

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Files)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.5em;">REC'D-BBM</div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">JAN 16 2024</div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.1em;">FORT BEND COUNTY ELECTIONS</div>	
	Mr. Nabil R		
	NICKNAME LAST SUFFIX		
	Shike		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		
Change of Address	7500 Branford Place Unit 1101, Sugar Land Texas 77479		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(832) 755-0922		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Received	
	Mrs. Nuzhat		
	NICKNAME LAST SUFFIX		
	Alvi		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE	Date Hand-delivered or Date Postmarked	
(Residence or Business)	3632 Springview Dr, Rosenberg Texas 77469		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$	
	(832) 274-1063		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 01 23 12 31 23		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	Primary Runoff Other Description	
	03 05 24	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Fort Bend County Pct 3 Constable	Fort Bend County Pct 3 Constable	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Nabil Shike		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,600 ^{36,600} (2021)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,863.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,736.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

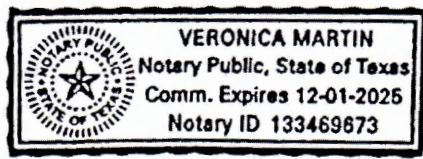
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Nabil Shike

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nabil Shike this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

Veronica Martin Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME
Nabil Shiko

3 Filer ID (Ethics Commission Filer)

4 Date
08/08/23

5 Full name of contributor (out of state PAC ID#)
Tanweer Ahmed

7 Amount of contribution (\$)
\$25,000.00

6 Contributor address, City, State, Zip Code
17154 Bulite Creek Rd, Houston Texas 77090

8 Principal occupation / Job title (See Instructions)
Self Employed

9 Employer (See Instructions)
Self Employed

Date
12/16/23

Full name of contributor (out of state PAC ID#)
Joshua Clark

Amount of contribution (\$)
\$250.00

Contributor address, City, State, Zip Code
3800 University Blvd, West University Place, Texas 77005

Principal occupation / Job title (See Instructions)
Police Officer

Employer (See Instructions)
West University Police Dept.

Date
12/16/23

Full name of contributor (out of state PAC ID#)
Saba Umar

Amount of contribution (\$)
\$250.00

Contributor address, City, State, Zip Code
17407 Woodfalls Ln, Richmond, TX 77407

Principal occupation / Job title (See Instructions)
Clerk

Employer (See Instructions)
Fort Bend County

Date
12/16/23

Full name of contributor (out of state PAC ID#)
Anis Damani

Amount of contribution (\$)
\$100.00

Contributor address, City, State, Zip Code
12151 Breezy Meadow Dr, Stafford, TX 77477

Principal occupation / Job title (See Instructions)
Self Employed

Employer (See Instructions)
Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/23	5 Full name of contributor out-of-state PAC (ID# _____) Mohammad Shahid Javed 6 Contributor address, City, State, Zip Code 2305 Avalon St, Beaumont Texas 77707	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Doctor
Date 12/16/23	Full name of contributor out-of-state PAC (ID# _____) Thomas George Contributor address; City, State, Zip Code 8711 Emerald Heights Ct, Houston Texas 77083	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) TGM Printing
Date 12/18/23	Full name of contributor out-of-state PAC (ID# _____) Milton O'Gilvie Contributor address; City, State, Zip Code 9930 Sendera Dr, Magnolia Texas 77354	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Police Captain - Retired		Employer (See Instructions) Retired - Metro Police Dept.
Date	Full name of contributor out-of-state PAC (ID# _____) Aijaz Ali khowaja Contributor address, City, State, Zip Code 9494 Southwest Freeway, Houston Texas	Amount of contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Doctor
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

Reset Form

s st: **Reset Page**

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2	
2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$6,000.00	
5 Date 12/23/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Husein Hadi	8 Amount of Contribution \$ \$4500.00	9 In-kind contribution description Billboard
7 Contributor address, City, State, Zip Code 7100 Regency Square #140, Houston Texas		Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL)(See Instructions) Hadi Law Firm	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ahmed Kamal & Rahim Rupani	Amount of Contribution \$ \$1500.00	In-kind contribution description Event Sponsorship
Contributor address, City, State, Zip Code 4820 Techniplex Dr, Stafford Texas 77477		Check if travel outside of Texas Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self Employed		Employer (FOR NON-JUDICIAL)(See Instructions) Kamal Hospitality	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officerholder/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 Nabil Shike	3 Filer ID (Ethics Commission Filers)
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4 Date 11/13/23	5 Payee name Fort Bend Democratic Party
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6 Amount (\$) 1,000.00	7 Payee address; City, State, Zip Code 13515 Southwest Freeway, Sugar Land Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees, Candidate Filing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date 12/15/23	Payee name Office Depot
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Amount (\$) \$710.00	Payee address; City, State, Zip Code 15375 Southwest Freeway, Sugar Land Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date 12/27/23	Payee name TGM Printing
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Amount (\$) \$1,000	Payee address; City, State, Zip Code 13910 Murphy Rd, Stafford Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Nabil Shike	3 Filer ID (Ethics Commission Filers)
4 Date 12/13/23	5 Payee name Mason Williams	
6 Amount (\$) \$2,500.00	7 Payee address: City: State: Zip Code 1215 Sawyer, Houston Texas	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Block Walking, Phone Banking
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 12/15/23	Payee name Fountain Lake Liquor Store	
Amount (\$) \$985.18	Payee address: City: State: Zip Code 12507 Dairy Ashford, Sugar Land	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Beverages
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 12/16/23	Payee name Mai Colachi Restuarant	
Amount (\$) \$2,000.00	Payee address: City: State: Zip Code 15425 Southwest Freeway, Sugar Land Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food/Catering
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | 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 Nabil Shike	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/23	5 Payee name Exchange Club of Fort Bend County
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6 Amount (\$) \$645.00	7 Payee address, City, State, Zip Code 420 Sugar Creek Blvd, Sugar Land Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Sponsorship
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/23	Payee name Exchange Club of Fort Bend County
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Amount (\$) \$475.00	Payee address, City, State, Zip Code 420 Sugar Creek Blvd, Sugar Land Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Sponsorship
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/23	Payee name Fort Bend Tejano Democrats
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Amount (\$) \$100.00	Payee address, City, State, Zip Code 13515 Southwest Freeway, Sugar Land Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee's	Description Fee's
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rentals Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Nabil Shike	3 Filer ID (Ethics Commission Filers)
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4 Date 9/25/23	5 Payee name Children Orphanage of House Of Angels
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6 Amount (\$) \$500.00	7 Payee address 10700 Richmond Ave, Houston Texas	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description non-profit donation to assist orphaned kids
	(c) Check if travel outside of Texas. Complete Schedule T	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/23	Payee name Tameika Carter for Judge
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Amount (\$) \$100.00	Payee address, 301 Jackson St, Richmond Texas	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Made by candidate	Description Political Event.
	Check if travel outside of Texas. Complete Schedule T	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/23	Payee name Child Advocates of Fort Bend County
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Amount (\$) \$100.00	Payee address, 5403 Avenue N, Rosenberg Texas	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Non-Profit donation benefiting Children
	Check if travel outside of Texas. Complete Schedule T	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Bookkeeping | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Nabil Shike	3 Filer ID (Ethics Commission Filers)
4 Date 11/13/23	5 Payee name Fort Bend Democratic Party	
6 Amount (\$) 1,000.00	7 Payee address, City, State, Zip Code 13515 Southwest Freeway, Sugar Land Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Democratic Party Candidate Book
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/15/23	Candidate / Officeholder name Ivan Sanchez for City Council	
Amount (\$) 100.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution to Candidate	Description Political Event
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>	
Candidate / Officeholder name Office sought Office held		
Date 11/07/23	Payee name The Home Depot	
Amount (\$) \$812.72	Payee address, City, State, Zip Code 15505 Southwest Freeway, Sugar Land Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description 4x8 & 4x2 T-Post and Zip Ties
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>	
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Marketing	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)	
4 Date 11/28/23		5 Payee name Mr Ji Connections, LLC			
6 Amount (\$) 1,125.81		7 Payee address: PO Box 2082, Missouri City Texas City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Magazine		
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/17/23		Candidate / Officeholder name Office sought Office held			
Payee name Office Depot		City: State: Zip Code			
Amount (\$) \$710.00		Payee address: 15375 Southwest Freeway, Sugar Land Texas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Stamps		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Date 11/06/23		Payee name TGM Printing			
Amount (\$) \$3,000.00		Payee address: 13910 Murphy Rd, Stafford Texas City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Push Cards, Door Hangers, Yard Signs		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Files)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Nabil Shike			R
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	7500 Branford Place Unit 1101, Sugar Land Texas 77479		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	755-0922	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs. Nuzhat Alvi			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE # CITY STATE ZIP CODE
	3632 Springview Dr, Rosenberg Texas 77469		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	274-1063	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	07	01	23
THROUGH		Month	Day
		12	31
		Year	23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03 / 05 / 24		Primary	Runoff
		General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Fort Bend County Pct 3 Constable		Fort Bend County Pct 3 Constable
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **Nabil Shike** 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,600 36,600
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,863.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,736.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

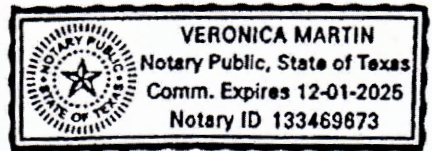
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Nabil Shike

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nabil Shike this the 16th day of January.

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

[Signature] Veronica Martin Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME
Nabil Shiko

3 Filer ID (Ethics Commission Only)

4 Date
08/08/23

5 Full name of contributor out-of-state PAC (ID# _____)
Tanweer Ahmed

7 Amount of contribution (\$) **\$25,000.00**

6 Contributor address City State Zip Code
17154 Butte Creek Rd, Houston Texas 77090

8 Principal occupation / Job title (See Instructions)
Self Employed

9 Employer (See Instructions)
Self Employed

Date
12/16/23

Full name of contributor out-of-state PAC (ID# _____)
Joshua Clark

Amount of contribution (\$) **\$250.00**

Contributor address City State Zip Code
3800 University Blvd, West University Place, Texas 77005

Principal occupation / Job title (See Instructions)
Police Officer

Employer (See Instructions)
West University Police Dept.

Date
12/16/23

Full name of contributor out-of-state PAC (ID# _____)
Saba Umar

Amount of contribution (\$) **\$250.00**

Contributor address City State Zip Code
17407 Woodfalls Ln, Richmond, TX 77407

Principal occupation / Job title (See Instructions)
Clerk

Employer (See Instructions)
Fort Bend County

Date
12/16/23

Full name of contributor out-of-state PAC (ID# _____)
Anis Damani

Amount of contribution (\$) **\$100.00**

Contributor address City State Zip Code
12151 Breezy Meadow Dr, Stafford, TX 77477

Principal occupation / Job title (See Instructions)
Self Employed

Employer (See Instructions)
Self Employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/23	5 Full name of contributor out-of-state PAC (ID# _____) Mohammad Shahid Javed	7 Amount of contribution (\$) \$1,000.00
6 Contributor address, City, State, Zip Code 2305 Avalon St, Beaumont Texas 77707		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Doctor
Date 12/16/23	Full name of contributor out-of-state PAC (ID# _____) Thomas George	Amount of contribution (\$) \$500.00
Contributor address; City, State, Zip Code 8711 Emerald Heights Ct, Houston Texas 77083		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) TGM Printing
Date 12/18/23	Full name of contributor out-of-state PAC (ID# _____) Milton O'Gilvie	Amount of contribution (\$) \$500.00
Contributor address; City, State, Zip Code 9930 Sendera Dr, Magnolia Texas 77354		
Principal occupation / Job title (See Instructions) Police Captain - Retired		Employer (See Instructions) Retired - Metro Police Dept.
Date	Full name of contributor out-of-state PAC (ID# _____) Aijaz Ali khowaja	Amount of contribution (\$) \$3,000.00
Contributor address, City, State, Zip Code 9494 Southwest Freeway, Houston Texas		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Doctor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2	
2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$6,000.00	
5 Date 12/23/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Husein Hadi	8 Amount of Contribution \$ \$4500.00	9 In-kind contribution description Billboard
7 Contributor address, City, State, Zip Code 7100 Regency Square #140, Houston Texas		Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL)(See Instructions) Hadi Law Firm	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ahmed Kamal & Rahim Rupani	Amount of Contribution \$ \$1500.00	In-kind contribution description Event Sponsorship
Contributor address, City, State, Zip Code 4820 Techniplex Dr, Stafford Texas 77477		Check if travel outside of Texas Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self Employed		Employer (FOR NON-JUDICIAL)(See Instructions) Kamal Hospitality	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)	
4 Date 11/13/23		5 Payee name Fort Bend Democratic Party			
6 Amount (\$) 1,000.00		7 Payee address; City, State, Zip Code 13515 Southwest Freeway, Sugar Land Texas			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fees, Candidate Filing Fee		
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/15/23		Payee name Office Depot			
Amount (\$) \$710.00		Payee address; City, State, Zip Code 15375 Southwest Freeway, Sugar Land Texas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Stamps		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/27/23		Payee name TGM Printing			
Amount (\$) \$1,000		Payee address; City, State, Zip Code 13910 Murphy Rd, Stafford Texas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Signs		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Nabil Shike	3 Filer ID (Ethics Commission Filers)
----------------------------------	------------------------------------	--

4 Date 12/13/23	5 Payee name Mason Williams
---------------------------	---------------------------------------

6 Amount (\$) \$2,500.00	7 Payee address: 1215 Sawyer, Houston Texas
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Block Walking, Phone Banking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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
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Date 12/15/23	Payee name Fountain Lake Liquor Store
------------------	--

Amount (\$) \$985.18	Payee address: 12507 Dairy Ashford, Sugar Land
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Beverages
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/23	Payee name Mai Colachi Restuarant
------------------	--------------------------------------

Amount (\$) \$2,000.00	Payee address: 15425 Southwest Freeway, Sugar Land Texas
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food/Catering
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Nabil Shike	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/23	5 Payee name Exchange Club of Fort Bend County
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6 Amount (\$) \$645.00	7 Payee address, City, State, Zip Code 420 Sugar Creek Blvd, Sugar Land Texas
----------------------------------	---

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/23	Payee name Exchange Club of Fort Bend County
------------------	---

Amount (\$) \$475.00	Payee address, City, State, Zip Code 420 Sugar Creek Blvd, Sugar Land Texas
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Sponsorship
	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	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/23	Payee name Fort Bend Tejano Democrats
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Amount (\$) \$100.00	Payee address, City, State, Zip Code 13515 Southwest Freeway, Sugar Land Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee's	Description Fee's
	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	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 2(a)

- | | | | |
|--|-------------------------------|---------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Voluntary Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rentals Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Nabil Shike	3 Filer ID (Ethics Commission Filers)
4 Date 9/25/23	5 Payee name Children Orphanage of House Of Angels	
6 Amount (\$) \$500.00	7 Payee address 10700 Richmond Ave, Houston Texas <small>City State Zip Code</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description non-profit donation to assist orphaned kids
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 9/22/23	Payee name Tameika Carter for Judge	
Amount (\$) \$100.00	Payee address, 301 Jackson St, Richmond Texas <small>City State Zip Code</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Made by candidate	Description Political Event.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 9/26/23	Payee name Child Advocates of Fort Bend County	
Amount (\$) \$100.00	Payee address, 5403 Avenue N, Rosenberg Texas <small>City State Zip Code</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Non-Profit donation benefiting Children
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/R reimbursement	Solicitation/Fundraising Expense
Accounting/Taxing	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officer/holder/Political Committee	Legal Services		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 Nabil Shike	3 Filer ID (Ethics Commission Filers)
----------------------------------	------------------------------------	--

4 Date 11/13/23	5 Payee name Fort Bend Democratic Party
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6 Amount (\$) 1,000.00	7 Payee address, City, State, Zip Code 13515 Southwest Freeway, Sugar Land Texas
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Democratic Party Candidate Book
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 10/15/23	Payee name Ivan Sanchez for City Council
------------------	---

Amount (\$) 100.00	Payee address, City, State, Zip Code 901 Baby St, Houston Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution to Candidate	Description Political Event
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 11/07/23	Payee name The Home Depot
------------------	------------------------------

Amount (\$) \$812.72	Payee address, City, State, Zip Code 15505 Southwest Freeway, Sugar Land Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description 4x8 & 4x2 T-Post and Zip Ties
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Nabil Shike	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/23	5 Payee name Mr Ji Connections, LLC	
6 Amount (\$) 1,125.81	7 Payee address: City: State: Zip Code PO Box 2082, Missouri City Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Magazine
	(c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/17/23	Payee name Office Depot	
Amount (\$) \$710.00	Payee address, City: State: Zip Code 15375 Southwest Freeway, Sugar Land Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stamps
	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	Candidate / Officeholder name	Office sought Office held
Date 11/06/23	Payee name TGM Printing	
Amount (\$) \$3,000.00	Payee address, City: State: Zip Code 13910 Murphy Rd, Stafford Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards, Door Hangers, Yard Signs
	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	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED