

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Nabil Shike			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY, STATE ZIP CODE
	7500 Branford Place #1101 Sugar Land TX 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
Nuzhat Alvi			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY, STATE, ZIP CODE
	3632 Spring View Rosenberg TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	()	832-274-1063	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	01/26/2024		THROUGH 02/24/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03/05/2024		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE TITLE	13 OFFICE LOCATION	
	Fort Bend County Pct 3 Constable		Fort Bend County Pct 3 Constable
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIAL	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY	
Date Received	
RECVD VIA EMAIL 02/26/2024 FORT BEND COUNTY ELECTIONS	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

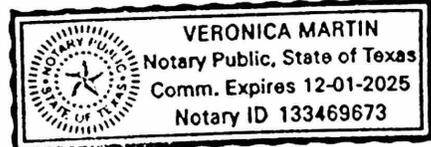
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,780. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,697. ⁴⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,818. ⁸²
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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 26th day of Feb.

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

Veronica Martin Printed name of officer administering oath
Veronica Martin Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$27,780
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$8,697.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 02/02/ 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flor Gonzalez 6 Contributor address; City; State; Zip Code 5151 Edloe St, Houston TX	7 Amount of contribution (\$) \$30
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
Date 02/01/ 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adriana Magana Contributor address; City; State; Zip Code 9115 Leawood Blvd, Houston TX	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Key Stone Advisor
Date 02/01/ 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jean Lopez Contributor address; City; State; Zip Code 13511 Sarento Village	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 02/01/ 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandi Fitzgerald Contributor address; City; State; Zip Code 14555 Phillippine St, Houston TX	Amount of contribution (\$) \$25
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 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raed Alfaleet 6 Contributor address, City, State, Zip Code 11919 University Blvd, Sugarland TX	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Fit & Kick
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorraine Nwora Contributor address, City, State, Zip Code 24500 Wildwood Park Richmond TX	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Prosecutor		Employer (See Instructions) Washington County DA Office
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ray Ali Contributor address, City, State, Zip Code 5707 Val Verde St, Houston TX	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Huzu Productions
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Khan Contributor address, City, State, Zip Code 12638 Bissonnet St, Houston TX	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Plumbers Local Union No. 68 6 Contributor address, City, State, Zip Code P.O Box 8746, Houston TX	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions) PAC FUND		9 Employer (See Instructions) PAC FUND
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Torres Jr Contributor address, City, State, Zip Code 21 Briar Hollow, Houston TX	Amount of contribution (\$) \$1,000
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Soren Valverde Contributor address, City, State, Zip Code 11703 Pender Ln, Richmond TX	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Sign Maker		Employer (See Instructions) M3 Graphics
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen Saunders Contributor address, City, State, Zip Code 13 Whitworth Way, Sugarland TX	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Signup RX

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1.

2 FILER NAME

Nabil Shike

3 Filer ID (Ethics Commission Filers)

4 Date

**02/22/
2024**

5 Full name of contributor

Tajdin Momin

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$10,000

6 Contributor address;

City;

State;

Zip Code

35 Candence Ct, Richmond TX

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Self Employed

Date

**01/17/
2024**

Full name of contributor

Anil & Sumedha Verma

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$4,000

Contributor address;

City;

State;

Zip Code

5 Camden Ct, Sugar Land TX

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self Employed

Date

**02/16/
2024**

Full name of contributor

Jeremy Gutierrez

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$6,000

Contributor address;

City;

State;

Zip Code

P.O Box 3031, Bellaire TX

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Savant Energy LLC

Date

**01/10/
2024**

Full name of contributor

Louis Restrepo

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$2,500

Contributor address;

City;

State;

Zip Code

15210 Ledgewood Park Dr, Cypress TX

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Nabil Shike		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salman Razaqi	7 Amount of contribution (\$) \$2000
6 Contributor address; City; State; Zip Code 11919 University Blvd, Sugarland TX		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Nabil Shike	3 Filer ID (Ethics Commission Filers)
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4 Date 02/21/24	5 Payee name TGM Printing
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6 Amount (\$) \$1400	7 Payee address: 13910 Murphy Rd, Stafford TX	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(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
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Date 02/02/24	Payee name Texas Democrat Party
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Amount (\$) \$1100	Payee address: 1311 E 6th St, Austin TX	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Texas VAN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/30/24	Payee name The Home Depot
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Amount (\$) \$933.87	Payee address: 15505 SW Freeway Sugar Land TX	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description T-Post/Stakes/Zip Ties
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
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

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 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 01/26/24	5 Payee name TGM Printing
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6 Amount (\$) \$1563.60	7 Payee address, City, State, Zip Code 13910 Murphy Rd, Stafford TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(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 02/01/2024	Payee name Neda Hidareda
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Amount (\$) \$2200	Payee address, City, State, Zip Code 7204 Town Center Blvd, Rosenberg TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment	Description Truck
	<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 01/30/24	Payee name Reset Houston
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Amount (\$) \$1500	Payee address, City, State, Zip Code 606 Dennis St, Houston TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description Fundraising Event Expense
	<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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