

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088332	2 Total pages filed: 14		
3 CANDIDATE NAME	MS / MRS / MR Mr.	FIRST Shah M.	MI	OFFICE USE ONLY	
	NICKNAME	LAST Haleem	SUFFIX		
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7514 San Clemente Point Ct. Katy, TX 77494			Date Received ELECTRONICALLY FILED 02/02/2024	
				Date Hand-delivered or Date Postmarked	
	Receipt #		Amount		
	Date Processed			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Marufa	MI		
	NICKNAME	LAST Haleem	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7514 San Clemente Point Ct. Katy, TX 77494				
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 632-3990	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/01/2024		THROUGH	Month Day Year 01/25/2024	
10 CONVENTION / ELECTION DATE	Month Day Year		11 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR	
12 POLITICAL PARTY	Democrat COUNTY (If Applicable) Fort Bend				

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

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

2 of 14

13 CANDIDATE NAME Haleem, Shah M. (Mr.)	14 Filer ID (Ethics Commission Filers) 00088332
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	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)	\$	15,160.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	6,936.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,403.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

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.

Mr. Shah M. Haleem

 Signature of Candidate

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

SUBTOTALS - SC C/OH

18 CANDIDATE NAME Haleem, Shah M. (Mr.)		19 Filer ID 00088332	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
	NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	15,160.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	46.50
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,908.83
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	4,981.64
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> 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: 1/6 Rpt: 4/14
2 FILER NAME Haleem, Shah M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088332
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AFSHAN, CHOWDHURY <hr/> 6 Contributor address; City; State; Zip Code KATY, TX 77493	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) MEMORIAL HERMANN
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHMED, AFZAL <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77581	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) IT AUDIT SPVSR		Employer (See Instructions) HALIBIURTON
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AKHTAR, MUHAMMED <hr/> Contributor address; City; State; Zip Code RICHMOND, TX 77407	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) MEDICAL OFFICE
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAQUI, MOHAMMED <hr/> Contributor address; City; State; Zip Code LEAGUE CITY, TX 77573	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) SELF EMPLOYED
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIMM, SHELLY <hr/> Contributor address; City; State; Zip Code KATY, TX 77450	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/14
2 FILER NAME Haleem, Shah M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088332
4 Date 01/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALEEM, MAGGIE <hr/> 6 Contributor address; City; State; Zip Code KATY, TX 77494	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) KATY ISD
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALEEM, SHAH <hr/> Contributor address; City; State; Zip Code KATY, TX 77494	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) SELF
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALEEM, SHAH <hr/> Contributor address; City; State; Zip Code KATY, TX 77494	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) SELF
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISRAT JAHAN GAZI, DO, PLLC <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77059	Amount of Contribution (\$) \$2,300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KABIR, MOHAMMAD <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SERVICEMAN		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/14
2 FILER NAME Haleem, Shah M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088332
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARIM, MOHAMMED <hr/> 6 Contributor address; City; State; Zip Code THE WOODLANDS, TX 77382	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) BUSINESSMAN		9 Employer (See Instructions) SELF EMPLOYED
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHAN, ASIM <hr/> Contributor address; City; State; Zip Code BATAVIA, IL 60510	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) N&M
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHAN, NAHIDUL <hr/> Contributor address; City; State; Zip Code DULUTH, GA 30097	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) BUSINESS		Employer (See Instructions) FOOD & FIELD CO.
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHAN, RIDWAN <hr/> Contributor address; City; State; Zip Code RICHMOND, TX 77406	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAHIN FAHIM RIMSHA, LLC <hr/> Contributor address; City; State; Zip Code PASADENA, TX 77502	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/14
2 FILER NAME Haleem, Shah M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088332
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAHMOOD, MD. ABDULLAH <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77062	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) SELF
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUHSIN, KAZI <hr/> Contributor address; City; State; Zip Code SUGAR LAND, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) LONE STAR ENERGY
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSTAFA, MUHAMMAD <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78717	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NARSI, SIRAJ <hr/> Contributor address; City; State; Zip Code SUGAR LAND, TX 77498	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) INTEGRATED BUSINESS FINANCE
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAL, INDRANI <hr/> Contributor address; City; State; Zip Code FULSHEAR, TX 77441	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) FINANCE		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/14
2 FILER NAME Haleem, Shah M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088332
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAL, SUMIT <hr/> 6 Contributor address; City; State; Zip Code FULSHEAR, TX 77441	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) CHEVRON
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SERAJ, MIAH <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77034	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAHNEWAJ, KHALID <hr/> Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PARKING OPERATING SPCLST		Employer (See Instructions) DFW AIRPORT
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHEIKH, MUHAMMAD <hr/> Contributor address; City; State; Zip Code SPRING, TX 77381	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) DELOITTE
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIDDIQI, SHAMS <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78738	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) CRESCENT POWER, INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/14
2 FILER NAME Haleem, Shah M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088332
4 Date 01/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SYED, MUJIBUL	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77057	
8 Principal occupation / Job title (See Instructions) BUSINESSMAN		9 Employer (See Instructions) SELF EMPLOYED
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS REGIONAL UNITED MACHINERY SERVICES	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code LEAGUE CITY, TX 77537	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 10/14

2 FILER NAME
Haleem, Shah M. (Mr.)

3 Filer ID (Ethics Commission Filers)
00088332

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: 11/14
2 FILER NAME Haleem, Shah M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088332
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 12/14	2 FILER NAME Haleem, Shah M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088332
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4 Date 01/17/2024	5 Payee name AMEGY BANK
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6 Amount (\$) \$34.50	7 Payee address; City; State; Zip Code 17602 SW FREEWAY SUGAR LAND, TX 77479
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHECKS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2024	Payee name AMEGY BANK
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Amount (\$) \$12.00	Payee address; City; State; Zip Code 17602 SW FREEWAY SUGAR LAND, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RETURNED CHECK FEE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 1/1 Rpt: 13/14	2 FILER NAME Haleem, Shah M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088332
4 CREDIT CARD ISSUER	Name of financial institution BANK OF AMERICA		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00
6 PAYMENT	(a) Amount Charged \$1,908.83	(b) Date of Charge 01/18/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TMG PRINTING	(b) Payee address; City, State, Zip Code 13910 MURPHY RD STAFFORD, TX 77477	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description LARGE SIGNS
	(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

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 14/14	2 FILER NAME Haleem, Shah M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088332
4 Date 01/05/2024	5 Payee name KARACHI/ELITE BANQUET HALL	
6 Amount (\$) \$1,700.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11315 S. TEXAS 6 SUGAR LAND, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN KICK OFF
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2024	Payee name MASALA RADIO	
Amount (\$) \$1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2721 FIELDSTONE ST SUGAR LAND, TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RADIO ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2024	Payee name TGM PRINTING	
Amount (\$) \$1,781.64 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13910 MURPHY RD STAFFORD, TX 77477	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS & DOOR HANGERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held