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

2 Total pages filed: 11

OFFICE USE ONLY

Date Received

JUL 14 2026 RCVD

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: SHAH | MI

NICKNAME | LAST: HALEEM | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

7514 San Clemente Point Ct

Katy , TX 77494

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

8 REPORT TYPE

- ☐ 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)

9 PERIOD COVERED

Month Day Year: 02/22/2026 THROUGH Month Day Year: 06/30/2026

10 ELECTION

ELECTION DATE: Month Day Year: 03/03/2026

ELECTION TYPE

- ☒ Primary
- ☐ Runoff
- ☐ Other
- ☐ General
- ☐ Special

11 OFFICE

OFFICE HELD (if any): None District N/A Fort Bend

12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	HALEEM, SHAH	14 Filer ID

15 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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 925.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,776.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.30
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

18 FILER NAME	**19** Filer ID
HALEEM, SHAH	

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 925.00
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	[X]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	[X]	SCHEDULE E: LOANS	$ 0.00
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 1,776.00
6.	[X]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	[X]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$ 0.00
10.	[ ]	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/11

2 FILER NAME: HALEEM, SHAH

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
02/22/2026	DEVARAKOND, MARUTHI (Mr.)	$25.00
	6 Contributor address; City; State; Zip Code: 3315 RESTON LANDING LN, KATY, TX 77494	
8 Principal occupation / Job title (See Instructions): ENGINEER	9 Employer (See Instructions): BAKER HUGHES	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/22/2026	HOSSAIN, ITRAT (Dr.)	$100.00
	Contributor address; City; State; Zip Code: 1611 LAKESHORE WAY, HOUSTON, TX 77077-3429	
Principal occupation / Job title (See Instructions): PHYSICIAN	Employer (See Instructions): SELF EMPLOYED	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/22/2026	ISLAM, MOHAMMED (Dr.)	$250.00
	Contributor address; City; State; Zip Code: 5280 BERWICK DR, BEAUMONT, TX 77706	
Principal occupation / Job title (See Instructions): PHYSICIAN	Employer (See Instructions): SELF EMPLOYED	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/22/2026	JOHNSON, BARBARA (BJ) (Ms.)	$100.00
	Contributor address; City; State; Zip Code: 16714 QUAIL RUN DR, MISSOURI CITY, TX 77489	
Principal occupation / Job title (See Instructions): RETIRED	Employer (See Instructions): RETIRED	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/22/2026	SHAIKH, BINA (Ms.)	$400.00
	Contributor address; City; State; Zip Code: 2630 W. LAKE DR., SUGAR LAND, TX 77478	
Principal occupation / Job title (See Instructions): OFFICE MANAGER	Employer (See Instructions): BISSONET MEDICAL CENTER	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/11

2 FILER NAME
HALEEM, SHAH

3 Filer ID

4 Date
02/22/2026

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
SHARIF, NAIM (Mr.)

6 Contributor address; City; State; Zip Code
1540 BRIARCLIFF ST

CONROE, TX 77385

7 Amount of Contribution ($)
$50.00

8 Principal occupation / Job title (See Instructions)
FINANCE MANAGER

9 Employer (See Instructions)
TECH

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule B: Sch: 1/1 Rpt: 6/11
2 FILER NAME HALEEM, SHAH	**3** Filer ID shaleem@yahoo.com
4 TOTAL OF UNITEMIZED PLEDGES	**$** 0.00

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#:_____)	**8** Amount of pledge ($)	**9** In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 7/11

2 FILER NAME
HALEEM, SHAH

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS — **$** 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ None

15 Check if personal funds were deposited into political account (See Instructions)
☐

16 GUARANTOR INFORMATION
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 8/11	2 FILER NAME HALEEM, SHAH	3 Filer ID
4 Date 02/27/2026	5 Payee name AMEGY BANK	
6 Amount ($) $2.00	7 Payee address; City; State; Zip Code 3026 SOUTH MASON RD KATY, TX 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

Date 03/31/2026	Payee name AMEGY BANK	
Amount ($) $2.00	Payee address; City; State; Zip Code 3026 SOUTH MASON RD KATY, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

Date 04/30/2026	Payee name AMEGY BANK	
Amount ($) $10.00	Payee address; City; State; Zip Code 3026 SOUTH MASON RD KATY, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 2/3 Rpt: 9/11	HALEEM, SHAH	

4 Date	5 Payee name
05/29/2026	AMEGY BANK
6 Amount ($)	**7** Payee address; City; State; Zip Code
$8.00	3026 SOUTH MASON RD KATY, TX 77494

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense FEES

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
06/30/2026	AMEGY BANK
Amount ($)	Payee address; City; State; Zip Code
$10.00	3026 SOUTH MASON RD KATY, TX 77494

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FEES

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
06/30/2026	GINYARD, CYNTHIA (Ms.)
Amount ($)	Payee address; City; State; Zip Code
$194.00	11418 Oak Lake Ridge Court Sugar Land, TX 77498-7006

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense REPORTS

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 3/3 Rpt: 10/11	HALEEM, SHAH	

4 Date	5 Payee name
04/13/2026	PILGRIM JOURNEY CHURCH

6 Amount ($)	7 Payee address; City; State; Zip Code
$50.00	2022 WILLIAMS WAY BLVD RICHMOND, TX 77469

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense OFFERING DONATION

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/31/2026	TGM PRINTING

Amount ($)	Payee address; City; State; Zip Code
$1,500.00	13910 MURPHY RD STAFFORD, TX 77477

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CARDS/SIGN PRINTING

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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	2 Filer ID
HALEEM, SHAH	shaleem@yahoo.com

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 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 contrubutions. 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 politicial contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder