#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088988 3 COMMITTEE NAME **OFFICE USE ONLY** Fort Bend First PAC Date Received **ELECTRONICALLY FILED** 01/13/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1398 Date Hand-delivered or Date Postmarked Change of Address Richmond, TX 77406 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Abrahim NAME NICKNAME LAST **SUFFIX** Javed STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 11826 Matagorda Lane STREET **ADDRESS** (Residence or Business) Sugar Land, TX 77498 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 11826 Matagorda Lane MAILING **ADDRESS** Sugar Land, TX 77498 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 651-6413 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Fort Bend First PAC			0008898	88
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Kathy Cheng State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	29,950.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	11,168.01
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all info under Title 15, Election Code.		
		Abrahi	im Javed	
		Signature of Ca	ampaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	,1	this the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath

#### FORM GPAC ADDENDUM

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12	COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
	Fort Bend First PAC						00088988	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Brendetta Scott Cou	ırt Of Appea	ls, Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported				
			B.	Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	COMMITTEE	1. Candidates	A.	Supported	Sarah Landau Cour	t Of Anneals	. Justice	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			Garan Landau Gour	t OT Appeals	, ousliee	
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported				
			B.	Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A.	Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed				
		Measures  (Describe by date and location of election and nature of issue.)	A.	Supported				
			B.	Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Judge Julie Countiss	Court Of A	ppeals, Justice	3
			)					

					Page 4 of 16
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Fort Bend First PAC				00088988	
14 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed			
report if necessary.)					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Judge Richard Hightower Court	Of Appeals, Ju	stice
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Amber Boynd-Cora Court Of Ap	peals, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Velda Renita Faulkner Court Of	Appeals, Justic	се
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
		l			

### FORM GPAC ADDENDUM

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1. Candidates	la Commented		13 Filer ID (Ethics Commission Filers) 00088988
1	A Commontant		00088988
1	A C		
(Identify by name or, if applicable, classify by party.)	A. Supported		
	B. Opposed		
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Judge Charles Spain Court Of A	ppeals, Justice
Candidates  (Identify by name or, if applicable, classify by party.)		Frances Bourliot Court Of Appea	als, Justice
	B. Opposed		
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
	B. Opposed		
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Judge Megan Hassan Court Of	Appeals, Justice
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  B. Opposed	2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported Frances Bourliot Court Of Apper  B. Opposed  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  J. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  J. Candidates (Identify by name or, if applicable classify by party.)  B. Opposed  J. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  J. Supported  J. Supported  J. Supported  J. J. Supported  J. Supported  J. J. Supported  J. J

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Fort Bend First PAC				00088988
	COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)			
	paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Judge Margaret Poissant Court	Of Appeals, Justice
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if	A. Supported	Daniel Lee State Representative	9
		applicable, classify by party.)			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ron Reynolds State Repre	esentative

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13 Filer ID (Ethics Commission Filers)
00088988
llani State Representative
ridgette Smith-Lawson Fort Bend County Attorney
trict Judge

### FORM GPAC ADDENDUM

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COMMITTEE NAME Fort Bend First PAC COMMITTEE ACTIVITY  Attach lists on plain paper to complete this peport if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed  A. Supported		13 Filer ID 00088988	(Ethics Commission Filers)
COMMITTEE ACTIVITY  Attach lists on plain paper to complete this	(identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and	B. Opposed		00088988	
ACTIVITY  Attach lists on plain paper to complete this	(identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and	B. Opposed			
aper to complete this	(Describe by date and location of election and				
	(Describe by date and location of election and	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Judge Tamekia Carter District Ju	udge	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Judge Christina Becerra District	Judge	
COMMITTEE	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Judge Kali Morgan District Judge	e	
	Attach lists on plain aper to complete this eport if necessary.)  COMMITTEE CTIVITY  Attach lists on plain aper to complete this	Attach lists on plain approved this export if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this export if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Attach lists on plain applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE CTIVITY  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted  Composed  3. Officeholders (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted  3. Officeholders Assisted	Attach lists on plain aper to complete this aport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this apport if necessary.)  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this apport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  4. Supported  B. Opposed  B. Opposed  B. Opposed  Judge Kali Morgan District Judge (Identify by name or, if applicable, classify by name or, if applicable, place and location of election and nature of issue.)  Judge Kali Morgan District Judge (Identify by name or, if applicable)	Attach lists on plain aper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  Describe by date and location of election and nature of issue.)  B. Opposed  Judge Kali Morgan District Judge  Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed

### FORM GPAC ADDENDUM

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MITTEE NAME Bend First PAC  MITTEE //ITY  h lists on plain to complete this if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	A. Supported  B. Opposed  A. Supported  B. Opposed		13 Filer ID 00088988	(Ethics Commission Filers)
h lists on plain to complete this if necessary.)	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	B. Opposed  A. Supported		00088988	
h lists on plain to complete this if necessary.)	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	B. Opposed  A. Supported			
to complete this if necessary.)	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	A. Supported			
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if				
	Assisted (Identify by name or, if	B. Opposed			
	Assisted (Identify by name or, if				
	applicable, classify by party.)		Judge Teana Watson County Co	ourt at Law #5	
	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
h lists on plain to complete this if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		The Honorable Eric Fagan Fort	Bend County J	udge
MITTEE /ITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
to complete this		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Carmen Turner Fort Bend Coun	ty Tax Assesso	or-Collector
r	ch lists on plain r to complete this t if necessary.)	applicable, classify by party.)  ch lists on plain r to complete this t if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	ch lists on plain r to complete this t if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  3. Officeholders Assisted (Identify by name or, if	ch lists on plain r to complete this t if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Carmen Turner Fort Bend Coun (Identify by name or, if	ch lists on plain r to complete this t if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  Carmen Turner Fort Bend County Tax Assessor (Identify by name or, if

### FORM GPAC ADDENDUM

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							1 ago 10 01 10
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Fort Bend First PAC					00088988	
		1 Candidates	A Cupported	Ja Davila IVarra	- F D O		Danie Dat O Diagra
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		JaPaula Kemp	p Fort Bend Count	ly Justice of the	Peace, Pct. 2, Place 2
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if					
	0014447755	applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates  (Identify by name or, if	A. Supported	Keisha Smith	Justice of the Pea	ice, Pct. 4	
	(Attack Bate on white	applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		Officeholders     Assisted					
		(Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted		The Honorable	e Daryl Smith Con	stable, Pct. 2	
		(Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Fort Bend First PAC					00088988	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Nabil Shike Co	onstable, Pct. 3		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Patrick Quincy	Constable Pct. 4		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

#### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

				12 of 16
17 COMM Fort B		E NAME First PAC	<b>18</b> Filer ID 00088988	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 29,950.62
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$
I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 13/16	
2	FILER NAME Fort Bend Fi			3	Filer ID (Ethics Commission 00088988	n Filers)
4	Date 10/31/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,500.00
_		Houston, TX 77002				
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions The Harris Law Firm	)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Keep Al Green in Congress  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Khawaja, Omar Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77024				
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Law offices of Omar Kha		aja	
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_Malveaux, Mark  Contributor address; City; State; Zip Code  Dallas, TX 75225-1903			Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions McCAII	)		

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.	OTTIEN (enter a category not listed above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 14/16	Fort Bend First PAC		00088988
4 Date	5 Payee name	-	
11/06/2024	ActBlue		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le	
\$138.25	366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144-3132		
8 PURPOSE OF	,	(b) Description	
EXPENDITURE	Fees		utside of Texas. Complete Schedule T. TX, officeholder living expense
		Processing fe	
		3	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıht	Office held
expenditure to benefit C/Ol		, inc	Office field
Date	Payee name		
11/12/2024	Cardona, James		
Amount (\$)	Payee address; City; State; Zip Coo	le	
\$2,500.00	5216 Leeland St.		
- Evnanditura from			
Expenditure from corporate funds	Houston, TX 77023		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Consulting Expense	_	utside of Texas. Complete Schedule T.
EXPENDITORE	• .	ш	TX, officeholder living expense
		Consulting fee	2
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
expenditure to benefit C/OI	1		
Date	Payee name		
12/31/2024	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Coo	le	
\$5.00	P.O. Box 1315		
, , , , ,			
Expenditure from corporate funds	Houston, TX 77251-1315		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		utside of Texas. Complete Schedule T.
EXPENDITORE		ш	TX, officeholder living expense
		Service fee	
Complete ONLY if direct	Candidate/Officeholder name Office souç	ıht	Office held
expenditure to benefit C/OH			

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

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

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

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: 2/3 Rpt: 15/16	Fort Bend First PAC 00088988		
4 Date	5 Payee name		
11/29/2024	Frost Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5.00	P.O. Box 1315		
— Foresedit we from			
Expenditure from corporate funds	Houston, TX 77251-1315		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense  Service fee		
	Service lee		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI			
Data			
Date	Payee name		
10/30/2024	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$5.00	P.O. Box 1315		
Expenditure from			
corporate funds	Houston, TX 77251-1315		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Service fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
<u> </u>			
Date	Payee name		
11/12/2024	Human Age Digital		
Amount (\$)	Payee address; City; State; Zip Code		
\$15,000.00	2700 Post Oak Blvd Fl 21		
Expenditure from			
corporate funds	Houston, TX 77056-5798		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense		
	Check if Austin, TX, officeholder living expense		
	Digital advertising		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 3/3 Rpt: 16/16	2 FILER NAME3 Filer ID(Ethics Commission Filers)Fort Bend First PAC00088988
4 Date 11/06/2024	5 Payee name NGPVAN
6 Amount (\$) \$275.63	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200
Expenditure from corporate funds	Washington, DC 20005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Voter file
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/31/2024	Payee name Resonance Campaigns, LLC
Amount (\$) \$12,021.74	Payee address; City; State; Zip Code 913 Florida Ave NW
Expenditure from corporate funds	Washington, DC 20002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Directmail
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held