

# 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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em;">Nabil Shikee</div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em;">Shikee</div>	<b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Received</div>  <div style="border: 1px solid black; padding: 5px; margin: 5px;">RECVD VIA EMAIL</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">07/16/2025</div>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX:</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em;">24023 Barnett overlook Richmond Tx 77469</div>	<div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Hand-delivered or Date Postmarked</div> <table border="1" style="width:100%; border-collapse: collapse; margin: 5px;"> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Imaged</div>		Receipt #	Amount \$		
Receipt #	Amount \$						
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em;">(832) 755-0922</div>						
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em;">IVAN</div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em;">SMITH</div>	<div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Hand-delivered or Date Postmarked</div> <table border="1" style="width:100%; border-collapse: collapse; margin: 5px;"> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">Date Imaged</div>		Receipt #	Amount \$		
Receipt #	Amount \$						
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE):</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em;">2425 W LOOP S #502 HOUSTON TX 77027</div>						
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em;">(832) 713-4577</div>						
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>						
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month    Day    Year</div> <div>Month    Day    Year</div> </div> <div style="text-align: center; font-size: 1.2em;">01 / 01 / 2025    THROUGH    06 / 30 / 2025</div>						
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  <div style="font-size: 1.2em;">03 / 03 / 2024</div> </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>						
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">N/A</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">FORT BEND COUNTY JUDGE</div>					
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; padding: 5px; vertical-align: top;"> COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME   COMMITTEE ADDRESS   COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS		
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS						

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# 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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 60,500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,000
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 50,000
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

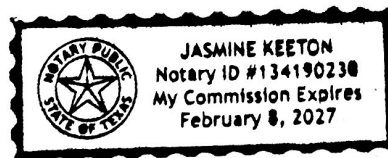
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jasmine Keeton this the 16 day of July,

2025, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Jasmine Keeton  
Printed name of officer administering oath

Branch Operations Lead  
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 Shike		3 Filer ID (Ethics Commission Filers)
4 Date 6/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AHAZ CHAUDRY	7 Amount of contribution (\$) \$50,000
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) PANTHERS PETROLEUM
Date 5/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHANNON SHADEGHBEIGI	Amount of contribution (\$) \$2,000
Contributor address; City; State; Zip Code 5016 LOCKRIDGE SKY LN SUGARLAND TX 77479		
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) SHADI FINE JEWELRY
Date 5/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MUHAMMED ABUHAMDAN	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 3201 HILLCROFT #2 HOUSTON TX 77057		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) ABUHAMDAN Law Firm
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <div style="text-align: center; font-size: 1.2em;">Nabil Shine</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	

5 Date <div style="text-align: center; font-size: 1.2em;">5/16/25</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Junaaid Ashur</div>	8 Amount of Contribution \$ <div style="text-align: center; font-size: 1.2em;">\$1,500</div>	9 In-kind contribution description <div style="text-align: center; font-size: 1.2em;">Event Catering Food / Beverage</div>
7 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">11920 S TEXAS 6 SUGARLAND TX 77498</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="text-align: center; font-size: 1.2em;">Restaurant owner</div>	11 Employer (FOR NON-JUDICIAL) (See Instructions) <div style="text-align: center; font-size: 1.2em;">Aphie's Kitchen</div>
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 <div style="text-align: center; font-size: 1.2em;">5/13/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Aniel Nema</div>	Amount of Contribution \$ <div style="text-align: center; font-size: 1.2em;">\$3,000</div>	In-kind contribution description <div style="text-align: center; font-size: 1.2em;">Event venue space</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">218 Promenade way Sugarland T.X 77474</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="text-align: center; font-size: 1.2em;">HOTEL OWNER</div>	Employer (FOR NON-JUDICIAL) (See Instructions) <div style="text-align: center; font-size: 1.2em;">HAMPTON INN 3 suites Sugarland</div>
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

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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  
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 F1:		<b>2</b> FILER NAME <i>Nabil Shike</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>5/13/25</i>		<b>5</b> Payee name <i>Zeehan Jafri</i>			
<b>6</b> Amount (\$) <i>\$800.00</i>		<b>7</b> Payee address; City; State; Zip Code <i>9518 Coatsworth Dr, Sugarland TX 77498</i>			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		<b>(b)</b> Description <i>Photography</i>		
	<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					
Date <i>5/13/25</i>		Payee name <i>ADIL w/ American Event Management LLC</i>			
Amount (\$) <i>\$525.00</i>		Payee address; City; State; Zip Code <i>6964 SAUNDY DR, HOUSTON TX 77036</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>LED SIGNS</i>		
	<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					
Date <i>5/10/25</i>		Payee name <i>Ruth Printing</i>			
Amount (\$) <i>\$1,675.00</i>		Payee address; City; State; Zip Code <i>4777 Harwin Dr # 501, Houston TX 77036</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>PRINTING Expense</i>		Description <i>Banner, yard signs, push cards T-shirts</i>		
	<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					

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