# 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) 2 Total pages filed:						
			00088332		19	
3 CANDIDATE NAME	MS/MRS/MR	FIRST	N	ΛI	OFFICE U	SE ONLY
	Mr.	Shah M.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST	S	SUFFIX	07/12/2024	
		Haleem				
					Date Hand-delivered or [	Date Postmarked
4 CANDIDATE ADDRESS			CITY; STATE; ZIP CODE			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7514 San Clemente Poir	nt Ct.			Receipt #	Amount
	Vot. TV 77404				Date Processed	
Change of Address	Katy, TX 77494					
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			MI	
NAME	Mrs.	Marufa				
	NICKNAME	LAST			SUFFIX	
	THORW WIL	Haleem			3011 IX	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO P		; APT / SUITE #;	CITY;	STATE;	ZIP CODE
ADDRESS	7514 San Clemente Poir	it Ct.				
(Residence or Business)	Vot. TV 77404					
	Katy, TX 77494					
7 CAMPAICN	ADEA CODE	DUONE	NUMBER		EVTENCION	
7 CAMPAIGN TREASURER	AREA CODE (713) 632-3990	PHONE I	NUMBER		EXTENSION	
PHONE	(713) 032-3990					
8 REPORT TYPE	January 15	30th da	y before convention / election	Г	Runoff	
		_		-	<u></u>	
	X July 15	8th day	before convention / election	L	Final report (At	tach SC C/OH-FR)
9 PERIOD	Month Day \	Year			Month Da	ay Year
COVERED	02/25/2024	i cai	THROUGH			/2024
	02/20/2021				00/00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10 CONVENTION /	Month Day	Year	11 OFFICE		STATE CHAIR	?
ELECTION DATE			SOUGHT		X COUNTY CHA	MR
12 POLITICAL PARTY	Democrat			Y (If Applica	ble)	
			Fort Be	ena		
		00	TO DACE 2			
		GO	TO PAGE 2			

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

# FORM SC C/OH COVER SHEET PG 2

2 of 19

13 CANDIDATE NAME	Haleem, Shah M. (M	r.)	<b>14</b> Filer ID 00088332	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	se expenditures may have formation only if they				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
radiaona rages					
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS		
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THE ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00	
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	<b>\$</b> 7,750.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 12,088.22	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	ELAST DAY OF THE	\$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$ 0.00	
<b>17</b> AFFADAVIT		I swear, or affirm, under pen true and correct and includes under Title 15, Election Code	s all information required t		
		M	r. Shah M. Haleem		
		Si	gnature of Candidate		
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	r administering oath	
Signature of office	o. daministering oddi	. Three hame of officer duffillistering batti	THE OF OTHER	. aanminotoring outil	

### **SUBTOTALS - SC C/OH**

# FORM SC C/OH COVER SHEET PG 3

				3 of 19
<b>18</b> CANDIDATE Haleem, Sh	(Ethics Commis	sion Filers)		
20 SCHEDULE S			SUBTOTA	L AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,750.00
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	5	\$	12,088.22
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	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 CONTRIBUTION	DNS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE <b>A1</b>	
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/19		
2	FILER NAME Haleem, Sha	ah M. (Mr.)			3	Filer ID (Ethics Commission 00088332	on Filers)	
4	Date 02/25/2024				7	Amount of Contribution (\$)	\$1,000.00	
•	Dringing Lagge	FORT MYER, FL 33919	lo.	Employer (Coa Instructions	<u></u>			
8	BUSINESS (	pation / Job title (See Instructions)  OWNER	9	Employer (See Instructions SELF EMPLOYED	<del></del>			
	Date 04/25/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$900.00	
	SUGAR LAND, TX 77479  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instructions	<u> </u> 5)			
	BUSINESS (	OWNER		SELF EMLOYED				
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID#:)  ASHIK, KAZI  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	BUSINESS	OWNER		SELF EMPLOYED				
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$500.00	
	Principal occu ENGINEER	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)			
	Date 02/25/2024	ate Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)  OWNER		Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A		
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/19		
2	FILER NAME Haleem, Sha			3	Filer ID (Ethics Commission 00088332	on Filers)
4	Date 02/26/2024				Amount of Contribution (\$)	\$1,000.00
8	Principal occu	KATY, TX 77450  upation / Job title (See Instructions)	9 Employer (See Instructions			
•	BUSINESS (		SELF EMPLOYED	,		
	Date 02/25/2024				Amount of Contribution (\$)	\$1,000.00
		HOUSTON, TX 77077				
	ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED	)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/10/2024 LUCKY'S SALON AND SPA, LLC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Deire size al. a a a co	WEBSTER, TX 77598	Farely and (Construction			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/25/2024	Full name of contributor out-of-state PAC (ID#:_MRA ARCHITECTS  Contributor address; City; State; Zip Code  SUGAR LAND, TX 77479	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:)  RAHMAN, LUTFOR  Contributor address; City; State; Zip Code  SUGAR LAND, TX 77478			Amount of Contribution (\$)	\$500.00
	Principal occu BUSINESS (	ppation / Job title (See Instructions) OWNER	Employer (See Instructions SELF EMPLOYED	)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE	: <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/19		
2	FILER NAME Haleem, Sha			3 Filer ID (Ethics Commission 00088332	Filers)
4	Date 02/25/2024	5 Full name of contributor out-of-state PAC (ID#:_ ROUF, PERVEZ  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$500.00
L		HOUSTON, TX 77044			
8	Principal occu BUSINESS		9 Employer (See Instructions SELF EMPLOYED	ns)	
	Date Full name of contributor out-of-state PAC (ID#:) 02/25/2024 ULLAH, SHAHID Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00	
	Principal occur	HOUSTON, TX 77077  upation / Job title (See Instructions)	Employer (See Instructions	nc)	
	RETIRED	pation / 300 title (See instructions)	113)		

PLE	DGED CONTRIBU	TIONS			SCHEDULE B
Т	he Instruction Guide exp	plains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 7/19
2 FILER NA Haleem,	AME , Shah M. (Mr.)			3	Filer ID (Ethics Commission Filers) 00088332
<u></u>	OF UNITEMIZED PLEDO	GES			\$ 0.
<b>5</b> Date	6 Full name of pledgor  7 Pledgor Address;	out-of-state PAC (IDa		8	Amount of pledge (\$)
				]	Check if travel outside of Texas. Complete Schedu
<b>10</b> Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	structi	ions)

L	OANS					SCHE	DULE E
Th	e Instructio	on Guide explains ho	w to complete this f	orm.		pages Schedule E: 1/1 Rpt: 8/19	
	ER NAME leem, Shah M	1. (Mr.)			3 Filer II 00088	D (Ethics Commiss	sion Filers)
4 TC	TAL OF UN	IITEMIZED LOANS				\$	0.00
5 Dat	te of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount	(\$)
fina	ender a ancial titution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
<b>12</b> Prir	ncipal occupation	on / Job title (See Instruction	ns)	13 Employer (See Instructi	ons)	•	
<b>14</b> Des	scription of Coll None	ateral		15 Check if personal funds	were deposite	ed into political acco (See Instructi	
	ARANTOR FORMATION	17 Name of guarantor				19 Amount Guar	anteed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
<b>20</b> Prir	ncipal occupation	on		21 Employer (See Instructi	ons)		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatalana O. I. I. T.	
1	Total pages Schedule F1: Sch: 1/11 Rpt: 9/19	2 FILER NAME Haleem, Shah M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00088332
4	Date	5 Payee name
•		
	02/29/2024	AMEGY BANK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	17602 SW FREEWAY
		CHOAD LAND TV 77470
		SUGAR LAND, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
_	Data	
	Date	Payee name
	03/29/2024	AMEGY BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	17602 SW FREEWAY
		SUGAR LAND, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	
	Date	Payee name
	04/30/2024	AMEGY BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	17602 SW FREEWAY
		SUCADIAND TV 77470
		SUGAR LAND, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/11 GIVE	Check if Austin, TX, officeholder living expense
		BANK FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/11 Rpt: 10/19	2 FILER NAME Haleem, Shah M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00088332
4	Date 05/31/2024	5 Payee name AMEGY BANK
6	Amount (\$) \$2.00	7 Payee address; City; State; Zip Code 17602 SW FREEWAY
		SUGAR LAND, TX 77479
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/O	Candidate/Officeholder name Office sought Office held
	Date 05/31/2024	Payee name AMEGY BANK
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 17602 SW FREEWAY
		SUGAR LAND, TX 77479
	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/OF	Candidate/Officeholder name Office sought Office held
	Date 06/28/2024	Payee name AMEGY BANK
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 17602 SW FREEWAY
		SUGAR LAND, TX 77479
	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/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
	Sch: 3/11 Rpt: 11/19	Haleem, Shah M. (Mr.)  00088332	
4	Date	5 Payee name	_
	04/05/2024	AMEGY BANK	
6	Amount (\$) \$29.00	7 Payee address; City; State; Zip Code 17602 SW FREEWAY  SUGAR LAND, TX 77479	
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  INSF FEES	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/13/2024	BRYANI N. MORE	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$330.00	11102 SOUTH TEXAS 6	
		#110	
		SUGAR LAND, TX 77498	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Tayes, Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		HEADQUARTERS FOR CAMPAIGN	
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/04/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.05	6711 S. FRY RD	
		KATY, TX 77494	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		WATER/GASOLINE FOR CANVASSERS	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
			_

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/11 Rpt: 12/19	Haleem, Shah M. (Mr.) 00088332	
4	Date	5 Payee name	
	02/26/2024	HOME DEPOT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$139.49	6850 S. FRY ROAD	
		KATY, TX 77494	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		SIGN STAKES AND POLES	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	
	02/26/2024	JACKSON, MARY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$675.00	6874 CHASEWOOD	
		MISSOURI CITY, TX 77489	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		CANVASSER	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	
	03/04/2024	JOHNSON, BARBARA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$915.00	16127 DIAMOND RIDGE	
		HOUSTON, TX 77053	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  CANVASSER	
		O WWW.GOLIN	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
			_

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Guid	Salaries	/Wage	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 EII ED NIA N		-			3	Filer ID	(Ethics Commission Filers)	_
	Sch: 5/11 Rpt: 13/19		hah M. (Mr.)					00088332	(Eurica Commission Filets)	
4	Date						<u> </u>			_
4		5 Payee nam								
	02/28/2024	JOHNSOI	N, BARBARA							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode					
	\$210.00	16127 DIA	AMOND RIDGE LN	I						
		HOUSTO	N, TX 77053							
Ļ	BUBBOOF				(1-)					
8	PURPOSE OF		(See Categories listed at the	e top of this schedule)	(a)	Description		d4.T O	olata Calcadula T	
	EXPENDITURE	Polling Ex	pense			=		de of Texas. Com officeholder living		
						CANVASSEF		omeenower nvilly	, охронас	
						O/MAN/AGOEF	`			
Ļ										
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld	
L	CAPCHURATE TO DEHERIT C/OI	·								
	Date	Payee nam	e							
	03/01/2024	JOHNSO	N, DETRAL							
	Amount (\$)	Payee addı	ress; City;	State; Zip C	ode					
	\$180.00	,	AMOND RIDGE							
	Ψ±00.00	10121 011								
			N. TV 77076							
		HOUSTO	N, TX 77053							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Polling Ex	pense					de of Texas. Com		
	- <del>-</del>					ш	, FX,	officeholder living	gexpense	
						CNVASSER				
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld	
L	experiorale to belieff C/OI	1								
	Date	Payee nam	e							
	03/01/2024	JOHNSO	N, DETRAL							
$\vdash$	Amount (\$)	Payee addı		State; Zip C	ode:					
	\$1,245.00	•	AMOND RIDGE	State, Zip C	Juc					
	Φ1,240.00	TOTAL DIF	ANIOND RIDGE							
L		HOUSTO	N, TX 77053							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description		-		
	OF EXPENDITURE	Polling Ex				<u></u>		de of Texas. Com		
	LAFLINDITURE	-				ш	, TX,	officeholder living	j expense	
						CANVSSER				
	Complete ONLY if direct		fficeholder name	Office so	ught			Office he	eld	1
	expenditure to benefit C/OI	1								

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 6/11 Rpt: 14/19	Haleem, Shah M. (Mr.) 00088332
4	Date	5 Payee name
	03/04/2024	KARACHI RESTAURANT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.17	11315 HW 6
		SUITE H
		SUGAR LAND, TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		FOR POLL CANVASSERS
a	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
_	Date	Payee name
	03/04/2024	KARACHI RESTAURANT
	Amount (\$)	
	\$166.62	Payee address; City; State; Zip Code 11315 HW 6
	\$100.02	
		SUITE H
		SUGAR LAND, TX 77498
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CANVSSER AND VOLUNTEER MEETING
		3, 11, 13, 13, 13, 13, 13, 13, 13, 13, 1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	03/05/2024	KROGER
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.92	11565 HWY 6
	402.02	
		SUGAR LAND, TX 77498
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		SNACK FOR POLL CANVASSERS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to belief C/OI	1

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 15/19	Haleem, Shah M. (Mr.)		00088332
4	Date	5 Payee name		
	03/06/2024	MACLEMORE, JAMES		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$180.00	11838 GUADALUPE RIVER DR		
		HOUSTON, TX 77067		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Polling Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  CANVASSER
				CANVAGSER
_	Complete ONL V if direct	Condidate/Officeholder name Office ac	ıabt	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ıgnt	Office neid
	·			
	Date	Payee name		
	03/01/2024	MACLEMORE, JAMES		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$450.00	11838 GUADALUPE RIVER DR		
		HOUSTON, TX 77067		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Polling Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				CANVASSER
				O, III V, IOOLII
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/O		agrit	Office field
H				
	Date	Payee name		
	03/01/2024	MARSALA RADIO		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1,000.00	1699 OVERLAND PASS DR		
		SUGAR LAND, TX 77478		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				RADIO ADS
			Ļ	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held
	experialitate to bettern over	·		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries	Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)
L	Sch: 8/11 Rpt: 16/19	Haleem, S	hah M. (Mr.)					00088332	
4	Date	5 Payee nam	e						
	03/06/2024	MCKENZI	E, CHERYL						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode				
	\$180.00	16127 DIA	MOND RIDGE DR						
		HOUSTON	N, TX 77053						
8	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Polling Ex		,		Check if travel of	outsic	de of Texas. Compl	lete Schedule T.
	LA LIBITORE					$\Box$		officeholder living of	expense
						CANVASSER	Υ.		
9	Complete ONLY if direct	Candidata/O	fficabolder name	Office	l labt			Office hel	d
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office so	ugill			Onice nei	u
	Date	Payee nam	e						
	03/06/2024	MURPHY,	KENON						
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$180.00	16127 DIA	MOND RIDGE LN						
		HOUSTON	N, TX 77053						
	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Polling Ex		,		$\Box$		de of Texas. Comp	
	LA LIBITORE					_	, TX,	officeholder living	expense
						CNVASSER			
_	Complete ONLY if direct	Candidato/O	fficeholder name	Office so	l labt			Office hel	d
	expenditure to benefit C/O		moenoluel Haille	Onice SC	rugiil			Onice nei	u
$\vdash$	Data								
	Date	Payee nam							
	03/01/2024	MURPHY,			. ,				
	Amount (\$)	Payee addr		State; Zip C	ode				
	\$982.50	16127 DIA	MOND RIDGE LN						
		HOUSTON	N, TX 77053						
	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Polling Ex				<b></b>		de of Texas. Compl	
						CANVASSER		officeholder living	expense
						CANVASSER	`		
	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	llapt			Office hel	d
	expenditure to benefit C/O		moorioidei Haitie	Office Sc	,ugiit			Office Hel	u

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total names Calcadala 54	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 9/11 Rpt: 17/19	2 FILER NAME  Haleem, Shah M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00088332	
4	Date 02/26/2024	5 Payee name MURPHY, KENON	
	02/20/2024	MORFIT, RENOW	
6	Amount (\$) \$675.00	7 Payee address; City; State; Zip Code 16127 DIAMOND RIDGE LN HOUSTON, TX 77053	
8	PURPOSE	(a) Cotogon (h) Description	_
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Polling Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CANVASSER	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/04/2024	PEERLY,COM	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,029.97	2232 DELLRANGE BLVD	
		SUITE 287	
		CHEYENNE, TX 82009	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  TEXT MESSAGING	
		TEXT WESSAGING	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/16/2024	SANGEET RADIO	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	11011 BROOKLET DR	
		#320	
		HOUSTON, TX 77099	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\neg$
	OF EXPENDITURE	Advertising Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		RADIO ADS	
_	Complete ONLY if direct	Condidate/Officeholder name Office country	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete this fo	orm.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
	Sch: 10/11 Rpt: 18/19	Haleem, Shah M. (Mr.)		00088332	
4	Date	5 Payee name			
	03/06/2024	SMITH, FRED			
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>		
	\$180.00	6730 RIVER BLUFF DR			
		HOUSTON, TX 77085			
8	PURPOSE		h) D		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Polling Expense	b) Descrip	OTION ck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Foling Expense		ck if Austin, TX, officeholder living expense	
			CANV	ASSER	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	03/01/2024	SMITH, FRED			
_	Amount (\$)	Payee address; City; State; Zip Code	e		
	\$682.50	6730 RIVER BLUFF DR			
		HOUSTON, TX 77085			
_	PURPOSE		<b>b)</b> Descrip	ation	
	OF	(a) Category (See Categories listed at the top of this schedule) Polling Expense		ck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Toming Expenses	Chec	ck if Austin, TX, officeholder living expense	
			CANV	ASSER	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
	experiantific to belieff G/Of	'			
	Date	Payee name			
	02/27/2024	SMITH, FRED			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$592.00	6730 RIVER BLUFF DR			
		HOUSTON, TX 77085			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> Descrip	otion	
	OF EXPENDITURE	Polling Expense		ck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			ck if Austin, TX, officeholder living expense	
			CANV	ASSER	
L	0 1: 0:::::::::::::::::::::::::::::::::			0.00	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held	
L					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/11 Rpt: 19/19	Haleem, Shah M. (Mr.) 00088332
4	Date	5 Payee name
L	03/06/2024	STRICKTEN, JOE ANNA
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$270.00	16127 DIAMOND RIDGE DR
l		
		HOUSTON, TX 77053
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  CANVASSER
l		CANVASSEIX
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
l	03/01/2024	TGM PRINTING
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,100.00	13910 MURPHY RD
l	Ψ1,100.00	10010 MONTH ND
		STAFFORD, TX 77477
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		PUSH CARDS
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experioration benefit C/O	
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