

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)	\$ 1,875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,274.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,230.48
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 1 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	\$ 1,875.00
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	\$ 3,274.52
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: 3
2 FILER NAME Robert Nnake		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Norm Wigington 2610 Glen Haven Blvd Houston TX 77025	7 Amount of contribution (\$) 100.00
Unemployed		9 Employer (See Instructions) N/A
Date 01/08/2026	Full name of contributor out-of-state PAC (ID#: _____) Nancy Atlas Contributor address; City; State; Zip Code 3262 Westheimer Rd. #629 Houston TX 77098	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Atlas ADR, PLLC
Date 01/08/2026	Full name of contributor out-of-state PAC (ID#: _____) Chinonso 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) Entrepreneur		Employer (See Instructions) Nnake Finance LLC
Date 01/09/2026	Full name of contributor out-of-state PAC (ID#: _____) Lisa Simmons Contributor address; City; State; Zip Code 28611 Benders Crossing Drive Spring TX 77386-1784	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

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: **3**

2 FILER NAME
Robert Nnake

3 Filer ID (Ethics Commission Filers)

4 Date
01/14/2026

5 Full name of contributor out-of-state PAC (ID#: _____)
Courtney Burth

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code
7409 BROMPTON ST Houston TX 77025

8 Principal occupation / Job title (See Instructions)
Insurance

9 Employer (See Instructions)
Self Employed

Date
01/14/2026

Full name of contributor out-of-state PAC (ID#: _____)
Brian Brothman

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
544 Monroe Ave River Forrest, IL 60305

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
DRW

Date
01/14/2026

Full name of contributor out-of-state PAC (ID#: _____)
Annalee Gulley

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
4102 Yupon Street Houston TX 77006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/14/2026

Full name of contributor out-of-state PAC (ID#: _____)
Jonathon Gins

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
1417 Howard Street Taylor TX 76574

Principal occupation / Job title (See Instructions)
Data Director

Employer (See Instructions)
Fair Shot Pac

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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: **3**

2 FILER NAME
Robert Nnake

3 Filer ID (Ethics Commission Filers)

4 Date
1/14/2026

5 Full name of contributor out-of-state PAC (ID#: _____)
Kathryn Moore

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
5742 Tangle Circle Lane Houston TX 77057

350.00

8 Principal occupation / Job title (See Instructions)
Social worker

9 Employer (See Instructions)
VA

Date
1/15/2026

Full name of contributor out-of-state PAC (ID#: _____)
Shay Everitt

Amount of contribution (\$)

Contributor address; City; State; Zip Code
713 Luna Vista Santa Fe NM 87506

50.00

Principal occupation / Job title (See Instructions)
Social worker

Employer (See Instructions)
Kindercare

Date
1/18/2026

Full name of contributor out-of-state PAC (ID#: _____)
EMMANUEL I OBI

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1907 DORIS COURT, DORIS COURT Missouri City TX 77489

25.00

Principal occupation / Job title (See Instructions)
Unemployed

Employer (See Instructions)
Unemployed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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	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: 3	2 FILER NAME Robert Nnake	3 Filer ID (Ethics Commission Filers)
4 Date 1/2/2026	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 1/5/2026	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
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 | 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: 3	2 FILER NAME Robert Nnake	3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2026	5 Payee name Campaign Verify	
6 Amount (\$) 95.00	7 Payee address; City; State; Zip Code 1215 31st Street NW PO Box 3554 Washington, DC 20007-9998 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description campaign verification
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/14/2026	Payee name Grassroots Analytics	
Amount (\$) 1,431.00	Payee address; City; State; Zip Code 806 7th St NW, Washington, DC 20001 <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
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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 | | | |

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1 Total pages Schedule F1: 3	2 FILER NAME Robert Nnake	3 Filer ID (Ethics Commission Filers)
4 Date 1/8/2026	5 Payee name Squarespace	
6 Amount (\$) 82.71	7 Payee address; City; State; Zip Code 459 Broadway New York, New York, <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) credit card payment	(b) Description website
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/5/2026	Payee name M3 Graphics	
Amount (\$) 165.81	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
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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