

# 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<br>(Ethics Commission Filers)<br>00090177                                                                                                                                                                                                                                                                                                                                                                                          |                        | 2 Total pages filed:<br>6                                                                                                                                                                        |        |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR<br>Mrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST<br>Jamille       | MI                                                                                                                                                                                               |        |
|                                                                                                       | NICKNAME              |                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAST<br>Sheker Knezeak | SUFFIX                                                                                                                                                                                           |        |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address |                       | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>3007 Shadowbrook Chase Lane<br><br>Katy, TX 77494                                                                                                                                                                                                                                                                                                                                                   |                        | ZIP CODE                                                                                                                                                                                         |        |
|                                                                                                       |                       | OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                  |        |
|                                                                                                       |                       | Date Received<br>ELECTRONICALLY FILED<br>01/09/2026                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                                                                                  |        |
|                                                                                                       |                       | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                                                                                                                                  |        |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       |                       | MS / MRS / MR<br>Mrs.                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | FIRST<br>Jamille                                                                                                                                                                                 | MI     |
|                                                                                                       |                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | LAST<br>Sheker Knezeak                                                                                                                                                                           | SUFFIX |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     |                       | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3007 Shadowbrook Chase Lane<br><br>Katy, TX 77494                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                                  |        |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      |                       | AREA CODE PHONE NUMBER EXTENSION<br>(832) 477-5437                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                  |        |
| 8 REPORT<br>TYPE                                                                                      |                       | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR) |                        |                                                                                                                                                                                                  |        |
| 9 PERIOD<br>COVERED                                                                                   |                       | Month Day Year    THROUGH    Month Day Year<br>07/01/2025    01/09/2026                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                  |        |
| 10 ELECTION                                                                                           |                       | ELECTION DATE<br>Month Day Year<br>03/01/2026                                                                                                                                                                                                                                                                                                                                                                                                 |                        | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |        |
| 11 OFFICE                                                                                             |                       | OFFICE HELD (if any)<br>None District Katy Fort Bend                                                                                                                                                                                                                                                                                                                                                                                          |                        | 12 OFFICE SOUGHT (if known)<br>Governor Place Texas                                                                                                                                              |        |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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|                       |                                |                    |                                        |
|-----------------------|--------------------------------|--------------------|----------------------------------------|
| <b>13 C / OH NAME</b> | Sheker Knezeak, Jamille (Mrs.) | <b>14 Filer ID</b> | (Ethics Commission Filers)<br>00090177 |
|-----------------------|--------------------------------|--------------------|----------------------------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|                                                                                               | COMMITTEE TYPE                                                                                                                                                                                                                                                                                                                                                                                 | COMMITTEE NAME                       |
|                                                                                               | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                               | COMMITTEE ADDRESS                    |
|                                                                                               | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                              | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |                                                                                                                                       |    |      |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|------|
| <b>16 CONTRIBUTION TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                           | \$ | 0.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ | 0.00 |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ | 0.00 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ | 0.00 |
| 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.

Mrs. Jamille Sheker Knezeak

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**

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|                                                        |                                                                                                             |                                |                            |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Sheker Knezeak, Jamille (Mrs.) |                                                                                                             | <b>19 Filer ID</b><br>00090177 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE       |                                                                                                             |                                | SUBTOTAL AMOUNT            |
| 1.                                                     | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                             | 0.00                       |
| 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        | \$                             | 0.00                       |
| 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                           | \$                             | 0.00                       |
| 9.                                                     | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 0.00                       |
| 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 | \$                             |                            |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/6

2 FILER NAME

Sheker Knezeak, Jamille (Mrs.)

3 Filer ID (Ethics Commission Filers)

00090177

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

|                                                                                |                                                                                |                                                                                                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>               |                                                                                | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/6                                                                  |
| <b>2</b> FILER NAME<br>Sheker Knezeak, Jamille (Mrs.)                          |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090177                                                               |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                             |                                                                                | <b>\$</b> 0.00                                                                                                         |
| <b>5</b> Date of loan                                                          | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)                                                                                              |
| <b>6</b> Is lender a financial institution?                                    | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate                                                                                                |
|                                                                                |                                                                                | <b>11</b> Maturity Date                                                                                                |
| <b>12</b> Principal occupation / Job title (See Instructions)                  |                                                                                | <b>13</b> Employer (See Instructions)                                                                                  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None           |                                                                                | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor                                                    | <b>19</b> Amount Guaranteed (\$)                                                                                       |
|                                                                                | <b>18</b> Guarantor address; City; State; Zip Code                             |                                                                                                                        |
| <b>20</b> Principal occupation                                                 |                                                                                | <b>21</b> Employer (See Instructions)                                                                                  |

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

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**1** C/OH NAME

Sheker Knezeak, Jamille (Mrs.)

**2** Filer ID

(Ethics Commission Filers)

00090177

**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.

Mrs. Jamille Sheker Knezeak

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 contributions. 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.

Mrs. Jamille Sheker Knezeak

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

Signature of Officeholder