

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>NIKKI</u> FIRST <u>UCHEM</u> MI <u>P</u> NICKNAME <u>NIKKI</u> LAST <u>UCHEM</u> SUFFIX		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>				Receipt #	Amount \$	Date Processed		Date Imaged											
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Date Imaged																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: <u>14922 HAVENRIDGE</u> APT / SUITE #: CITY: STATE: ZIP CODE <u>DRIVE HOUSTON TX 77083</u> Change of Address		JUL 14 2026 RCVD																			
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE <u>(832)</u> PHONE NUMBER <u>607-5664</u> EXTENSION																					
6 CAMPAIGN TREASURER NAME MS / MRS / MR <u>EMMANUE</u> FIRST <u>CHIME</u> MI <u>O</u> NICKNAME LAST SUFFIX		7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>25814 MARSHBROOK LANE SPRING TX 77387</u> (Residence or Business)																			
8 CAMPAIGN TREASURER PHONE AREA CODE <u>(832)</u> PHONE NUMBER <u>661 - 3698</u> EXTENSION		9 REPORT TYPE <table style="width:100%;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☒ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>				☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)	☒ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)								
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10 PERIOD COVERED Month Day Year <u>03 / 01 / 2026</u> THROUGH Month Day Year <u>07 / 15 / 2026</u>		11 ELECTION ELECTION DATE Month Day Year <u>11 / 03 / 2026</u> ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special																			
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>FOR BEYOND COUNTY PRECINCT 4 COMMISSIONER</u>																			
14 NOTICE FROM POLITICAL COMMITTEE(S) 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;">☒ GENERAL</td> <td style="padding: 2px;"><u>NIKKI'S CAMPAIGN</u></td> </tr> <tr> <td style="padding: 2px;">☐ SPECIFIC</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td style="padding: 2px;"><u>14922 HAVENRIDGE DRIVE HOUSTON TX 77083</u></td> </tr> <tr> <td></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 2px;"><u>EMMANUEL CHIME</u></td> </tr> <tr> <td></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td style="padding: 2px;"><u>25814 MARSHBROOK LANE SPRING TX 77387</u></td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	☒ GENERAL	<u>NIKKI'S CAMPAIGN</u>	☐ SPECIFIC	COMMITTEE ADDRESS		<u>14922 HAVENRIDGE DRIVE HOUSTON TX 77083</u>		COMMITTEE CAMPAIGN TREASURER NAME		<u>EMMANUEL CHIME</u>		COMMITTEE CAMPAIGN TREASURER ADDRESS		<u>25814 MARSHBROOK LANE SPRING TX 77387</u>
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GO TO PAGE 2

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 NIKEIRU P. UGHEM		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/26	5 Full name of contributor out-of-state PAC (ID#: CAPTAIN & IFEOMA DIKE 6 Contributor address; City; State; Zip Code 8919 Aspen Meadow Dr. Houston TX 77011	7 Amount of contribution (\$) 200
8 Principal occupation / Job title (See Instructions) Business owner / Nurse RN		9 Employer (See Instructions) Ben Tuals
Date 06/22/26	Full name of contributor out-of-state PAC (ID#: Tomy Ndubuisi Ugboke Contributor address; City; State; Zip Code 14315 Toney Forest Dr. Houston TX 77014	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) Business owner / Healthcare		Employer (See Instructions) Business owner
Date 06/03/26	Full name of contributor out-of-state PAC (ID#: Carolynne L. Etoame Contributor address; City; State; Zip Code 14007 River Key Dr. Houston TX 77085	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions) Business owner / Healthcare		Employer (See Instructions) Business owner
Date 07/13/26	Full name of contributor out-of-state PAC (ID#: VITAS NWATELE Contributor address; City; State; Zip Code 947 Hazel Pine Ave SE Salem Or. 97306	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) MD - Doctor		Employer (See Instructions) Salem Clinic Oregon
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 NDEIRU P. UCHEN		3 Filer ID (Ethics Commission Filers)
4 Date 07/09/26	5 Full name of contributor out-of-state PAC (ID#: Francis Home Health LLC. 6 Contributor address; City; State; Zip Code Richmond TX 7046	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) Nurse - RN		9 Employer (See Instructions) Business owner - Director
Date 7/13/26	Full name of contributor out-of-state PAC (ID#: Oma Wumi Ezechigbo Contributor address; City; State; Zip Code 9100 Southwest Fwy Suite 165 Houston TX 77057	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Business owner
Date 04/09/26	Full name of contributor out-of-state PAC (ID#: Chidi Okwuaka Contributor address; City; State; Zip Code 2502 Griggs St Pearland TX 77584	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) PA		Employer (See Instructions) Methodist Hospital
Date 6/22/26	Full name of contributor out-of-state PAC (ID#: Bonnie Ojiaku Contributor address; City; State; Zip Code 8617 Edridge Dr Houston TX 77083	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions) Business owner Healthcare		Employer (See Instructions) Business owner
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

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2 FILER NAME NKEIRU P. UCHEN		3 Filer ID (Ethics Commission Filers)
4 Date 05/06/26	5 Full name of contributor out-of-state PAC (ID#: CHIKEZIE OCHIEZE	7 Amount of contribution (\$) 300
6 Contributor address; City; State; Zip Code 1011 Champion's Dr. Lytle TX 75901		
8 Principal occupation / Job title (See Instructions) MD - Doctor		9 Employer (See Instructions)
Date 05/08/26	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/01/26	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Nancy Kibs 2711 NE 164th place Vancouver Washington	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) nurse - RN		Employer (See Instructions)
Date 07/06/26	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Esther C. Awdogbu 811 Threadneedle Dr. Houston TX 77079	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) SLP		Employer (See Instructions) california & houston private practice
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

FILER NAME: NKEIRU P. UGHEM (NIKEI Emmanuel)

\$

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Revised 1/1/2026

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. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1950.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1545.77
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 150.
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 NKEIRU P. UCHEN (NKEIRI EMMANUEL)		3 Filer ID (Ethics Commission Filers)																																																						
4 Date 5/12/26	5 Payee name OSITE AFRI CAN HOT POT																																																								
6 Amount (\$) 150	7 Payee address; 11919 Bissonnet Ave	City;	State; Zip Code																																																						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Restaurant		(b) Description Food for snacks & drinks used for campaign meeting																																																						
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
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Date	Name of person from whom amount is received	Amount (\$)
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	Purpose for which amount is received Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

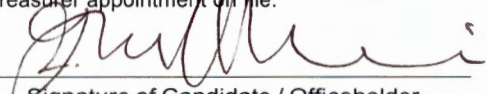
1 C/OH NAME

Nkeiru P. Uchem (Nikki Emmanuel)

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

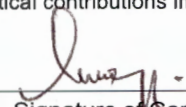
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



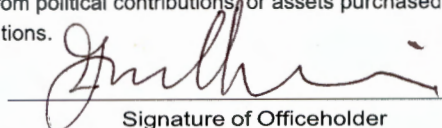
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

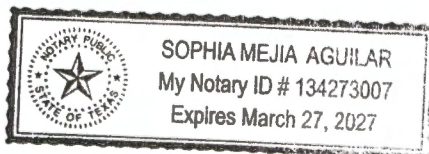
Filer name	Filer ID #
------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by Nkeiru Prisca Uchem. this the 13th day of July, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath Sophia Mejia Aguilar. Notary officer.
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 Filer (Declarant)

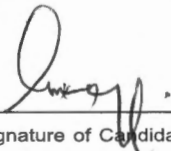
**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>NKEIRU P. UCHEM</u> <u>(NICKY EMMANUEL)</u>		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)	\$ <u>1950</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1950</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1545.77</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1545.77</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

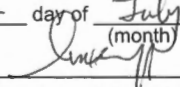
NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Nkeiru P. Uchem, and my date of birth is 11/08/1974.
My address is 14922 Havenidge Drive, Houston, TX, 77083, Fort Bend.
(street) (city) (state) (zip code) (country)
Executed in Fort Bend County, State of Texas, on the 14 day of July, 20 26.
(month) (year)

Signature of Candidate/Officeholder (Declarant)