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 (Ethics Commission Filers): 00090330

2 Total pages filed: 5

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 03/09/2026

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr.
FIRST: Nwogbo C.
MI:
NICKNAME: Emeka
LAST: Eluka
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE
3203 Gerry Dr.
Melissa , TX 75454

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr.
FIRST: Kevin L.
MI:
NICKNAME:
LAST: Long
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3423 Sequoia Ln
Melissa, TX 75454

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 988-9393

8 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☒ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☒ 15th day after campaign treasurer appointment (officeholder only)
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 02/22/2026 THROUGH Month Day Year: 03/09/2026

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE:
- ☐ Primary
- ☐ General
- ☐ Runoff
- ☐ Special
- ☐ Other

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	Eluka , Nwogbo C. (Mr.)	**14** Filer ID 00090330	(Ethics Commission Filers)

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
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 270.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 270.00
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.

Mr. Nwogbo C. Eluka

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

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Eluka , Nwogbo C. (Mr.)	00090330

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 270.00
2.	[ ] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ] SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ] SCHEDULE E: LOANS	$
5.	[ ] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
6.	[ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8.	[ ] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[ ] SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$
10.	[ ] SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[X] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 353.78
12.	[ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/1 Rpt: 4/5

2 FILER NAME
Eluka , Nwogbo C. (Mr.)

3 Filer ID (Ethics Commission Filers)
00090330

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/23/2026	Mohamed, Shaun	$20.00
	6 Contributor address; City; State; Zip Code Euless, TX 76040	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/23/2026	maduka, Charles	$250.00
	Contributor address; City; State; Zip Code Arlington, TX 76017	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 5/5	**2** FILER NAME Eluka , Nwogbo C. (Mr.)	**3** Filer ID (Ethics Commission Filers) 00090330

4 Date 02/27/2026	**5** Payee name Marias Mexican Resta	
6 Amount ($) 15.00	**7** Payee Address; City; State; Zip 2321 Sam Rayburn Hwy Melissa, TX 75454	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See instructions for examples of acceptable categories) Food/Beverage Expense	**(b)** Description (See instructions regarding type of information required.) Food
Date 03/02/2026	Payee name Office Depot	
Amount ($) 92.01	Payee Address; City; State; Zip 1751 N Central Expy Bldg H McKinney, TX 75069	
PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Printing Expense	**(b)** Description (See instructions regarding type of information required.) Printing of Flyers
Date 03/02/2026	Payee name Sam's Club	
Amount ($) 57.33	Payee Address; City; State; Zip 1670 W University Dr McKinney, TX 75069	
PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Transportation Equipment And Related Expense	**(b)** Description (See instructions regarding type of information required.) Gas for mobility
Date 02/24/2026	Payee name Texas Signs	
Amount ($) 189.44	Payee Address; City; State; Zip 11621 Reeder Rd Suite 200 Dallas, TX 75229	
PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Printing Expense	**(b)** Description (See instructions regarding type of information required.) Printing yard signs.