# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages fi	<sup>ed:</sup> 25
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Mike		MI	OFFICE	USEONLY
NAME	NICKNAME	LAST Khan	• * • • • • • • • • • • • • • • • • • •	SUFFIX	Data Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO. BOX: P.O. Box 234	APT / SUITE #; 45, Sugar Land, T.		NTE; ZIP CODE	JAN 16	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER	EXT	FENSION	ORT BEND COUN Date Hand-delivered	I or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Ray LAST	374 8 4 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	MI SUFFIX	Date Processed	Amount S
7 CAMPAIGN	STREET ADDRESS (	Aguilar	SUITE #:	CITY;	Date Imaged STATE;	ZIP CODE
TREASURER ADDRESS	2011 Martin	Lake Court, Richr	nond, TX 77	7406		
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 923-4176	EXT	'ENSION		
9 REPORT TYPE	January 15.	30th day before e	Energy and	Runoff Exceeded Modified Reporting Limit	(Officehold	fter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year	THROUGH	Month H 12	Day Yea	
11 ELECTION	ELECTION DA Month Day 3 / 5	TE Year Primary 24 Genera		ELECTION TYPE Other Description	-	
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known		ort Bend County
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITURI AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN M	MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRE	\$\$		
		COTO	PAGE 2			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

		1	
15 C/OH NAME Mike Khan		16 Filer ID (	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$	32,798.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	34,930.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$	161,629.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	OF THE \$	100,000.00
Contrast ingla independent in the	swear, or affirm, under penalty of perjury, that the accompanying report is true	ue and correct	and includes all informatio
re	quired to be reported by me under Title 15, Election Code.		
	Left	W	
	Signature of C	andidate or O	fficeholder
	Please complete either option below	w:	
	ERICK CRUZ		
ON S	Notary ID #133689114 My Commission Expires		
1) Affidavit	April 5, 2026		
NOTARY STAMP/SEA	al (1		~
Sworn to and subscribed	before me by Moid Unnabi than this the	= <u>16</u> di	ay of Jonwary,
20 $\mathcal{I}$ , to certify	y which, witness my hand and seal of office.		
Car /	Erick Croz		Notory Public
Signature of officer administ		Titl	e of officer administering oath
	ŌR		
(2) Unsworn Declarat	tion		
My name is	, and my date of birth	is	
	·		
	(street) (city)	(state) (zip	code) (country)
Executed in	County, State of, on the day of(more	nth)	(year)
	Signature of Can	ididate/Officeho	older (Declarant)
orms provided by Texas	Ethics Commission www.ethics.state.tx.us		Revised 8/17/2

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	9 FILER NAME         20 Filer ID (Ethics Con           Mike Khan         20 Filer ID (Ethics Con			ion Filers)	
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	32,798.31	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$	25,000.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS	\$	20,463.58	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	5,138.19	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	LITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			9,467.24	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			5,000.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLI	TICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	INTRIBUTIONS RETURNED	\$		

Mike Khan       4       Date       5       Full name of contributor       out-of-state PAC (ID#)       7       Amount of contribution (\$)         07/10/2023       6       Contributor address;       City:       State;       Zip Code       1,0000.0         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Arrount of contribution (\$)         07/10/2023       Full name of contributor       out-of-state PAC (ID#	The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
4 Date       5 Full name of contributor Ruby Farooq       out-of-state PAC (D#			3 Filer ID (Ethics Commission Filers)
07/10/2023       Ruby Farooq       1,000.0         6 Contributor address;       City:       State;       Zip Code         1223 Port Gibson Ct., Richmond, TX 77469       1,000.0         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       4 mount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#			
07/10/2023       6 Contributor address;       City:       State;       Zip Code       1,000.0         1223 Port Gibson Ct., Richmond, TX 77469       9 Employer (See Instructions)       9 Employer (See Instructions)       1,000.0         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of contribution (S)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (S)         07/10/2023       Tajddin Momin       City:       State:       Zip Code         07/10/2023       Tajddin Momin       City:       State:       Zip Code         07/10/2023       Full name of contributor       City:       State:       Zip Code         07/10/2023       Full name of contributor       out-of-state PAC (ID#	4 Date		7 Amount of contribution (\$)
1223 Port Gibson Ct., Richmond, TX 77469         B Principal occupation / Job title (See Instructions)         B Principal occupation / Job title (See Instructions)         Date         Date         Tajddin Momin         Contributor address;         City;         State;         Zip Code         3035 Dahlgren Trail, Sugar Land, TX 77479         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Date         Contributor address;         City;         State;         Zip Code         3035 Dahlgren Trail, Sugar Land, TX 77479         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         Out-of-state PAC (ID#)         Amount of contribution (\$)         Principal occupation / Job title (See Instructions)         City;       State; Zip Code         7206 Thornmeadow Ln., Cypress, TX 77433         Principal occupation / Job title (See Instructions)         Clinical Research         Clinical Research         Cout-of-state PAC (ID#	07/10/2023		tte; Zip Code 1 000 00
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         D7/10/2023       Tajddin Momin       2,000.0         Contributor address;       City;       State;       Zip Code         3035 Dahlgren Trail, Sugar Land, TX 77479       2,000.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       B60.0         Clinical Research       Clinical Research Co       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#			, TX 77469
Tajddin Momin       Tajddin Momin       2,000.0         Contributor address;       City;       State;       Zip Code       2,000.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         07/31/2023       Contributor address;       City;       State;       Zip Code         7206 Thornmeadow Ln., Cypress, TX 77433       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       96.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       1000000000000000000000000000000000000	B Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instructions)
07/10/2023       Contributor address;       City;       State;       Zip Code       2,000.0         3035 Dahlgren Trail, Sugar Land, TX 77479       Employer (See Instructions)       2,000.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         07/31/2023       Foll name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         07/31/2023       Foll name of contributor address;       City;       State;       Zip Code         07/31/2023       Contributor address;       City;       State;       Zip Code         07/31/2023       Frincipal occupation / Job title (See Instructions)       Employer (See Instructions)       96.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       96.0         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)	Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Contributor address;       City;       State;       Zip Code       Z,000.0         3035 Dahlgren Trail, Sugar Land, TX 77479       Z,000.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         07/31/2023       Full name of contributor       Contributor address;       City;       State;       Zip Code         7206 Thornmeadow Ln., Cypress, TX 77433       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       96.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Clinical Research Co         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)	07/10/2023	Tajddin Momin	0 000 00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Roksana Akter       Roksana Akter       Amount of contribution (\$)         07/31/2023       Contributor address;       City;       State;       Zip Code         7206 Thornmeadow Ln., Cypress, TX 77433       Employer (See Instructions)       96.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       96.0         Clinical Research       Clinical Research Co       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)	0,,,,0,2020		
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         07/31/2023       Roksana Akter			
Roksana Akter       Generation (s)         Contributor address;       City;       State;       Zip Code         7206 Thornmeadow Ln., Cypress, TX 77433       96.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       000000000000000000000000000000000000	Principal occup	ation / Job title (See Instructions) E	Employer (See Instructions)
07/31/2023       Contributor address;       City;       State;       Zip Code       96.0         7206 Thornmeadow Ln., Cypress, TX 77433       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       000000000000000000000000000000000000	Date		Amount of contribution (\$)
7206 Thornmeadow Ln., Cypress, TX 77433         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Clinical Research         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of contribution (\$)	07/31/2023		
Clinical Research     Clinical Research Co       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Asif Umar     Amount of contribution (\$)			
Asif Umar			
	Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
Contributor address; City; State; Zip Code	00/25/2023	Asif Umar	1 000 00
4,000.0	09/25/2025	Contributor address; City; Sta	ate; Zip Code 4,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	Dation / Job title (See Instructions)	Employer (See Instructions)

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 6
2 FILER NAME	an ann a na ann an an an an an an an an		3 Filer ID (Ethics Commission Filers)
Mike Khan			
1 Date	5 Full name of contributor out-of-state PAC (II Syed S. Razzaqi	D#)	7 Amount of contribution (\$)
09/30/2023	6 Contributor address; City; State; Zip Code 6106 Stonebury Ct., Sugar Land, TX 77479		500.00
Principal occu		Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$)
10/02/2023	Contributor address; City; 16631 Pecan Dr., Sugar Lan	State; Zip Code	500.00
Date	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (I	Employer (See Instruct	Amount of contribution (\$)
10/02/2023	Siraj Narsi <sup>Contributor address; City;</sup> 14426 Ayers Rock Rd., Sugar La	State; Zip Code	240.15
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state. PAC (I	ID#:)	Amount of contribution (\$)
10/12/2023	Contributor address; City;	State; Zip Code	2,500.00
Principal occu	6511 Ashfield Place Ct., Sugar L	Employer (See Instruct	ions)

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mike Khan			
4 Date	5 Full name of contributor out-of-state PAC (II James Perkins	D#)	7 Amount of contribution (\$)
10/28/2023	6 Contributor address; City; State; Zip Code 11937 Bonney, Conroe, TX 77385		1,000.00
8 Principal occu Attorney		Employer (See Instruct	lions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
11/29/2023	Rizwan Khan Contributor address; City; 24907 Nelson Bridge, Spring	State; Zip Code	1,000.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II Osman Jamal	D#:)	Amount of contribution (\$)
12/24/2023	Contributor address; City; 5903 Evening Sun Ct., Richmo		960.60
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$)
12/27/2023	Contributor address: City: 8953 Cherry Ave., Morton Gro	State; Zip Code	960.60
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6
FILER NAME		3 Filer ID (Ethics Commission Filers)
Mike Khan		
Date	5 Full name of contributor out-of-state PAC (ID#: Salima Virani	
12/27/2023	6 Contributor address; City; State; 28294 Ferry Rd., Warrenville, I	000.00
Principal occu		oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
12/28/2023	Yusra Jamal Contributor address; City; State;	100.00
Principal occup	710 Winston Ln., Sugar Land, T	Nover (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
12/26/2023	Adeeb Khan	1 500 00
	Contributor address: City; State; 5002 Gem Dale Ct., Richmond, T	1,000.00
Principal occu	Dation / Job title (See Instructions) Emp	bloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	) Amount of contribution (\$)
12/27/2023	Contributor address; City; State;	Zip Code 2,500.00
Principal occu	10307 Logan Bridge Ln., Sugar Land,       pation / Job title (See Instructions)	IX //498 ployer (See Instructions)

The	Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A1: 6
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mike Khan		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12/29/2023	6 Contributor address; City; Sta 14926 Sugar Cup Ct., Sugar Land	0.000.00
B Principal occu		Employer (See Instructions)
Date		Amount of contribution (\$)
12/27/2023	Humaira K. Chaudhary Contributor address; City; Sta P.O. Box 16967, Sugar Land,	ate; Zip Code TX 77496
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#_	Amount of contribution (\$)
12/29/2023	Muneer Khan Contributor address; City: Sta 5002 Gem Dale Ct., Richmond	ate; Zip Code 3,000.00
Principal occu		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
12/27/2023		ate: Zip Code 500.00
	P.O. Box 16967, Sugar Land,	Employer (See Instructions)
Principal occu		

Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 6	
		3 Filer ID (Ethics Commission Filers)	
1			
5 Full name of contributor out-of-state PAC (II Shazia Farooqui	D#)	7 Amount of contribution (\$) 1,000.00	
12/27/2023 6 Contributor address: City: State: Zip Code 9330 Strawberry Cactus Loop, Houston, TX 77064			
		ions)	
	D#)	Amount of contribution (\$)	
Contributor address; City;		1,000.00	
pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	D#)	Amount of contribution (\$)	
Contributor address; City;	State; Zip Code	4,000.00	
pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Full name of contributor out-of-state PAC (I	ID#)	Amount of contribution (\$)	
Contributor address; City;	State; Zip Code		
pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	5       Full name of contributor       out-of-state PAC (I         Shazia Farooqui       6       Contributor address;       City;         9330 Strawberry Cactus Loop, Hou       upation / Job title (See Instructions)       9         Full name of contributor       out-of-state PAC (I         Muhammad Aaqeb Athar       Contributor address;       City;         717 E Sycamore St., Fresner       pation / Job title (See Instructions)       out-of-state PAC (I         Full name of contributor       out-of-state PAC (I       State PAC (I         Pation / Job title (See Instructions)       out-of-state PAC (I         Full name of contributor       out-of-state PAC (I         Farida M. Jamal       Contributor address;       City;         5903 Evening Sun Ct., Richmo       upation / Job title (See Instructions)       upation / Job title (See Instructions)         Inpation / Job title (See Instructions)       full name of contributor       out-of-state PAC (I         Inpation / Job title (See Instructions)       full name of contributor       out-of-state PAC (I	5       Full name of contributor       out-of-state PAC (ID#)         6       Contributor address;       City;       State;       Zip Code         9330 Strawberry Cactus Loop, Houston, TX 77064         upation / Job title (See Instructions)       9       Employer (See Instruct         Full name of contributor       out-of-state PAC (ID#)         Muhammad Aaqeb Athar	

L	OA	NS	5
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### SCHEDULE E

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

nstruction Guide explains how to comp	lete this form.	<ol> <li>Total pages Schedule E: 1</li> <li>Filer ID (Ethics Commission Filers)</li> </ol>
		3 Filer ID (Ethics Commission Filers)
	an air an	
ITEMIZED LOANS		\$
7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
Mike Khan		25,000.00
8 Lender address; City;	State; Zip Code	10 Interest rate
35 Laurel Wreath Trail Sugar	Land TX 77498	
		11 Maturity date
n / Job title (See Instructions)	13 Employer (See Instructions)	
Business Self		
		ds were deposited into political tions)
17 Name of quaranter		19 Amount Guaranteed (\$)
17 Name of guarantor		19 Amount Guaranteed (\$)
	State; Zip Code	
on (See Instructions)	21 Employer (See Instructions)	
Name of lender	a PAC (ID#:)	Loan Amount (\$)
Lender address; City;	State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Description of Collateral Check if personal fu		nds were deposited into political
	account (See Instruc	ctions)
Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
on (See Instructions)	Employer (See Instructions)	
	PIES OF THIS SCHEDULE AS NE	EDED
	Mike Khan  S Lender address; City;  35 Laurel Wreath Trail, Sugar  n / Job title (See Instructions)  Iteral  T Name of guarantor  18 Guarantor address; City;  on (See Instructions)  Name of lender	Mike Khan         8 Lender address;       City;       State;       Zip Code         35 Laurel Wreath Trail, Sugar Land, TX 77498         n / Job title (See Instructions)       13 Employer (See Instructions)         Self         tteral       15         Check if personal fun         account (See Instructions)         18 Guarantor address;       City;         State;       Zip Code         on (See Instructions)       21 Employer (See Instructions)         Name of lender       out-of-state PAC (ID#)         Lender address;       City;         State;       Zip Code         on / Job title (See Instructions)       Employer (See Instructions)         Name of lender       out-of-state PAC (ID#)         Lender address;       City;         State;       Zip Code         on / Job title (See Instructions)       Employer (See Instructions)         ateral       Check if personal fun account (See Instructions)         Name of guarantor       Check if personal fun account (See Instructions)

SCHEDULE F1

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

in the requested into	ormation is not applicable, be not more	ade and page in the re	/pvit.
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	n an an the second definition of the second
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1: 9	2 FILER NAME Mike Khan		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	ante de seu ou consecteur ministra par la secto aparte aparte de consecteur de consecte par parte de secon de	
07/03/2023	Wallis Bank		
3 Amount (\$)	7 Payee address;	City;	State; Zip Code
27.91	11311 W Airport Blvd, Meadows	Place, TX 77477	
8	(a) Category (See Categories listed at the top of this sched	(b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Monthly Fees	
	(c) Check if travel outside of Texas. Complete Schedu	leT, Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/20/2023	Microsoft		
Amount (\$)	Payee address;	City;	State; Zip Code
43.83	One Microsoft Way, Redmond, W	VA 98052	
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	Office Overhead	Subscription I	Licenses
	Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	and a second	
07/28/2023	Elite Indo-Pak Restaurant		
Amount (\$)	Payee address;	City;	State; Zip Code
840.00	11941 S Texas 6, Sugar Land, T	X 77498	
angka kang di ang ang mang digan sa ti kang digi kan kina kang mang mang mang mang mang mang mang m	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Campaign Eve	ent

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought

Complete ONLY if direct expenditure to benefit C/OH

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

Office held

		DITURES MADE CONTRIBUTIONS	;		SCH	EDULE F1		
If the requested inf	formation is	s not applicable, DO NOT i	nclude tl	his page in the re	eport.			
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distri Other (enter a categ	oment & Related Expense		
1 Total pages Schedule F1: 9	2 FILER M				3 Filer ID (Ethic	s Commission Filers)		
4 Date 08/01/2023	5 Payeen Wallis E							
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code		
31.86	11311 \	N Airport Blvd, Meado	ws Plac	e, TX 77477				
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Accour	Accounting/Banking Monthly Fees						
	(c)	Check if travel outside of Texas. Complete S	Schedule T,	Check if Austi	in, TX, officeholder livin	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held		
Date	Payee n	ame		an a				
09/01/2023	Wallis E	Bank						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
31.86	11311	W Airport Blvd, Meado	ws Plac	e, TX 77477				
	Catego	y (See Categories listed at the top of this	schedule)	Description				
PURPOSE OF EXPENDITURE	Accou	nting/Banking		Monthly Fees				
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought	ningeling of a state of	Office held		
Date	Payee	name						
09/05/2023	Neuma	nn and Company						
Amount (\$)	Payee a	address;		City;	State;	Zip Code		
2,343.50	5417 P	ne Street, Bellaire, Te	xas 774	.01				
	Catego	y (See Calegories listed at the top of this	schedule)	Description				
PURPOSE OF EXPENDITURE	Printin	g Expense		Campaign Ma	terials			
		Check if travel outside of Texas, Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	ig expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		idate / Officeholder name		Office sought		Office held		
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Forms provided by Texas Ethics Commission

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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 Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for		rrhead/Rental Expense pense kpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 9	2 FILER M Mike Kha				3 Filer ID (Ethic	cs Commission Filers)	
4 Date	5 Payee n	ame		ny dia mandra dia mandra dia 400 mila mpika kaominina dia mandra dia mandra dia mandra dia mandra dia mandra d	1		
10/02/2023	Wallis E	Bank					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
31.86	11311 \	V Airport Blvd, Meado	ws Plac	ce, TX 77477			
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Monthly Fees			
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
10/05/2023	Drop of	Life LLC					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
550.00	429 Wa	Ish Road, Rosenberg	TX 774	171			
9,99, a. a	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Food/E	Beverage Expense		Water Bottles	Pallet		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name	annan an ann an ann an ann an ann ann a	Office sought		Office held	
Date	Payeer	ame					
10/10/2023	First W						
Amount (\$)	Payee a	ddress;	and a second	City;	State;	Zip Code	
73.45	9920 U	S-90 ALT Suite 150C,	Sugar I	_and, TX 77478	3		
arrigan alam da	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Food/B	everage Expense		Campaign Me	eting		
		Check if travel outside of Texas, Complete	Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		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 Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expens 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: 9	2 FILER N Mike Kha				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee n	ame				
10/11/2023	Neuma	nn and Company				
6 Amount (\$) 5,339.45	7 Payee a 5417 Pi	<sup>ddress;</sup> ne Street, Bellaire, Tex	kas 774	City; 01	State	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense Campaigr			Campaign Ma	aterials	
	(c)	Check if travel outside of Texas, Complete So	chedule T.	Check if Aust	tin, TX, officeholder livir	tg expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame		-		
11/01/2023	Wallis E	Bank				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
37.24	11311 V	V Airport Blvd, Meadow	ws Plac	e, TX 77477		
anna ar amhainn an amhainn an suitheann an ann an ann an ann ann an ann an a	Categor	y (See Categories listed at the top of this a	chedule)	Description		n de se an anné par la des nacional de la malgan de parte de la des de
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Monthly Fees	;	
		Check if travel outside of Texas. Complete Si	chedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
11/03/2023	Shan T	-Shirts				
Amount (\$)	Payee a	ddress;	Alexandron (1999) - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	City;	State;	Zip Code
1,944.00	8000 Ha	arwin Dr. Ste 520, Hou	ston, T	X 77036		
	Categor	y (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Printing	g Expense		Promotional C	Campaign T-S	Shirts
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Aus	tin, TX, officenolder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		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 Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1; 9	2 FILER M Mike Kha				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n	ame	1) (*) (1) (*) (*) (*) (*) (*) (*) (*) (*) (*) (*		lu 1999	nan an
11/07/2023	Meta In	С.				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
75.00	1 Hacke	er Way, Menlo Park, C	A 9402	5		
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advert	sing Expense		Social Media		
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Aust	in, TX. officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	date / Officeholder name		Office sought		Office held
Date	Payee n	ame	nen gebeure auf der Konkel seit setzen son genotertenen ei			anna an
11/10/2023	Meta In	С.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
75.00	1 Hack	er Way, Menlo Park, C	CA 9402	5		
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Advert	ising Expense		Social Media		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O		date / Officeholder name	4,99,414,444,444,444,444,444,444,444,444	Office sought		Office held
Date	Payee	name				
11/14/2023	JLS Ev	ents			_	
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
750.00	2530 C	OUNTRY CLUB BLVI	). SUGA	AR LAND, TX 7	7478	
	Catego	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Advert	sing Expense		2023 Turkey	Frot Sponsors	ship
		Check if travel outside of Texas, Complete	Schedule T.	Check If Aus	tin, TX, officeholder livit	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		idate / Officeholder name		Office sought		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 Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1: 9	and the second second			ne de Mandan hand de maner en son men en par en period de met de la cie de de se de se ann	3 Filer ID (Ethic	cs Commission Filers)
4 Date	Mike Kha				<u> </u>	
11/11/2023	5 Payee na	*	Derte			
6 Amount (\$)	7 Payee a	nd County Republicar	rany	<u></u>	<b>0</b> 4	
1,250.00		x 461, Sugar Land, TX	X 77487	City; 7-0461	State;	Zip Code
8	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			Filing Fee		
	(c)	Check if travel outside of Texas. Complete 5	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	Ime				
12/01/2023	Meta In	р.				
Amount (\$)	Payee a	idress;		City;	State;	Zip Code
69.99	1 Hacke	er Way, Menlo Park, C	A 9402	5		
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Social Media		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
12/01/2023	Wallis E	ank				
Amount (\$)	Payee a	idress;		City;	State;	Zip Code
37.24	11311 V	V Airport Blvd, Meado	ws Plac	e, TX 77477		
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Monthly Fees		
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pr Il Committee Legal Services Sa	an Repayment/Reimbursement fice Overhead/Rental Expense biling Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains he	ow to complete this form.			
1 Total pages Schedule F1: 9	2 FILER NAME Mike Khan		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
12/05/2023	Sharon Leal				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
500.00	12015 Meadowdale Dr., Meadow	vs, TX 77477			
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description			
PURPOSE OF EXPENDITURE	Contributions/Donations Share-A-Gift Toy Drive				
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/11/2023	The Home Depot				
Amount (\$)	Payee address;	City;	State; Zip Code		
312.87	15505 Southwest Fwy, Sugar La	nd, TX 77478			
	Category (See Categories listed at the top of this sched	ule) Description			
PURPOSE OF EXPENDITURE	Other	Materials for	Signs		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Aust	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/18/2023	VistaPrint				
Amount (\$)	Payee address;	City;	State; Zip Code		
340.63	100 Hayden Avenue, Lexington,	MA 02421			
ann an an an an an tar fairte branch an	Category (See Categories listed at the top of this sched	lule) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Marketing Mat	terials		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
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SCHEDULE F1

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	EXPENDIT	JRE CAT	EGORIES	FOR BOX 8(	a)
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		EXPENDITURE CATE				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of Distri	pment & Related Expense
		The Instruction Guide explai	ns how to c	complete this form.		
	FILER N				3 Filer ID (Ethic	s Commission Filers)
	Aike Kha				1	
	Payee na Meta Ini					
				City:	State;	Zip Code
	Payee ad 1 Hacke	r Way, Menlo Park, C	A 9402		State,	210 0008
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Social Media		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if a				tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held
Date	Payee na	ime				
12/22/2023	Sprint2F	Print				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
	3748 Clay Houston, 1	Rd., Suite 300 X 77080				
	Categon	(See Categories listed at the top of this	schedule)	Description	ungun under eine auf der eine generalten einen eine der eine der eine generalten.	a yn gyf de fal yw an ar an a Cyf gyf de fal yw ar an ar a
PURPOSE OF EXPENDITURE	Printing	g Expense		Yard Signs		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	aphine and a standard and a standard and	Office sought		Office held
Date	Payee n	ame				
12/26/2023	Meta In	с.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
75.00	I Hacke	r Way, Menlo Park, C	A 9402	5		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Social Media		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name		Office sought	/	Office held
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SCHEDULE F1

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

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.			
1 Total pages Schedule F1; 9	2 FILER N Mike Kha				3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee n						
12/26/2023	JG Med		a a succession of the				
6 Amount (\$) 3,405.00	7 Payee a 16225	<sup>ddress:</sup> mpact Way Unit 1 Pflu	igerville	City; , TX, 78660	State;	Zip Code	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Web/Print Adv	vertising		
	(c)	Check If travel outside of Texas, Complete 5	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Aust				tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee r	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	atin, TX. officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

		EXPENDITURE CATE	GORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ow Polling E Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
	1	The Instruction Guide explai	ns how to	complete this form.	1	
1 Total pages Schedule F2: 1	2 FILER I Mike Ki				3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	AIZED UN	PAID INCURRED OBLI	GATION	IS	\$	
5 Date	6 Payee	name				
12/28/2023	Allied S	gns				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
5,138.19	6820 Ha	arwin Dr., Houston, T	X 7703	6		
9 TYPE OF EXPENDITURE		Political	Non-Po	blitical		annan ann an an an an Ann Ann Ann Ann An
10	(a) Categor	y (See Categories listed at the top of the	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense Signs					
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living e	expense
11 Complete ONLY if direct expenditure to benefit C/OF Date		didate / Officeholder name		Office sought	Office he	
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	and the second	Political	Non-P	olitical		
PURPOSE OF EXPENDITURE	Catego	$oldsymbol{y}$ (See Categories listed at the top of th	is schedule)	Description		
		Check if travel outside of Texas. Complet	te Schedule T.	Check if A	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate / Officeholder name		Office sought	Office he	əld
	ATTA	CH ADDITIONAL COPIES	OF THIS	SCHEDULE AS N	EEDED	
Forms provided by Texas Ethi	ics Commissi	on www.ethi	cs.state.tx.	us	1999 - 1999 -	Revised 8/17/20

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Poling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor       The Instruction Guide explains how to complete this form.		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NAM	ΛE			3 Filer ID (Ethics	Commission Filers)
3	Mike Kł	nan				
4 Date	5 Payee nam	e				an berefen egen fan de ferste en ser en
08/03/2023	Mr Ji Co	onnections				
<ul> <li>6 Amount (\$)</li> <li>920.13</li> <li>Reimbursement from political contributions intended</li> </ul>	7 Payee add P.O. B	<sup>ress:</sup> Box 2082, Missour	i City,	city; TX 77459	State;	Zip Code
8	(a) Category	See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisin	ng Expense		Web/Print Adv	vertisement	
	(c) G	neck if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
Date	Payee nam	e				
09/13/2023	Bar Lou	lie				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
817.59 Reimbursement from political contributions intended	16089 (	City Walk Dr., Sugar	Land, 1	X 77079		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Bev	verage Expense		Event Food S	ponsorship	
	C	heck if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ite / Officeholder name		Office sought		Office held
Date	Payee nam	e				
09/07/2023	Office D	Depot				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
372.75 Reimbursement from	7519 W	estheimer Rd., Hous	ston,TX	77063		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing E	Expense		Envelopes		
	C	heck if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living e	pense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATTA	CHADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	-

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Reverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NA	ME		in a far ann an ann an a	3 Filer ID (Ethics (	commission Filers)
3	Mike K	han				
4 Date 09/27/2023	5 Payee nar VistaP				A	
6 Amount (\$) 128.80 ✓ Reimbursement from political contributions intended	7 Payee ad 95 Hay	<sup>dress;</sup> /den Ave, Lexington, I	MA, 024	City; 421	State;	Zip Code
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description		
OF	Printing Expense Campaign Materials					
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX. officeholder living exp	pense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candio	late / Officeholder name		Office sought	(	Office held
Date	Payee na	me				
09/21/2023	Arama	irk				
Amount (\$) 1,638.47 Reimbursement from political contributions intended	Payee ad	<sup>dress;</sup> /arket Street, Philade	lphia, P	City; PA 19107	State;	Zip Code
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Be	everage Expense		Campaign Eve	ent	
EXPENDITORE		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name		Office sought		Office held
Date	Payee na	me		a dan manana magi ng		dennen gela lande del jung en gelander na de son anges de la san de se ander en ander en ander en ander en and
09/14/2023	UPS S	Store				
Amount (\$) 339.50 ✓ Reimbursement from political contributions intended	Payee ac 5068 /	<sup>Idress;</sup> A1 Westheimer Rd., H	louston	City: , TX 77057	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this sing Expense	schedule)	Description Metered Mail		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Of Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense Illaries/Wages/Contract Labor ow to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME	nin en ferene en	3 Filer ID (Ethics Commission Filers)		
3	Mike Khan				
4 Date 11/30/2023	5 Payee name Marcus Johnson		·		
6 Amount (\$) 1,750.00 ✓ Political contributions intended	7 Payee address; City; State; Zip Code 1103 Dulles Ave., Stafford, TX 77477				
8	(a) Category (See Categories listed at the top of this schedu	(b) Description			
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	ervices			
EXPERIMENT	Check if travel outside of Texas, Complete Schedule T.     Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/15/2023	Marcus Johnson				
Amount (\$) 1,750.00 Reimbursement from political contributions intended	Payee address: City; State; Zip Code 1103 Dulles Ave., Stafford, TX 77477				
	Category (See Categories listed at the top of this schedu	ale) Description			
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor Payment for Services				
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	n, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name	fan Martin Malanan en er samtelin in en en in en			
12/31/2023	Marcus Johnson				
Amount (\$)	Payee address;	City;	State; Zip Code		
1,750.00 Reimbursement from ✓ political contributions intended	1103 Dulles Ave., Stafford, TX 77477				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description			
	Salaries/Wages/Contract Labor	Payment for S	Services		
	Check if travel outside of Texas, Complete Schedul	eT. Check if Austi	n, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED		

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)	anna ann an Stainn an Stainn an Stainn an Stàinn ann an Stàinn ann an Stàinn ann an Stàinn an Stàinn an Stàinn	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Of Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule H: 1	2 FILER N Mike Kh			Altra dan mananan da mangan pangan da san da kanana da san da kanana sa san da sa	3 Filer ID (Ethic	s Commission Filers)
4 Date 12/20/2023	5 Business				1	
6 Amount (\$) 5,000.00	7 Business address;       City;       State;       Zip Code         6161 Savoy Dr., #910, Houston, TX 77036					
8 PURPOSE OF EXPENDITURE				(b) Description Radio Ad Campaign		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austir			n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	140 million (171) 1	ate / Officeholder name		Office sought		Office held
Date	Busines	s name				
Amount (\$)	Busines	s address;	New (1993) (A. A. A	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense				expense	
Complete <u>ONLY</u> if direct Candidate / Off expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Busines	s name	an da mana a san san san san san san san san sa		n den de service andre en en en en en en en en de service de service de la décisión en et el un de la décisión de	
Amount (\$)	Busines	s address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this top of this top of the second se	schedule)	Description		
-	Check if travel outside of Texas. Complete Schedule T.		Check if Austi	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	141 411 101 101	date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

	The Instruction Guide explains how to complete the Complete only if "Report Type" on page 1 is marked	
	•• Complete only if "Report Type" on page 1 is marked	an a
C/OH		2 Filer ID (Ethics Commission Filers)
	Khan	
SIGN	ATURE	
desigr	ot expect any further political contributions or political expenditures in connection nating a report as a final report terminates my campaign treasurer appointment. aign contributions or make any campaign expenditures without a campaign treas	I also understand that I may not accept any
	S	ignature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. ••	
Α.	CAMPAIGN FUNDS	
Che	eck only one:	
	I do not have unexpended contributions or unexpended interest or income ea	rned from political contributions.
	I have unexpended contributions or unexpended interest or income earned fr may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexp unexpended contributions or unexpended interest or income earned on politi filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the re-	or income earned on political contributions t ended contributions and that I may not retain cal contributions longer than six years after ad political contributions and unexpended
B.	ASSETS	
Che	eck only one:	
	I do not retain assets purchased with political contributions or interest or othe	er income from political contributions.
	I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254,204.	t or other income from political contributions t
		Signature of Candidate
5 OFF c	I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contril an officeholder, I retain political contributions, interest or other income from po political contributions or interest or other income from political contributions.	litical contributions, or assets purchased with
		Signature of Officeholder
	ovided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17