

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00084517	<b>2</b> Total pages filed: 14			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
		Abolaji T.				
	NICKNAME	LAST	SUFFIX	Date Received <b>ELECTRONICALLY FILED</b> 02/24/2026		
		Ayobami				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	22026 Rustic Canyon Lane					
	Richmond, TX 77469			Receipt #		
				Amount		
				Date Processed		
				Date Imaged		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
		Mrs.	Leshundra M.			
	NICKNAME	LAST	SUFFIX			
		Scott				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	1834 Fall Meadow Drive  Missouri City, TX 77459					
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(281)	727-9054				
<b>8</b> REPORT TYPE	<input 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)					
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
<b>9</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
		02/01/2026		THROUGH		02/21/2026
<b>10</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
		03/03/2026		<input type="checkbox"/> General	<input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)					<b>12</b> OFFICE SOUGHT (if known) COUNTY COMMISSIONER PRECINCT 4. District PRECINCT 4

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 14

**13** C / OH NAME Ayobami, Abolaji T. **14** Filer ID (Ethics Commission Filers)  
00084517

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	100.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,640.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	10,441.08
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	\$	6,500.00

**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.

Abolaji T. Ayobami

\_\_\_\_\_  
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

<b>18 FILER NAME</b> Ayobami, Abolaji T.	<b>19 Filer ID</b> (Ethics Commission Filers) 00084517
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,340.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,700.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,287.08
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,804.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 350.00
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	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/14
<b>2</b> FILER NAME Ayobami, Abolaji T.		<b>3</b> Filer ID (Ethics Commission Filers) 00084517
<b>4</b> Date 02/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAWRENCE, OLUWASEUN (Mr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  EAGLE LAKE, TX 77434	
<b>8</b> Principal occupation / Job title (See Instructions) SECURITY SERVICES		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MAX-ALALIBO, IBIFRISOLAM (Mr.)	Amount of Contribution (\$) \$320.00
	Contributor address; City; State; Zip Code  STAFFORD, TX 77477	
Principal occupation / Job title (See Instructions) HEALTH CARE PROVIDER		Employer (See Instructions) TEXAS MILITARY DEPARTMENT
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NJOKU, DOMINIC (Mr.)	Amount of Contribution (\$) \$320.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77036	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) LINCOLN HOMES LLC
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) USORO J.D., ANIE (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77031	
Principal occupation / Job title (See Instructions) ATTORNEY/NURSE		Employer (See Instructions) USORO & ASSOCIATES P.C.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/14	
2 FILER NAME Ayobami, Abolaji T.		3 Filer ID (Ethics Commission Filers) 00084517	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 100.00	
5 Date 02/18/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AYOBAMI, ZION (Miss)	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description SOCIAL MEDIA PLATFORMS CONTENT CREATION, PUBLICATION AND
	7 Contributor address; City; State; Zip Code  Richmond, TX 77469		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) COLLEGE STUDENT		11 Employer (FOR NON-JUDICIAL) (See instructions) UNIVERSITY OF HOUSTON	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWRENCE, OLUWASEUN (Mr.)	Amount of contribution (\$) \$100.00	In-kind contribution description DOOR TO DOOR KNOCKING. COMMUNITY CAMPAIGN
	Contributor address; City; State; Zip Code  EAGLE LAKE, TX 77434		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) SECURITY SERVICES		Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 6/14
<b>2</b> FILER NAME Ayobami, Abolaji T.		<b>3</b> Filer ID (Ethics Commission Filers) 00084517
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 02/10/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) AFFIRM FINANCIAL	<b>9</b> Loan Amount (\$) \$2,700.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  SANFRANCISCO, TX 94108	<b>10</b> Interest Rate
		<b>11</b> Maturity Date 08/12/2027
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input checked="" 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)
Date of loan 02/21/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) AFFIRM FINANCIAL	Loan Amount (\$) \$2,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  SANFRANCISCO, TX 94108	Interest Rate
		Maturity Date 08/21/2027
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 1/4 Rpt: 7/14	<b>2</b>	FILER NAME Ayobami, Abolaji T.	<b>3</b>	Filer ID (Ethics Commission Filers) 00084517
<b>4</b>	Date 02/18/2026	<b>5</b>	Payee name AAA SYCRONY BANK CARD		
<b>6</b>	Amount (\$) \$194.00	<b>7</b>	Payee address; City; State; Zip Code One Righter Parkway,  WILMINGTON, DE 19803		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT FOR PURCHASES MADE BY CREDIT CARD.		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/06/2026		Payee name AYOBAMI DrPH, Yemisi (Dr.)		
	Amount (\$) \$520.00		Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Richmond, TX 77469		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD CATERING AND BEVERAGES PROVISION PAYMENTS.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/13/2026		Payee name HOME DEPOT		
	Amount (\$) \$146.00		Payee address; City; State; Zip Code 6800 W. SAM HOUSTON PKWY S.  HOUSTON, TX 77072		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) POSTER BOARD ERECTION POSTS PURCHASE.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 20 (2" X 2" X 8') OUTSIDE WEATHER RESISTANT WOODS PURCHASE FOR CAMPAIGN BOARDS		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 2/4 Rpt: 8/14	<b>2</b> FILER NAME Ayobami, Abolaji T.	<b>3</b> Filer ID (Ethics Commission Filers) 00084517
<b>4</b>	Date 02/13/2026	<b>5</b> Payee name HOME DEPOT	
<b>6</b>	Amount (\$) \$96.99	<b>7</b> Payee address; City; State; Zip Code 6800 W. SAM HOUSTON PKWY S.  HOUSTON, TX 77072	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) PAYMENT FOR MOUNTING POLE STANDS FOR CAMPAIGN POSTERS.	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 20 (2" X 2" X 8') OUTSIDE WEATHER RESISTANT WOODS PURCHASE FOR CAMPAIGN BOARDS
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate/Officeholder name		Office sought	
Office held			
<b>Date</b>	02/16/2026	<b>Payee name</b> HOME DEPOT	
<b>Amount (\$)</b>	\$54.09	<b>Payee address; City; State; Zip Code</b> 24400 COMMERCIAL DRIVE  ROSENBERG, TX 77471	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) HUSKY DIGGER PURCHASE FOR DIGGING CAMPAIGN POSTER BOARD POSTS.	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PURCHASE FOR CAMPAIGN BOARDS ERECTION TOOLS.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate/Officeholder name		Office sought	
Office held			
<b>Date</b>	02/19/2026	<b>Payee name</b> HOME DEPOT	
<b>Amount (\$)</b>	\$105.00	<b>Payee address; City; State; Zip Code</b> 24400 COMMERCIAL DRIVE  ROSENBERG, TX 77471	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense METAL POLES PURCHASE FOR CAMPAIGN BOARDS ERECTION.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate/Officeholder name		Office sought	
Office held			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 9/14	<b>2</b> FILER NAME Ayobami, Abolaji T.	<b>3</b> Filer ID (Ethics Commission Filers) 00084517
<b>4</b> Date 02/21/2026	<b>5</b> Payee name NEW ERA AGENCY INC.	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 7901 4TH ST, N STE 300 ST. PETERSBURG, FL 32547	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CAMPAIGN CONSULTING EXPENSES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2026	Payee name RH SIGNS	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 7350 HARWIN DRIVE SUITE 316-A HOUSTON, TX 77036	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARDSIGNS AND POSTER BOARDS PRINTING EXPENSES.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2026	Payee name RH SIGNS	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 7350 HARWIN DRIVE SUITE 316-A HOUSTON, TX 77036	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN FLYERS PRINTINGS DOUBLE SIDED UV GLOSSY CARDSTOCK 2500 PIECES.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 10/14	<b>2</b> FILER NAME Ayobami, Abolaji T.	<b>3</b> Filer ID (Ethics Commission Filers) 00084517
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<b>4</b> Date 02/20/2026	<b>5</b> Payee name SHELL GAS FILLING STATION
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<b>6</b> Amount (\$) \$96.00	<b>7</b> Payee address; City; State; Zip Code 13747 SOUTHWEST FWY  ROSENBERG, TX 77471
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) AUTO MOBILE GAS REFUELLING FOR CAMPAIGN RUNS	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GAS REFUELLING INTO VEHICLES USED FOR CA,PAIGN PURPOSES.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/08/2026	Payee name TOWNPLACE SUITES BY MARRIOTT
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Amount (\$) \$575.00	Payee address; City; State; Zip Code 11031 FOUNTAIN LAKE DRIVE  STAFFORD, TX 77477
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT BANQUET HALL RENTALS PAYMENT.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/12/2026	Payee name UNITED STATES POSTAL SERVICES
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Amount (\$) \$2,700.00	Payee address; City; State; Zip Code 475 L'ENFANT PLAZA SW,  WASHINGTON DC, TX 20260-0004
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EDDM SERVICES FOR CAMPAIGN FLYERS DELIVERY TO VOTERS HOME ADDRTESS.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 1/3 Rpt: 11/14	<b>2</b>	FILER NAME Ayobami, Abolaji T.	<b>3</b>	Filer ID (Ethics Commission Filers) 00084517
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution WELLSFARGO BANK NA.		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 02/08/2026	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name TOWNLACE SUITES BY		(b) Payee address; City, State, Zip Code 11031 FOUNTAIN LAKE DRIVE  STAFFORD, TX 77477	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description HALL RENTALS PAYMENTS AND PUBLIC ADDRESS SYSTEMS USAGE.	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 02/18/2026	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name RH SIGNS		(b) Payee address; City, State, Zip Code 7350 HARWIN DRIVE SUITE 316-A HOUSTON, TX 77036	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description CAMPAIGN FLYERS PRINTING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Code	
<b>8</b>	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 2/3 Rpt: 12/14	<b>2</b>	FILER NAME Ayobami, Abolaji T.	<b>3</b>	Filer ID (Ethics Commission Filers) 00084517
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution COMMUNITY BANK NA		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$124.00	(b) Date of Charge 02/21/2026	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name HOME DEPOT		(b) Payee address; City, State, Zip Code 24400 COMMERCIAL DRIVE ROSENBERG, TX 77471	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) POLES PURCHASE FOR CAMPAIGN POSTER		(b) Description IRON RODS PURCHASE FOR POSTER BOARD ERECTION.	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code			
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code			
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/3 Rpt: 13/14	<b>2</b> FILER NAME Ayobami, Abolaji T.		<b>3</b> Filer ID (Ethics Commission Filers) 00084517
<b>4</b> CREDIT CARD ISSUER	Name of financial institution AFFIRM CARD		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$130.00	(b) Date of Charge 02/15/2026	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name UNITED STATES POSTAL	(b) Payee address; City, State, Zip Code 475 L'Enfant Plaza SW, WASHINGTON DC, DC 20260	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description IRON STANDING POST FOR CAMPAIGN BOARD PURCHASE.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name                      Office sought                      Office held		
<b>PAYMENT</b>	(a) Amount Charged \$2,000.00	(b) Date of Charge 02/21/2026	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name NEW ERA AGENCY INC.	(b) Payee address; City, State, Zip Code 7901 4th St N Ste 300 ST. PETERSBURG, FL 32547	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description DIGITAL CAMPAIGN MARKETTING SERVICES.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name                      Office sought                      Office held		

