# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	to complete this for	rm. 1 Filer ID (E	Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Nabil		MI	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Shike		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		APT / SUITE : 000 Branford P ugar Land TX 7	lace #1101	ATE; ZIP CODE		GCT 28 2024
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	( 832 )	755 -0922	EX	TENSION	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Nuzhat		MI	Date Processed	7 Modell o
NAME	NICKNAME	LAST		SUFFIX		
	THORITON INC.	Alvi		OOTTIN	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	,	view, Rosenber	rg TX 77469	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 832 )	274-1063	EX	TENSION		
9 REPORT TYPE	January 15	30th day	before election	Runoff		after campaign appointment der Only)
	July 15	8th day be	efore election	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Ye.	ar
COVERED	02	/ 25/ <sub>20</sub>	)24 THROUG	н 10	/ 28 / 2	024
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year F	Primary Runoff	Other		
			General Special	Description		
	11/ 05/	2024				
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known		
	Fort Bend Po	ct 3 Constable	s Office Fort	Bend Pct 3 C	onstables O	ffice
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER, THESE EXPEN	UTIONS ACCEPTED OR POLIDITURES MAY HAVE BEEN IN EREQUIRED TO REPORT TH	MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRES	ss			
	SPECIFIC	COMMITTEE CAMPAIG	GN TREASURER NAME			
		COMMITTEE CAMPAI	IGN TREASURER ADDRE	ESS		1.000
		GO	TO PAGE 2			

# 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <sub>0</sub>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <sub>50,562.91</sub>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	*0
	4. TOTAL POLITICAL EXPENDITURES	\$ 36,940.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 35,793.78
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ O
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.  Signature of Ca	and correct and includes all information
	Please complete either option below	r:
(1) Affidavit  NOTARY STAMP / SEAL	CHRISTINA JOY COOLEY Notary Public, State of Texas Comm. Expires 12-21-2027 Notary ID 134689489	. ,
Sworn to and subscribed	before me by Natil Strike this the	28th day of October
20, to certify	which, witness my hand and seal of office.  William J Cooley  ring oath  Printed name of officer administering oath	Title of officer administering oath
**************************************	OR	
(2) Unsworn Declaration	on	
	, and my date of birth is	•
My address is		
Executed in	(street) (city) (s County, State of , on the day of	state) (zip code) (country)  , 20, (year)
	Signature of Candid	late/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH

		COVER S	HEET PG 3
19 FILER NAME Nabil Shike	20	Filer ID (Ethics Com	mission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CON	TRIBUTIONS		<sup>\$</sup> 50,562.91
2. SCHEDULE A2: NON-MONETARY (IN-KIND)	POLITICAL CONTRIBUTIONS		*0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			<sup>\$</sup> 0
4. SCHEDULE E: LOANS			<sup>\$</sup> 0
5. SCHEDULE F1: POLITICAL EXPENDITURE	S MADE FROM POLITICAL CONTR	IBUTIONS	\$ 36,940.91
6. SCHEDULE F2: UNPAID INCURRED OBLIGA	TIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTME	NTS MADE FROM POLITICAL CON	TRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY	CREDIT CARD		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES	MADE FROM PERSONAL FUNDS		\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POL	ITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITUR	ES MADE FROM POLITICAL CONTR	BUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS TO FILER	REFUNDS, AND CONTRIBUTION	S RETURNED	<sup>\$</sup> 0

### SCHEDULE A1

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

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)
Nabil Shike			
4 Date 5 Full name of contributor out-of-		PAC (ID#:)	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City;	State: Zip Code	
	77 Sunset Park, Sugarland TX 77	479	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc			ctions)
Owner		MIR and Medical	The second secon
Date 09/15/24	Full name of contributor	PAC (ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; City;	State; Zip Code	
	1616 Partnership Way, Katy TX 77	<b>'44</b> 9	
		Employer (See Instruc	ctions)
	Real Estate Agent	Investor/Real Esta	te
Date Full name of contributor out-of-to William Bobrick		PAC (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; PO BOX 637 Sugar Land	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instru	ctions)
	Clerk	Fort Bend County	
Date 09/15/24	Full name of contributor	PAC (ID#:)	Amount of contribution (\$) \$50.00
	Contributor address; City;	State; Zip Code	
	444 D. J. HULOL. (C. J. TV 77477		
	411 Park Hill Stafford TX 77477		

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

## SCHEDULE A1

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

			•
Th	ne Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
Nabil Shike			
4 Date 09/16/24	5 Full name of contributor ☐ out-of-state  Jimmy Evans	7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City;	State; Zip Code	
	411 Park Hill Ct, Stafford TX 7747		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc			ctions)
Police Offic	er	Fort Bend County	
Date 09/15/24	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$) \$3,000.00
	Contributor address; City;	State; Zip Code	
	1616 Partnership Way, Katy TX 7	7449	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Investor	Investor/Real Esta	te
Date 09/15/24	Full name of contributor   out-of-state PAC (ID#:)  Donna Ellis		Amount of contribution (\$) \$100.00
	Contributor address; City;	State; Zip Code	
	13910 Placid Wood Ct, S	Sugar Land TX 77498	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Retired	Retired	
Date 09/26/24	_	te PAC (ID#:)	Amount of contribution (\$)
09/20/24	Orhan Osman		\$100.00
	Contributor address; City;	State; Zip Code	
	406 Promendade Estates, Staffor	d TX 77477	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruc	ctions)
Community	Representative	Turkish Cent	ter
Community	representative		
		PIES OF THIS SCHEDULE AS I	
	If contributor is out-of-state PAC, please see	Instruction guide for additional	reporting requirements.

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Revised 1/1/2024

### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME	E		3 Filer ID (Ethics Commission Filers)
Nabil Shike			
4 Date 09/21/24	5 Full name of contributor out-of-state Amina Ishaq	7 Amount of contribution (\$) \$1,000.00	
	6 Contributor address; City;	State; Zip Code	
	2322 Golden Bay Ln, Richmond 7	TX 77469	
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Dr		Dr	
Date 09/21/24	Full name of contributor	Amount of contribution (\$) \$250.00	
	Contributor address; City;	State; Zip Code	
Discipation	87 Piper Rock, Sugarland TX 774		
Principal occi	upation / Job title (See Instructions) Unknown	Employer (See Instru Unknown	ctions)
Date 09/22/24	Full name of contributor ☐ out-of-state  James "Grady" Prestage	Amount of contribution (\$) \$1,000.00	
	Contributor address; City;		
	36 Big Trail, Missouri Cit	y TX, 77459	
Principal occi	upation / Job title (See Instructions)	Employer (See Instru	ctions)
	County Commissioner	Fort Bend County	
Date 09/26/24	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$) \$1,000.00
	Contributor address; City;	State; Zip Code	
	12539 Perry Rd, Houston TX 770	70	
	upation / Job title (See Instructions)	Employer (See Instru-	ctions)

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

### SCHEDULE A1

The			1 Total pages Schedule A1:
THE	Instruction Guide explains how to complete	this form.	1 Total pages Schedule AT.
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Nabil Shike			
4 Date	_	te PAC (ID#:)	7 Amount of contribution (\$)
10/10/2024	Muzaffar Hussain	\$25.00	
	6 Contributor address; City;	State; Zip Code	
	11111 Drumadoon Dr, Richmond		
	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Unknown		Unknown	,
Date 10/10/24	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address; City;	State; Zip Code	
	2345 Glen Haven, Houston TX 7	7030	
Principal occur	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	Unknown	Unknown	
Date 10/09/24	Full name of contributor		Amount of contribution (\$) \$15,000.00
	6806 Country Ln, Richm	ond TX 77406	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	Retired	Retired	
Date 09/26/24	Jimmy Evans	te PAC (ID#:)	Amount of contribution (\$) \$150.00
	Contributor address; City;	State; Zip Code	
	411 Park Hill Ct, Stafford TX 774	77	
	411 Park Hill Ct, Stallold IX 114		
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)

### SCHEDULE A1

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

ine	Instruction Guide explains how	to complete this	s 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 Tina Cha		C (ID#:)	7 Amount of contribution (\$) \$50.00
	6 Contributor address;	City;	State; Zip Code	
O Delegiant care	10959 Beinhorn Rd, Hou	uston IX //U	<del></del>	<u> </u>
	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Unknown	4		Unknown	
Date 10/16/24	Full name of contributor  Marco Scott	out-of-state PAG	C (ID#:)	Amount of contribution (\$) \$300.00
	Contributor address;	City;	State; Zip Code	
	1213 Elberta St Houston	1 TX 77051	<b></b>	
	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Police Office	r		Fort Bend County	
Date 10/19/24	Full name of contributor Allen Bogard	out-of-state PAG	C (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address;	City;	State; Zip Code	
		Bayou Bend Land, TX 77	Ct	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
	Retired		Retired	
Date 10/08/24	Full name of contributor Shahid Javed	out-of-state PAG	C (ID#:)	Amount of contribution (\$) \$2,500.00
	Contributor address;	City;	State; Zip Code	
		. => . ====	7	
	2305 Avalon St, Beaumo	ont IX 7770	•	
Principal occu	2305 Avalon St, Beaumo	ont 1X 7770	Employer (See Instruc	tions)

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

### SCHEDULE A1

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

			•
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Nabil Shike			
4 Date 10/22/2024	5 Full name of contributor ☐ out-of-s  Jawad Anwar	state PAC (ID#:)	7 Amount of contribution (\$) \$15,000.00
	6 Contributor address; City;	State; Zip Code	
	P.O Box 10911, Midland Texas	79702	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Owner		Midland Energy Inc	
Date 10/19/24	Full name of contributor 🔲 out-of-s Saba Umar	state PAC (ID#:)	Amount of contribution (\$) \$1,000.00
	Contributor address; City;	State; Zip Code	
	17407 Woodfalls Lane, Richmor	nd TX 77407	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Clerk		Fort Bend County	
Date 10/05/24	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$) \$5,000
	Contributor address; City;	State; Zip Code	
	12638 Bissonnet St, Houston T	X 77099	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Insurance		Kashka Inc.	
Date 10/10/24	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$) \$2,500.00
	Contributor address; City;	State; Zip Code	
	2295 Avalon St, Beaumont TX 7	77707	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)
Owner		Riceland Medical	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS lee Instruction guide for additional	

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### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Nabil Shike			
4 Date	5 Full name of contributor  ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
05/09/24	Tajddin Momin		\$1,000.00
	6 Contributor address; City;	State; Zip Code	
	3035 Dahlgren Trail Sugar Land TX 774	79	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Restuarant Ow	vner	Elite Restuarant	
	Full name of contributor	2 (10#	
Date 05/19/24	Donna Ellis	C (ID#:)	Amount of contribution (\$) \$150.00
	Dollia Liiis		4.00.00
	Contributor address; City;	State; Zip Code	
	13910 Placid Wood Ct, Sugar Land TX	77498	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Retired		Retired	
Date	Full name of contributor	2.40#	
05/19/24		C (ID#:)	Amount of contribution (\$) \$200.00
	Ashraf Abbasi		
	Contributor address; City;	State; Zip Code	
	2122 Spur Canyon Ct, Richmond TX 77	469	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Retired		Retired	
Date	Full name of contributor		
05/27/24	Anil Verma	C (ID#:)	Amount of contribution (\$) \$2,000.00
			,,
	Contributor address; City;	State; Zip Code	
	4110 Thistle Hill Ct Sugar Land TX 7747	79	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Hotel Owner		Hampton Inn and Suites	
·			
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

### SCHEDULE A1

TI	he Instruction Guide explains how	to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAM				3 Filer ID (Ethics Commission Filers)
4 Date 03/04/24	5 Full name of contributor  Monica Augustus 6 Contributor address; 8022 Borland Ct, Rosharor	City;	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal oc Police Office	ccupation / Job title (See Instructions)		9 Employer (See Instru Fort Bend	ctions)
Date 04/24/24	Full name of contributor Stephen Payne Contributor address; 6806 Country Ln N, Richm	City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$5,000
Principal occ Consultant	cupation / Job title (See Instructions)		Employer (See Instru	ctions)
Date 05/04/24	Full name of contributor Shah Haleem Contributor address; 7514 San Clamente Point	City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$100.00
Principal occ	cupation / Job title (See Instructions)	Ot, Naty 174	Employer (See Instru	ctions)
nvestor			Real Estate	
Date 05/07/24	Full name of contributor  Husein Hadi  Contributor address;	out-of-state	PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$1,000.00
	4110 Thistle Hill Ct Sugar I		479	
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Hadi Law Firm	
·	ATTACH ADDIT	IONAL COPIE	S OF THIS SCHEDULE AS	NEEDED

### SCHEDULE A1

		.,		
The	Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Nabil Shike				
4 Date 07/01/24	Farah Ahmed 6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occu	6 Ellicott Way, Sugar Land	17/14/9	9 Employer (See Instruc	tione
Attorney	pation / Job title (See Instructions)		Law Office of Farah	
Date 07/01/24	Arkan Turki		C (ID#) State; Zip Code	Amount of contribution (\$) \$50.00
	20510 Walnut Canyon Dr, k	Katy TX 7745	50	
Principal occup Student	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date 07/01/24	Full name of contributor Shahla Wahid	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$25.00
	Contributor address;	City;	State; Zip Code	
Dringing!	17918 Harbour Bridge Poin	it, Cypress 17		
Principal occuj	pation / Job title (See Instructions)	Mr.	. Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACHADDITIC	ONAL COPIES (	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC,	please see Instri	uction guide for additional	reporting requirements.

Advertising Expense

### SCHEDULE F1

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

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		pense Polling E rials Expense Printing B		Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	
Credit Card F ayment	The Instruction	n 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 Payee name		·	,	
10/26/2024	Sangeet R	adio			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
\$500.00	11011 Brooklet Dr, I	Houston TX 7709	99		
8	(a) Category (See Categories list		(b) Description		
PURPOSE	Advertising Expense	9	Radio Advertis	sement	
OF EXPENDITURE					
	(c) Check if travel outside of	of Texas. Complete Schedule T.	Chack if Austi	n. TX, officeholder living	0.400.00
<b>A</b> O					
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder	name	Office sought		Office held
Date	Payee name				
10/23/24	Innov	ative Solutions			
Amount (\$)	Payee address;		City;	State;	Zip Code
\$2,000.00	10862 Redston	e Ct, Missouri Ci	ty TX 77459		
	Category (See Categories liste	d at the top of this schedule)	Description		
PURPOSE	Printing Expense		Bar	nners	
OF EXPENDITURE			Dai	IIICIS	
EXTENDITORE				Address of the second of the s	
	Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder	name	Office sought	C	Office held
onponditure to benefit or or					
Date	Payee name				
10/23/24					
10/20/24	Waa Tv				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$2,000.00					
Ψ2,000.00	10101 W Sam Hous	ton Pkwy S Hous	ston TX 77099		
	Category (See Categories listed		Description		
PURPOSE	Advertising Expense		Digita	I TV Ad	
OF EXPENDITURE					
LXI LADITORE	,				
	Check if travel outside o	f Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought		Office held
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Nabil Shike 4 Date 5 Payee name Maryam Islamic Center (Darelsalam.com) 10/26/2024 6 Amount (\$) 7 Payee address; City: State: Zip Code 750 Sartartia Rd, Sugar Land TX 77479 \$1,000.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Gift/Awards/Memorial Expense **PURPOSE** Charity for kids OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name The Home Depot 10/18/24 Amount (\$) Payee address: City; State: Zip Code \$861.91 10419 Hwy 6 S, Sugar Land TX 77498 Category (See Categories listed at the top of this schedule) Description PURPOSE T-Post for Banners Other OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/21/24 Sage Productions Amount (\$) Payee address; City; State: Zip Code \$2,500.00 9610 Ashwood Valley Dr, Houston TX 77095 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Digital Outdoor Screen **Event Expense** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Travel In District Polling Expense 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 3 Filer ID (Ethics Commission Filers) Nabil Shike 4 Date 5 Pavee name Innovative Solutions 10/15/2024 6 Amount (\$) 7 Payee address: City: State: Zip Code 10862 Redstone Ct, Missouri City TX 77459 \$1,850.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Direct Mail **Printing Expense** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Reach Progress PBC 10/15/24 Amount (\$) Payee address: City: State: Zip Code \$285.00 288 Park S Ave, New York, NY 10003 Category (See Categories listed at the top of this schedule) Description PURPOSE **Application Fees** Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 10/02/24 Jesse Torres Zip Code Payee address; Amount (\$) City; State: \$1,700.00 13515 Southwest Frwy, Sugarland TX 77478 Description Category (See Categories listed at the top of this schedule) Signs installment/Placement **PURPOSE** Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain					
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na				1		
09/15/2024		Mai Colachi					
\$5,000.00	7 Payee a 15425 S	<sup>ddress;</sup> Southwest Frwy, Suga	rland TX	City; ( 77479	State;	Zip Code	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense Campaign Event						
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
09/27/24		Reach Progress	s PBC				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$285.00	288	B Park S Ave, New Yo	rk, NY 1	0003			
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Fees Application Fees					5	
	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		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
08/26/24		Red Owl Boxing					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$1,000.00	12	2539 Perry Rd, Housto	on TX 77	7070			
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Gift/Awards/Memorial Expense			Spon	oonsor for kids		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name .		Office sought		Office held	
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### SCHEDULE F1

ii the requested iiii	Jimalion	s flot applicable, <b>DO I</b>	ioi include t	ms b	ay	e in the re	sport.		
		EXPENDITURE C	ATEGORIES I	FORE	30	X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	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 6	explains how to c	omple	te ti	nis form.	γ		
1 Total pages Schedule F1:	2 FILER N Nabil SI						3 Filer ID (Eth	nics C	Commission Filers)
4 Date	5 Payee n								
09/19/224		Jesse Torres							
\$1,250.00	7 Payee a 13515 S	<sup>ddress;</sup> Southwest Frwy, S	ugarland TX	X 77		City; 8	State;		Zip Code
8	(a) Catego	ry (See Categories listed at the to	p of this schedule)	(b) l	Des	cription			
PURPOSE OF EXPENDITURE	Sala	ries/Wages/Contr	act Labor	Signs installment/Placemen					acement
	(c)	Check if travel outside of Texas. Co.	mplete Schedule T.			Check if Austi	in, TX, officeholder liv	ving ex	kpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		C	Offic	e sought		0	ffice held
Date	Payee n	ame							
10/16/24		Reach Prog	ress PBC						
Amount (\$)	Payee a	ddress;			(	City;	State;		Zip Code
\$285.00	288	Park S Ave, New	York, NY 1	000	3				
	Categor	y (See Categories listed at the top	of this schedule)	[	Des	cription			
PURPOSE OF EXPENDITURE		Fees		Application Fees					
	Check if travel outside of Texas. Cor		mplete Schedule T.	[		Check if Austi	n, TX, officeholder liv	ving ex	kpense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		C	Offic	e sought		0	ffice held
Date	Payee n	ame							
10/26/24		Eugene How	vard						
Amount (\$)	Payee a	ddress;			(	City;	State;		Zip Code
\$500.00	32	2 Lavida Ct, Manva	al TX 77578	3					
	Categor	y (See Categories listed at the top	of this schedule)	E	Des	cription			
PURPOSE OF EXPENDITURE	Sala	ries/Wages/Contra	act Labor	ct Labor Poll			Watching		
		Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Austin, TX, officeholder living expens		rpense			
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		(	Offic	ce sought		C	Office held
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### 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expo Printing Exp Salaries/Wa		Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	is how to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethica	s Commission Filers)		
4 Date	5 Payee n	Fort Bend Caribbean	Chamb	ear of Commer	~~			
06/14/224			Chamb		VP			
6 Amount (\$) \$130.00	7 Payee a 13515 S	address; Southwest Frwy, Sugar	rland TX	City; ( 77478	State;	Zip Code		
8	(a) Catego	ory (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Gift/	/Awards/Memorial Expe	ense	Donat	tion			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/Oh		idate / Officeholder name		Office sought		Office held		
Date	Payee n	ame			AAAAAAAAA			
07/18/24		Reach Progress	s PBC					
Amount (\$)	Payee a	iddress;		City;	State;	Zip Code		
\$285.00	288	8 Park S Ave, New Yor	rk, NY 1	0003				
	Categor	ry (See Categories listed at the top of this s	schedule)	Description				
PURPOSE OF EXPENDITURE		Fees		Application Fees				
	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		date / Officeholder name		Office sought		Office held		
Date	Payee n	name						
10/26/24		Eugene Howard						
Amount (\$)	Payee a	iddress;		City;	State;	Zip Code		
\$500.00	32	2 Lavida Ct, Manval TX	X 77578					
	Categor	y (See Categories listed at the top of this s	schedule)	Description				
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor			Poll Watching				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held		
	AT	TTACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	EDED			

### SCHEDULE F1

	EXPENDITURE (	ATEGORIES I	FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Ove Polling Exp nse Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equi Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Nabil Shike			3 Filer ID (Ethic	s Commission Filers)			
4 Date 09/27/24	5 Payee name Muse Cafe							
6 Amount (\$) \$2,700.00	7 Payee address; 11102 Hwy 6 S Sugarland	TX 77498	City;	State;	Zip Code			
8	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Event Expense		Camp	oaign Event				
	(c) Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held			
Date	Payee name							
10/05/24	Maleha Bai	g						
Amount (\$)	Payee address;		City;	State;	Zip Code			
\$1,500.00	12343 High Star, Hoւ	ıston TX 77	072					
	Category (See Categories listed at the top	of this schedule)	Description					
PURPOSE OF EXPENDITURE	Salaries/Wages/Cont	ract Labor	Blo	ock Walking				
	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held			
Date	Payee name							
10/05/24	Fahad Baig							
Amount (\$)	Payee address;		City;	State;	Zip Code			
\$1,500.00	12343 High Star, Houston TX 77072							
	Category (See Categories listed at the top	of this schedule)	Description	\A/ !! ·				
PURPOSE OF EXPENDITURE	Salaries/Wages/Contr	act Labor	Block	( Walking				
	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held			
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED				

### SCHEDULE F1

ii the requested init	omations	s flot applicable, DO NOT II	iciude ti	ns page in the	report.	
***************************************		EXPENDITURE CATEO	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Transportation Equi Travel In District Travel Out Of Distri	ipment & Related Expense
Credit Card Payment		The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payeen	ame				
05/18/24	A	cademy Sports and Ou	utdoors			
6 Amount (\$) \$259.76	7 Payee a 16610 S	<sup>ddress;</sup> outhwest Freeway, Su	garland	City; TX 77479	State;	Zip Code
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this Expense	schedule)	(b) Description Chairs/Can	opy for poll wo	rkers
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if	Austin, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought	t	Office held
Date	Payee n	ame				
05/28/24		Bahama Bucks				
Amount (\$) \$500.00	1227 M	<sup>uddress;</sup> useum Square Dr, Sug	jaland 7	City; FX 77479	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s everage Expense	chedule)	Description Snow Cone	s for poll watch	ners
		Check if travel outside of Texas. Complete So	chedule T.	Check if	Austin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee r	name				
06/12/24	Reach f	Progress PBC				
\$300.00 ·	Payee a	ddress;		City;	State;	Zip Code
	228 Par	k Ave S, New York, Ne	ew York	10003		
PURPOSE OF EXPENDITURE	Category Fees	y (See Categories listed at the top of this so	chedule)	Description Applicati	on Fees	
		Check if travel outside of Texas. Complete So	thedule T.	Check if A	Austin, TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		Office sough	t	Office held
1	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS N	NEEDED	

### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense 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 3 Filer ID (Ethics Commission Filers) Nabil Shike 4 Date 5 Payee name 05/30/24 Felix Delores 6 Amount (\$) 7 Payee address: City; State: Zip Code \$650.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Polling Expense Poll Watching **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 05/30/24 Rene Crawford State; Zip Code Amount (\$) City; Payee address; \$650.00 Category (See Categories listed at the top of this schedule) Description Poll Watching Polling Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 05/30/24 Neda Higareda Zip Code Amount (\$) Payee address; City: State: \$650.00 3632 Springview, Rosenberg TX 77469 Category (See Categories listed at the top of this schedule) Description Poll Watching Polling Expense PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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

**Event Expense** 

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of District Other (enter a categ	
Cledit Cald Payment		The Instruction Guide explain	s how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame				
05/30/24	F	ahad Baig				
6 Amount (\$) \$650.00	7 Payee at 12343 h	ddress; High Star, Houston TX	77072	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	-	ry (See Categories listed at the top of this Expense	schedule)	(b) Description Poll Watching		
	(c)	Check if travel outside of Texas, Complete So	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
05/30/24		Maleha Baig				
Amount (\$) \$650.00	Payee a 12343 H	<sup>ddress;</sup> High Star, Houston TX	77072	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s Expense	chedule)	Description Poll Watching		
		Check if travel outside of Texas, Complete So	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	V/40	Office held
Date	Payee n	ame			AAAAAA	
05/30/24	Nadeem	Alvi				
Amount (\$) \$5,000	Payee a	ddress;		City;	State;	Zip Code
	601 Par	kplace Blvd, Rosenber	rg TX 7	7469		
	Category	/ (See Categories listed at the top of this se	chedule)	Description		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PURPOSE OF EXPENDITURE	Salaries	/Wages/Contract Labo	or	Block Walki	ing, Poll Wat	ching
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name .		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	