

# UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

### OFFICE USE ONLY

Date Received

JAN 17 2024 RCVD

Method of Delivery

Date Processed

**1 FILER ID:**  
(Ethics Commission filers)

**2 NAME OF FILER**  
(PLEASE TYPE OR PRINT)

AGEEL VIRK

**3 TYPE OF FILER**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> CANDIDATE/ OFFICEHOLDER | <input type="checkbox"/> POLITICAL COMMITTEE |
| <input type="checkbox"/> JUDICIAL CANDIDATE/ OFFICEHOLDER   | <input type="checkbox"/> POLITICAL PARTY     |
| <input type="checkbox"/> PERSONAL FINANCIAL STATEMENT       | <input type="checkbox"/> STATE/COUNTY CHAIR  |
| <input type="checkbox"/> DIRECT CAMPAIGN EXPENDITURE        |  |

**4 TYPE OF REPORT**

**5 DUE DATE**

Jan 16 2024

### 6 UNSWORN DECLARATION:

My name is AGEEL VIRK, and my date of birth is 08/14/1983.

My Address is 14015 Blue Vista Dr, Sugar Land, TX, 77488, Fort Bend.  
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in Fort Bend County, State of TX, on the 16 day of Jan, 20 24.

Ageel Virk  
Signature of Filer/ Committee Representative  
(Declarant)

# 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 <u>M.R.</u> NICKNAME	FIRST <u>ABEEL</u> LAST <u>VIRK</u>	MI <u>M</u> SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>14015 Blue Vista Drive Sugar Land TX</u> <u>77498</u>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(713)</u>	PHONE NUMBER <u>702-2070</u>	EXTENSION
Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Dr</u> NICKNAME	FIRST <u>Umesh</u> LAST <u>Virk</u>	MI  SUFFIX
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>2027 Grand Terrace Sugar Land TX</u> CITY: <u>TX</u> STATE: <u>TX</u> ZIP CODE: <u>77479</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(713)</u>	PHONE NUMBER <u>884-5434</u>	EXTENSION
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"/> 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 <u>08 / 30 / 2023</u> THROUGH <u>12 / 31 / 2024</u> Month Day Year		
11 ELECTION	ELECTION DATE Month Day Year <u>03 / 05 / 2024</u>		ELECTION TYPE <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 HELD (if any)	13 OFFICE SOUGHT (if known) <u>FORT BEND COUNTY CONSTABLE PJ3</u>	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

AGEEL VIRK

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6006.75
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 750
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1000
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Grand Total: 27,150.75

# 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: <b>7</b>
2 FILER NAME <b>Usama Khan AGEEL VIRK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/27/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Usama Khan</b>	7 Amount of contribution (\$) <b>10</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/24/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Asifa Sarfraz</b>	Amount of contribution (\$) <b>30</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Khauha Bashrat</b>	Amount of contribution (\$) <b>10</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Khauha Bashrat Khalif</b>	Amount of contribution (\$) <b>10</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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: 4

2 FILER NAME AQEEL VIRK 3 Filer ID (Ethics Commission Filers)

4 Date <u>10/10/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Khanza Kashif</u>	7 Amount of contribution (\$) <u>25</u>
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>10/10/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bamar Umar</u>	Amount of contribution (\$) <u>25</u>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/6/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Standard International Enterprise</u>	Amount of contribution (\$) <u>25</u>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/6/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sadaguet Ali</u>	Amount of contribution (\$) <u>10</u>
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

# 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: <b>6</b>
2 FILER NAME <b>AQEEL VIRK</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/27/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Riaz Khan</b>	7 Amount of contribution (\$) <b>20</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/27/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shouid Khan</b>	Amount of contribution (\$) <b>10</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/27/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shan Khan</b>	Amount of contribution (\$) <b>10</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/27/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Waqas shafiqat</b>	Amount of contribution (\$) <b>10</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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 PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>AGEEL VIRK</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/11/2023</i>	<b>5</b> Payee name <i>FORT BEND COUNTY ELECTION OFFICE</i>	
<b>6</b> Amount (\$) <i>1000</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>4520 Reading Rd Rosenberg TX 77471</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Application Fee</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By 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: <b>1</b>	2 FILER NAME <b>AQEEL VIRK</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/18/23</b>	5 Payee name <b>AGENT MARKETING GOSQ.COM SUGARLAND TX 77478</b>
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6 Amount (\$) <b>750</b>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>Video</b>
	(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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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