

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Robert Nnake		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6585.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9636.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8569.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

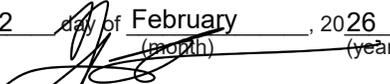
OR

(2) Unsworn Declaration

My name is Robert Nnake, and my date of birth is 10/27/1984.

My address is 10510 Aliana Trace Drive, Richmond, TX, 77407, United States.
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 22 day of February, 2026.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Robert Nnake		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6585.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9636.25
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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: 7
2 FILER NAME Robert Nnake		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chukwuma Uvuka	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1007 Auburn view Lane Fresno TX77545		
8 Principal occupation / Job title (See Instructions) Respiratory therapy		9 Employer (See Instructions) Memorial Hermann
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Nnake	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 7900 Creekbend drive, 801, Houston TX 77071		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shareef Rabie	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 23206 Meadow Cross Ln Katy TX 77494		
Principal occupation / Job title (See Instructions) Data Manager		Employer (See Instructions) HAA
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Octavio Guerra	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 21618 Park Downe Lane Katy TX 77450		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) BP America Production Company

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		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston Elliott <hr/> 6 Contributor address; City; State; Zip Code 12111 Perthshire Rd Houston TX 77024	7 Amount of contribution (\$) <h2 style="margin: 0;">250.00</h2>
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) BMB
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Nnake <hr/> Contributor address; City; State; Zip Code 7900 Creekbend drive, 801, Houston 77071	Amount of contribution (\$) <h2 style="margin: 0;">100.00</h2>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita Okoye <hr/> Contributor address; City; State; Zip Code 5915 White Clover Drive Richmond TX 77469	Amount of contribution (\$) <h2 style="margin: 0;">25.00</h2>
Principal occupation / Job title (See Instructions) Daycare provider		Employer (See Instructions) Honesty kid's academy
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katrina Lambrecht <hr/> Contributor address; City; State; Zip Code 333 W Mifflin St Unit 1258 Madison TX 53703	Amount of contribution (\$) <h2 style="margin: 0;">2000.00</h2>
Principal occupation / Job title (See Instructions) Health care administration		Employer (See Instructions) UW Health

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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		3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wil Jeudy 6 Contributor address; City; State; Zip Code 448 W. 19th St. #501 Houston TX 77008	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) State Political Action Committee		9 Employer (See Instructions) Secular Texas PAC
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Nnake Contributor address; City; State; Zip Code 8719 Deer Meadow Dr Houston TX 77071	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norm Wigington Contributor address; City; State; Zip Code 2610 Glen Haven Blvd Houston TX 77025	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Tilton Contributor address; City; State; Zip Code 418 High Meadows Dr Sugar Land TX 77479	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Tilton & Tilt

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Swisher	7 Amount of contribution (\$) 50.00
02/07/2026	6 Contributor address; City; State; Zip Code 2146 Briarglen Drive Houston TX 77027	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Gillispie	Amount of contribution (\$) 500.00
02/08/2026	Contributor address; City; State; Zip Code 1310 Birkland Pine Ln Houston TX 77043	
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Shell
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emaido Hailey	Amount of contribution (\$) 100.00
02/11/2026	Contributor address; City; State; Zip Code 77 Sugar Creek Center Blvd Sugar Land TX 77478	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Acro Health
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Burth	Amount of contribution (\$) 50.00
02/14/2026	Contributor address; City; State; Zip Code 7409 BROMPTON ST Houston TX 77025	
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) Self

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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		3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) michael skelly	7 Amount of contribution (\$) <h2 style="margin: 0;">250.00</h2>
6 Contributor address; City; State; Zip Code 317 sampson houston TX 77003		
8 Principal occupation / Job title (See Instructions) banker		9 Employer (See Instructions) lazard
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Koum	Amount of contribution (\$) <h2 style="margin: 0;">10.00</h2>
Contributor address; City; State; Zip Code 14714 Jade Glen Court Sugar Land TX 77498		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Walgreens
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Kase	Amount of contribution (\$) <h2 style="margin: 0;">100.00</h2>
Contributor address; City; State; Zip Code 2326 Sunset Blvd Houston TX 77005		
Principal occupation / Job title (See Instructions) Legal counsel		Employer (See Instructions) Harris County Judge
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okwudili Onyekwelu	Amount of contribution (\$) <h2 style="margin: 0;">50.00</h2>
Contributor address; City; State; Zip Code 1335 Mossridge Dr. Missouri City TX 77489		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not 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		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Barger	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 6417 Norway Road Dallas TX 75230		
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Ball	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 16 Manhattan Ave , 1F Brooklyn NY 11206		
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Equinor
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Paul	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 815 Sul Ross St, Apt 3 Houston TX 77006		
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) American Heart Association
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair Parker	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2823 Carnoustie Missouri City TX 77459		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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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		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Graham	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 4342 Cetti Houston TX 77009		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tassjania Lozano	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1509 Main St., #903 Dallas TX 75201		
Principal occupation / Job title (See Instructions) Director of Lending		Employer (See Instructions) DreamSpring
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norm Wigington	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2610 Glen Haven Blvd Houston TX 77025		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
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)

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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: 5	2 FILER NAME Robert Nnake	3 Filer ID (Ethics Commission Filers)
4 Date 2/5/2026	5 Payee name Esther Cuevas	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 404 Oxford St Apt 1431 Houston TX 77007 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/fundraising expense	(b) Description fundraising
	(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
Date 2/2/2026	Payee name Esther Cuevas	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 404 Oxford St Apt 1431 Houston TX 77007 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/fundraising expense	Description fundraising
	<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 2/9/2026	Payee name Cynthia Curcuro	
Amount (\$) 500.00	Payee address; City; State; Zip Code 12010 Kirknoll Dr, Houston, TX 77089 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/fundraising expense	Description fundraising
	<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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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: 5	2 FILER NAME Robert Nnake	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2026	5 Payee name Sprint2Print	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 8748 Clay Road #300 · Houston, Texas 77080 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description printing
	(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
Date 2/3/2026	Payee name Esther Cuevas	
Amount (\$) 500.00	Payee address; City; State; Zip Code 404 Oxford St Apt 1431 Houston TX 77007 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/fundraising expense	Description fundraising
	<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 2/3/2026	Payee name Electric Elmo LLC	
Amount (\$) 500.00	Payee address; City; State; Zip Code 5900 Balcones Dr Ste 100 Austin TX 78731 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description Ethics consulting
	<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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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: 5	2 FILER NAME Robert Nnake	3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2026	5 Payee name Scale to win	
6 Amount (\$) 740.04	7 Payee address; City; State; Zip Code 455 Market St Ste 1940 PMB 546116, San Francisco, CA 94105-2448 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description text advertising
	(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
Date 2/9/2026	Payee name M3 Graphics	
Amount (\$) 247.89	Payee address; City; State; Zip Code 11730 Wilcrest Dr Houston, TX 77099 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Brochure
	<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 2/11/2026	Payee name Mailchimp	
Amount (\$) \$63.96	Payee address; City; State; Zip Code 405 N Angier Ave NE, Atlanta, GA 30308 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Advertising
	<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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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: 5	2 FILER NAME Robert Nnake	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2026	5 Payee name Vibe	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 475 5th Avenue New York, NY 10017 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(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		
Date 2/20/2026	Payee name Bar Louie	
Amount (\$) 108.25	Payee address; City; State; Zip Code 15851 Dallas Parkway, Suite 600, Addison, Texas 75001 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Event
	<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 2/17/2026	Payee name Gion Thomas POP Marketing	
Amount (\$) 3900.00	Payee address; City; State; Zip Code 3513 SW HK Dodgen Loop #200 Temple, TX 76502 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 5	2 FILER NAME Robert Nnake	3 Filer ID (Ethics Commission Filers)
4 Date 2/20/26	5 Payee name Facebook	
6 Amount (\$) 294.00	7 Payee address; 1 Meta Way, Menlo Park, CA 94025 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description expense
	(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		
Date 2/17/2026	Payee name M3 Graphics	
Amount (\$) 182.11	Payee address; 11730 Wilcrest Dr, Houston, TX 77099 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Printing
	<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 (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
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