7500 Branford Place #1101 Sugar Land TX 77479</b> <input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <b>( 832 ) 755 -0922</b>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3632 Springview, Rosenberg TX 77469</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 832 ) 274-1063</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>02 / 25 / 2024    THROUGH    10 / 28 / 2024</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 05 / 2024</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Fort Bend Pct 3 Constables Office</b>	13 OFFICE SOUGHT (if known) <b>Fort Bend Pct 3 Constables Office</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> Nabil Shike		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,562.91
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 36,940.91
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35,793.78
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

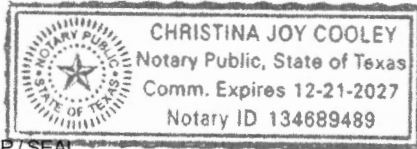
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 28<sup>th</sup> day of October

20 24, to certify which, witness my hand and seal of office.

Christina J. Cooley Christina J. Cooley Notary  
Signature of officer administering oath Printed name of officer administering oath 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.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,562.91
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36,940.91
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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 09/14/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuad Cochinwala	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code  77 Sunset Park, Sugarland TX 77479		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) MIR and Medical
Date 09/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dharany Flores	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code  1616 Partnership Way, Katy TX 77449		
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Investor/Real Estate
Date 08/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Bobrick	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code  PO BOX 637 Sugar Land TX 77498		
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Fort Bend County
Date 09/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Evans	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code  411 Park Hill Stafford TX 77477		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Fort Bend County
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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 09/16/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Evans	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 411 Park Hill Ct, Stafford TX 77477		
8 Principal occupation / Job title (See Instructions) Police Officer		9 Employer (See Instructions) Fort Bend County
Date 09/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clovis Restrepo	Amount of contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code 1616 Partnership Way, Katy TX 77449		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Investor/Real Estate
Date 09/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Ellis	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 13910 Placid Wood Ct, Sugar Land TX 77498		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orhan Osman	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 406 Promendade Estates, Stafford TX 77477		
Principal occupation / Job title (See Instructions) Community Representative		Employer (See Instructions) Turkish Center
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)
4 Date 09/21/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amina Ishaq	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code  2322 Golden Bay Ln, Richmond TX 77469		
8 Principal occupation / Job title (See Instructions) Dr		9 Employer (See Instructions) Dr
Date 09/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabeen Najam	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code  87 Piper Rock, Sugarland TX 77479		
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 09/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James "Grady" Prestage	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  36 Big Trail, Missouri City TX, 77459		
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Fort Bend County
Date 09/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Fanouss	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  12539 Perry Rd, Houston TX 77070		
Principal occupation / Job title (See Instructions) Promoter		Employer (See Instructions) ROBC
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# 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 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muzaffar Hussain	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 11111 Drumadoon Dr, Richmond TX 77407		
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions) Unknown
Date 10/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sania Rahim	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2345 Glen Haven, Houston TX 77030		
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 10/09/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Payne	Amount of contribution (\$) \$15,000.00
Contributor address; City; State; Zip Code 6806 Country Ln, Richmond TX 77406		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Evans	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 411 Park Hill Ct, Stafford TX 77477		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Fort Bend County
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <b>Nabil Shike</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/10/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tina Chadhast</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>10959 Beinhorn Rd, Houston TX 77024</b>		
8 Principal occupation / Job title (See Instructions) <b>Unknown</b>		9 Employer (See Instructions) <b>Unknown</b>
Date <b>10/16/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marco Scott</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>1213 Elberta St Houston TX 77051</b>		
Principal occupation / Job title (See Instructions) <b>Police Officer</b>		Employer (See Instructions) <b>Fort Bend County</b>
Date <b>10/19/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allen Bogard</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>3703 Bayou Bend Ct Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>10/08/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shahid Javed</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Contributor address; City; State; Zip Code <b>2305 Avalon St, Beaumont TX 77707</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Riceland Medical</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Nabil Shike		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jawad Anwar	<b>7</b> Amount of contribution (\$) \$15,000.00
<b>6</b> Contributor address; City; State; Zip Code P.O Box 10911, Midland Texas 79702		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Midland Energy Inc
<b>Date</b> 10/19/24	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Saba Umar	<b>Amount of contribution (\$)</b> \$1,000.00
<b>Contributor address; City; State; Zip Code</b> 17407 Woodfalls Lane, Richmond TX 77407		
<b>Principal occupation / Job title (See Instructions)</b> Clerk		<b>Employer (See Instructions)</b> Fort Bend County
<b>Date</b> 10/05/24	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeem Malik	<b>Amount of contribution (\$)</b> \$5,000
<b>Contributor address; City; State; Zip Code</b> 12638 Bissonnet St, Houston TX 77099		
<b>Principal occupation / Job title (See Instructions)</b> Insurance		<b>Employer (See Instructions)</b> Kashka Inc.
<b>Date</b> 10/10/24	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammad Javed	<b>Amount of contribution (\$)</b> \$2,500.00
<b>Contributor address; City; State; Zip Code</b> 2295 Avalon St, Beaumont TX 77707		
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Riceland Medical
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <b>Nabil Shike</b>		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tajddin Momin</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>3035 Dahlgren Trail Sugar Land TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>Restuarant Owner</b>		9 Employer (See Instructions) <b>Elite Restuarant</b>
Date 05/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Ellis</b>	Amount of contribution (\$) <b>\$150.00</b>
Contributor address; City; State; Zip Code <b>13910 Placid Wood Ct, Sugar Land TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date 05/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ashraf Abbasi</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>2122 Spur Canyon Ct, Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date 05/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anil Verma</b>	Amount of contribution (\$) <b>\$2,000.00</b>
Contributor address; City; State; Zip Code <b>4110 Thistle Hill Ct Sugar Land TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>Hotel Owner</b>		Employer (See Instructions) <b>Hampton Inn and Suites</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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 03/04/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Augustus	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 8022 Borland Ct, Rosharon TX 77583		
8 Principal occupation / Job title (See Instructions) Police Officer		9 Employer (See Instructions) Fort Bend
Date 04/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Payne	Amount of contribution (\$) \$5,000
Contributor address; City; State; Zip Code 6806 Country Ln N, Richmond TX 77406		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 05/04/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah Haleem	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7514 San Clamente Point Ct, Katy TX 77494		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Real Estate
Date 05/07/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husein Hadi	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4110 Thistle Hill Ct Sugar Land TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hadi Law Firm
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Nabil Shike		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/01/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farah Ahmed	<b>7</b> Amount of contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code 6 Ellicott Way, Sugar Land TX 77479		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Law Office of Farah Ahmed
<b>Date</b> 07/01/24	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arkan Turki	<b>Amount of contribution (\$)</b> \$50.00
<b>Contributor address; City; State; Zip Code</b> 20510 Walnut Canyon Dr, Katy TX 77450		
<b>Principal occupation / Job title (See Instructions)</b> Student		<b>Employer (See Instructions)</b> Student
<b>Date</b> 07/01/24	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahla Wahid	<b>Amount of contribution (\$)</b> \$25.00
<b>Contributor address; City; State; Zip Code</b> 17918 Harbour Bridge Point, Cypress TX 77429		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>
<b>Contributor address; City; State; Zip Code</b>		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/26/2024	<b>5</b> Payee name Sangeet Radio	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 11011 Brooklet Dr, Houston TX 77099	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Radio Advertisement
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 10/23/24	Payee name Innovative Solutions	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10862 Redstone Ct, Missouri City TX 77459	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	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	Office sought                      Office held
Date 10/23/24	Payee name Waa Tv	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 10101 W Sam Houston Pkwy S Houston TX 77099	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital TV Ad
	<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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/26/2024	<b>5</b> Payee name Maryam Islamic Center (Darelsalam.com)
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; 750 Sartartia Rd, Sugar Land TX 77479	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expense	<b>(b)</b> Description Charity for kids
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/18/24	Payee name The Home Depot
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Amount (\$) \$861.91	Payee address; 10419 Hwy 6 S, Sugar Land TX 77498	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description T-Post for 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	Office sought	Office held
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Date 10/21/24	Payee name Sage Productions
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Amount (\$) \$2,500.00	Payee address; 9610 Ashwood Valley Dr, Houston TX 77095	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Digital Outdoor Screen
	<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
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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/15/2024	<b>5</b> Payee name Innovative Solutions
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<b>6</b> Amount (\$) \$1,850.00	<b>7</b> Payee address; 10862 Redstone Ct, Missouri City TX 77459	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Direct Mail
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/24	Payee name Reach Progress PBC
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Amount (\$) \$285.00	Payee address; 288 Park S Ave, New York, NY 10003	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Application Fees
	<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
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Date 10/02/24	Payee name Jesse Torres
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Amount (\$) \$1,700.00	Payee address; 13515 Southwest Frwy, Sugarland TX 77478	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Signs installment/Placement
	<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
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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/15/2024	<b>5</b> Payee name Mai Colachi	
<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code 15425 Southwest Frwy, Sugarland TX 77479	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> Campaign Event
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 09/27/24	Payee name Reach Progress PBC	
Amount (\$) \$285.00	Payee address; City; State; Zip Code 288 Park S Ave, New York, NY 10003	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Application Fees
	<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
Date 08/26/24	Payee name Red Owl Boxing	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 12539 Perry Rd, Houston TX 77070	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expense	<b>Description</b> Sponsor for kids
	<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

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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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Nabil Shike		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/19/224		<b>5</b> Payee name Jesse Torres			
<b>6</b> Amount (\$) \$1,250.00		<b>7</b> Payee address; City; State; Zip Code 13515 Southwest Frwy, Sugarland TX 77478			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description Signs installment/Placement		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 10/16/24		Payee name Reach Progress PBC			
Amount (\$) \$285.00		Payee address; City; State; Zip Code 288 Park S Ave, New York, NY 10003			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Application Fees		
	<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 10/26/24		Payee name Eugene Howard			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 32 Lavida Ct, Manval TX 77578			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Poll Watching		
	<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	
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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/14/224	<b>5</b> Payee name Fort Bend Caribbean Chamber of Commerce	
<b>6</b> Amount (\$) \$130.00	<b>7</b> Payee address; City; State; Zip Code 13515 Southwest Frwy, Sugarland TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expense	<b>(b)</b> Description Donation
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 07/18/24	Payee name Reach Progress PBC	
Amount (\$) \$285.00	Payee address; City; State; Zip Code 288 Park S Ave, New York, NY 10003	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Application Fees
	<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

Date 10/26/24	Payee name Eugene Howard	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 32 Lavidia Ct, Manval TX 77578	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Poll Watching
	<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

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/27/24	<b>5</b> Payee name Muse Cafe	
<b>6</b> Amount (\$) \$2,700.00	<b>7</b> Payee address; City; State; Zip Code 11102 Hwy 6 S Sugarland TX 77498	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Campaign Event
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/05/24	Payee name Maleha Baig	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 12343 High Star, Houston TX 77072	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Block Walking
	<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
Date 10/05/24	Payee name Fahad Baig	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 12343 High Star, Houston TX 77072	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Block Walking
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/18/24	<b>5</b> Payee name Academy Sports and Outdoors	
<b>6</b> Amount (\$) \$259.76	<b>7</b> Payee address; City; State; Zip Code 16610 Southwest Freeway, Sugarland TX 77479	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description Chairs/Canopy for poll workers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 05/28/24	Payee name Bahama Bucks	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1227 Museum Square Dr, Sugaland TX 77479	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Snow Cones for poll watchers
	<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
Date 06/12/24	Payee name Reach Progress PBC	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 228 Park Ave S, New York, New York 10003	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Application Fees
	<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

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 05/30/24	<b>5</b> Payee name Felix Delores
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<b>6</b> Amount (\$) \$650.00	<b>7</b> Payee address;	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Poll Watching
	(c) <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
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Date 05/30/24	Payee name Rene Crawford
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Amount (\$) \$650.00	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description Poll Watching
	<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
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Date 05/30/24	Payee name Neda Higareda
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Amount (\$) \$650.00	Payee address; 3632 Springview, Rosenberg TX 77469	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description Poll Watching
	<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
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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Nabil Shike	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 05/30/24	<b>5</b> Payee name Fahad Baig
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<b>6</b> Amount (\$) \$650.00	<b>7</b> Payee address; 12343 High Star, Houston TX 77072	City;	State;	Zip Code
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<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description Poll Watching
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/30/24	Payee name Maleha Baig
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Amount (\$) \$650.00	Payee address; 12343 High Star, Houston TX 77072	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description Poll Watching
	<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
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Date 05/30/24	Payee name Nadeem Alvi
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Amount (\$) \$5,000	Payee address; 601 Parkplace Blvd, Rosenberg TX 77469	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Block Walking, Poll Watching
	<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
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