# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST SHIBU		MI	OFFICE USE ONLY
	NICKNAME	SAMUEL		SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		rland TX	75043	24:40 p.m.
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	( 214 )	394-6821	EXTENS	ION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		мі	Receipt #
TREASURER NAME	MR.	AJU	and the original orig		Date Processed
IVANIE	NICKNAME	LAST	- 0000000	SUFFIX	Dale Imaged
		MATHEW			1 / 11 1 26 7.5
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	IITE #; CITY		STATE, ZIP CODE
TREASURER ADDRESS (Residence or Business)		<b>—</b> .	GAR	LAND	TX 75043
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON	
9 REPORT TYPE	X January 15	30th day before ele	ection Rui	noff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	AIOII	eeded Modified oorting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year
COVERED	07,	/ 01 / 2024	THROUGH	12 /	/ 31 / 2024
11 ELECTION	ELECTION DA			ELECTION TYPE	
	Month Day	Year Primary	Runoff	Other Description	
	05 / 03	/ 2025 General	Special	-	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE	MITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEL(O)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
		GO TO F	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPU	RI	0,	OVER 3	HEET FG 2
15 C/OH NAME			<b>16</b> File	er ID (Ethics (	Commission Filers)
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHE UARANTEES OF LOANS, OR ELECTRONICALLY)	ER THAN	\$0	
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	TRIBUTIONS LOANS, OR GUARANTEES OF	LOANS)	\$ 3, 741	.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.		\$ 0	
• 6557053050 - 63530530530530530	4. TOTAL POLITICAL EXP	ENDITURES		\$ 40, 34	19.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	IBUTIONS MAINTAINED AS OF	THE LAST DAY	\$ 13, 39	92.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	IT OF ALL OUTSTANDING LOAN	IS AS OF THE	\$ 50, 00	0
req	uired to be reported by me under Title 1	5, Election Code.	ilus	)	
		Signature	e of Candidate	or Officehold	ler
(1) Affidavit	Asher My Comm 8/1	Mathew Ission Expires 0/2027	pelow:		
NOTARY STAMP/SEAL					
	pefore me by Shibu <	samuel th	is the 15 <sup>th</sup>	day of <u>J</u>	anuary.
20 25, to certify w	hich, witness my hand and seal of office	c on the		211	~1
Signature of officer administering	Ashe Printed name of	officer administering oath	1185	Service Index Services Co.	r administering oath
				THIS OF SHICE	danninstering datin
		OR			
2) Unsworn Declaration	n				
My name is		, and my date of t	birth is		
				,	
	(street)	(city)	(state)	(zip code)	(country)
xecuted in	County, State of	, on the day of _	(month)	_, 20	personal 0x750
				(year)	
		Signature of	Candidate/Office	eholder (Decla	arant)

## LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

ii tile requestet	a mormation is not applicable, boile	Tillclude tills page ill tile re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME SHIBU SAMU	JEL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 12/10/24	SHIBU SAMUEL	PAC (ID#)	9 Loan Amount (\$) 15, 000
6 Is lender a financial Institution?	8 Lender address; City; Garland	State; Zip Code	10 Interest rate 0%
Y Q	27		11 Maturity date N/A
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	•
CEO	170	SAMUEL GROUP OF	COMPANIES
14 Description of Coll	ateral	15	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	011-1	a
none		account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

#### LOANS SCHEDULE E

If the	requested	d information is not applicable, Do	O NOT include this page in the re	eport.
	The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
2 FILER SHIE	NAME BU SAMU	JEL		3 Filer ID (Ethics Commission Filers)
<b>4</b> TOTA	AL OF UN	NITEMIZED LOANS		\$
5 Date of 11/25		7 Name of lender	of-state PAC (ID#)	9 Loan Amount (\$) 10, 000
6 Is lend a finan Instituti	cial	8 Lender address; City Ga	State: Zip Code urland TX 75043	10 Interest rate 0%  11 Maturity date N/A
12 Princip	al occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	N/A
CEC		sir roos and foce mandeners,	SAMUEL GROUP OF	COMPANIES
14 Descrip	ption of Coll	ateral	Check if personal fur account (See Instruc	nds were deposited into political stions)
16 GUAR	ANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
not	applicable	18 Guarantor address; City	State; Zip Code	
20 Princip	oal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of	floan	Name of lender out-o	of-state PAC (ID#)	Loan Amount (\$)
Is lend a finan Instituti	cial	Lender address; City	State; Zip Code	Interest rate
90000000000000000000000000000000000000	N			Maturity date
Princip	al occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Descrip	otion of Coll	ateral	Check if personal fur account (See Instruc	nds were deposited into political
	ANTOR MATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City	State; Zip Code	
	applicable al Occupati	on (See Instructions)	Employer (See Instructions)	
	If le		COPIES OF THIS SCHEDULE AS NE	

#### LOANS SCHEDULE E

	If the requested	Information is not applicable, DO NO	T include this page in the re	port.
	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	SHIBU SAMU	JEL		8
4	TOTAL OF UN	IITEMIZED LOANS		\$
5	Date of loan 10/22/24	7 Name of lender ☐ out-of-state F SHIBU SAMUEL	PAC (ID#:)	9 Loan Amount (\$) 5, 000
6	Is lender a financial Institution?	8 Lender address; City; Garland	State; Zip Code TX 75043	10 Interest rate 0%
	Y Q			11 Maturity date N/A
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	4
	CEO		SAMUEL GROUP OF	COMPANIES
14	Description of Colle	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender  ut-of-state l	PAC (ID#)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral	Check if personal fund	ds were deposited into political
	none		account (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE struction guide for additional re	

## LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME SHIBU SAMU	JEL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS	,	\$
5 Date of loan 07/16/24	SHIBU SAMUEL	PAC (ID#:)	9 Loan Amount (\$) 20, 000
6 Is lender a financial Institution?	8 Lender address; City; Garland	State; Zip Code 1 TX 75043	10 Interest rate 0% 11 Maturity date
Y Q			N/A
12 Principal occupati CEO	on / Job title (See Instructions)	13 Employer (See Instructions) SAMUEL GROUP OF	COMPANIES
14 Description of Col X none	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address, City,	State, Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE struction guide for additional re	

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME					3 Files ID (Ethica Commission Files)
	SAMUEL				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:	)	7 Amount of contribution (\$)
12/9/24	JOJI M. GEORGE				1000.00
12/9/24	6 Contributor address;	City;	State;	Zip Code	1000.00
		HEATH	TX	75032	
8 Principal occ	upation / Job title (See Instructions)		9 Emp	oyer (See Instruc	etions)
SELF EMPI	LOYED		TE	KAS PREMIER I	HOME HEALTH CARE
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
12/7/24	SHAJI SAMUEL				
12/7/24	Contributor address;	City;	State;		300.00
		SUNNYVA	LE TX	75182	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
VA EMPLO	YER				
Date	Full name of contributor	out-of-state PAC	(ID#		Amount of contribution (\$)
	MATHEW T. NINAN				
12/7/24	Contributor address;	City;	State;	Zip Code	250.00
		GARLAN	ND TX	75043	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
REALTOR					
Date	Full name of contributor	out-of-state PAC	(ID#	y	Amount of contribution (\$)
	BIJILI GEORGE				
12/07/24	Contributor address;	City;	State;	Zip Code	500.00
		CARROLTO	N TX	75007	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
SELF	EMPLOYED				

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

			,		ie page iii iiie	
	The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2	FILER NAME					3 Filer ID (Ethics Commission Filers)
	SHIBU	SAMUEL				
4	Date	5 Full name of contributor	out-of-state PAC	(ID#:	)	7 Amount of contribution (\$)
	/= /	DICK A				100.00
	12/7/24	6 Contributor address;	City;	State;		100.00
			GARLAN	D TX	75043	
8	Dringing! aggs	pation / Job title (See Instructions)	1		loyer (See Instruc	tions)
ľ	RETIRED	pation 7 Job title (See Instructions)				
	RETIRED TEXAS PREMIER HOME HEALTH CARE					
	Date	Full name of contributor	out-of-state PAC	(ID#	)	Amount of contribution (\$)
	12/16/24	LIZA ISSAC				
	12/16/24	Contributor address;	City;		Zip Code	500.00
			GARLAND	TX	75043	
_	Dringing Lagger	pation / Joh title (See Instructions)		Empl	oyer (See Instruc	tions)
		pation / Job title (See Instructions)		3.2	IN MARKET LI	7)
	HOME MAK	KEK		87000		
	Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
		MATHEW P. CHAND	Y			
	12/20/24	Contributor address;	City;	State;		500.00
			GARLAN	ID TX	75043	
_	Principal occur	pation / Job title (See Instructions)	•	Empl	oyer (See Instruc	tions)
	SELF EMPL				., . (000	,
F						
	Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
	08/21/24	SHIBU SAMUEL				
	06/21/24	Contributor address;	City;	State;	Zip Code	25.00
			GARLAND	TX	75043	
	Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	CEO			ELIT	E HOSPICE OF	TEXAS
		ATTACH ADDIT	IONAL COPIES	OF THIS S	CHEDULE AS N	IEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

76					,	
The	Instruction Guide explains how to	complete this	form.		1 Total pages Schedule A1:	
2 FILER NAME					3 Filer ID (Ethics Commission Filers)	
SHIBU	SAMUEL					
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:	)	7 Amount of contribution (\$)	
00/21/24	MATHEW CHANDY				100.00	
08/21/24	6 Contributor address;	City;		Zip Code	100.00	
		GARLAN	D TX	75043		
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruct	ions)	
SELF EMPL	10 (2)(				IOME HEALTH CARE	
Date		out-of-state PAC	(ID#:	)	Amount of contribution (\$)	
08/22/24	SAM DANIEL				25.00	
00/22/21	Contributor address;	City;	State;	Zip Code	25.00	
		IRVING	TX	75063		
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
HEAD OF SALES GRAIN MARKET LLC				С		
Date	Full name of contributor	Out-of-state PAC	(ID#		Amount of contribution (\$)	
	ALLEN WEST	-			Amount of continuation (a)	
12/7/24				7: Codo	250.00	
	Contributor address;	GARLAN		75043		
		GARLA	ID IX	70010		
Principal occup	pation / Job title (See Instructions)			oyer (See Instruct		
EXECUTIV	E DIRECTOR		AM	ERICAN CONST	CITUTION RIGHTS UNION	
Date	Full name of contributor	out-of-state PAC	(ID#	)	Amount of contribution (\$)	
	MATHEW BINU THOM	IAS				
12/05/24	Contributor address;	City;	State;	Zip Code	191.70	
		ORADELL	NJ	07649		
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)	
RISK	MANAGEMENT		FED	ERAL RESERVE	BANK OF NY	
				CUEDIU E AS N		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	[1] - [2] - [2] - [2] - [3] - [4] -	Nages/Contract Labor	Travel Out Of Distric Other (enter a catego	
Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
12/23/24	LUKE MECOM			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
1500.00		ADDISON	TX	75001
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	CAMPAIGN	CAMPAIGN N	MANGER	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	,	Office held
Date	Payee name			
Amount (\$)	Payee address,	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPENSITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3	Filer ID (Ethic	s Commission Filers)
Date 12/9/24	5 Payee name LUKE MECOM			
Amount (S)	7 Payee address;	City;	State;	Zip Code
999.54		ADDISON	TX	75001
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CAMPAIGN	CAMPAIGN MA	ANGER	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			20.41
12/11/24	I 360.COM			
Amount (\$)	Payee address;	City;	State;	Zip Code
2400.00			TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	9			
OF EXPENDITURE	CAMPAIGN	SOFTWARE		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, T	X, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/12/24	NEEL & PARTNERS			
Amount (\$)	Payee address;	City;	State;	Zip Code
13, 568.05		NORTHRICHLAND F	HILLS TX	76180
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CAMPAIGN	CONSULTATION	FEES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	) expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held

### SCHEDULE F1

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#### **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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Arthur Strang and Interdance)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	3	ory not listed above)
Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethic	s Commission Filers)
Date 11/27/24	5 Payee name MILLENIEL CREATURE MEDIA LLC			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.46			TX	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING	CAMPAIGN M	MANGER	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/06/24	NEEL & PARTNERS			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00		NORTHRICHLAN	D HILLS TX	76180
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		CONSTITAT	TON EEE	
EXPENDITURE	CAMPAIGN	CONSULTAT	ION FEE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/09/24	LUKE MECOM			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.46		ADDISON	TX	75001
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CAMPAIGN	CAMPAIGN MA	NGER	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule F1:	1 PA			
	SHIBU SAMUEL		3 Filer ID (Ethic	s Commission Filers)
Date	5 Payee name			
11/9/24	LUKE MECOM			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
1500		ADDISON	TX	75001
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· (	
PURPOSE OF EXPENDITURE	CAMPAIGN	CAMPAIGN I	MANGER	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/22/24	AMEGY BANK			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.00		HOUTON	TX	
4	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	BANK CHARGES	SERVICE FE	E	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/22/24	AMEGY BANK			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.00		HOUSTON	TX	
	Category (See Categories listed at the top of this schedule)	Description		1000
PURPOSE OF EXPENDITURE	BANK CHARGES	SERVICE FEE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethic	s Commission Filers)
Date 10/2/24	5 Payee name LUKE MECOM	•		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
1500		ADDISON	TX	75001
N .	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CAMPAIGN	CAMPAIGN M	IANGER	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/22/24	LUK MECOM			
Amount (\$)	Payee address;	City;	State;	Zip Code
1500		GARLAND	TX	75040
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		C.L.M.LOVI		
EXPENDITURE	CAMPAIGN	CAMPAIGN	MANAGER	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/24/24	AMEGY BANK			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.00		HOUSTON	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	BANK CHARGES	SERVICE FEE		
	Check if travel outside of Texas. Complete Schadule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

if the requested in	ormation is not applicable, bo NOT inci	ude this page in tr	ie report.	
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Or Food/Beverage Expense Pro Gift/Awards/Memorials Expense Pr	ean Repayment/Reimburseme ffice Overhead/Rental Expens billing Expense inting Expense alaries/Wages/Contract Labor ow to complete this form	Transportation Equiparties Travel In District Travel Out Of District Other (enter a category)	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethio	es Commission Filers)
<b>4</b> Date 9/24/24	5 Payee name AMEGY BANK			41
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code
6.00		HOUSTON	TX	
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	1	
PURPOSE OF EXPENDITURE	BANK CHARGES	SERVICE	FEE	
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check	if Austin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ht	Office held
Date	Payee name			
9/27/24	REYES PRINTING			
Amount (\$)	Payee address;	City;	State;	Zip Code
16.81		GARL	AND TX	75041
	Category (See Categories listed at the top of this school	lule) Description	1	
PURPOSE OF EXPENDITURE	PRINTING CHARGES		*	
	Check if travel outside of Texas. Complete Sched	ule T. Check	if Austin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office soug	ht	Office held
Date	Payee name			
10/2/24	REYES PRINTING			
Amount (\$)	Payee address;	City;	State;	Zip Code
296.91		GARLA	ND TX	
	Category (See Categories listed at the top of this sched	ule) Description	)	
PURPOSE OF EXPENDITURE	PRINTING			
	Check if travel outside of Texas. Complete Schedu	ule T. Check i	f Austin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office soug	ght	Office held

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

SHIBU SAMUEL  5 Payee name 9/17/24  NEEL & PARTNERS  7 Payee address; City; State; Zip Code  NORTH RICHLAND HILLS TX 76180  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  CAMPAIGN CONSULTATION FEE  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries N  The Instruction Guide explains how to a	Nages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)
Amount (5) 1043.04  7 Payee address; CRy. State: Zip Code NORTH RICHLAND HILLS TX 76180  CAMPAIGN CONSULTATION FEE  CAMPAIGN CONSULTATION FEE  Candidate / Office holder name  Office sought CRY: State: Zip Code Office holder name  Office sought CRY: State: Zip Code Office holder name  Office sought  Category (See Categories listed at the top of this schedule)  Payee name PIRPOSE OF EXPENDITURE  Payee address; CRY: State: Zip Code Office holder name  Office sought  Category (See Categories listed at the top of this schedule)  Caded office sought  Category (See Categories listed at the top of this schedule)  Office sought  Office hold  Candidate / Officeholder name  Office sought  Office sought  Office held  Candidate / Officeholder name  Office sought  Office sought  Office held  Candidate / Officeholder name  Office sought  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Date  Payee name  AMEGY BANK  Amount (5)  Payee address; CRy: State: Zip Code  HOUSTON TX  Category (See Categories listed at the top of this schedule)  Purpose Office sought  Office held  Category (See Categories listed at the top of this schedule)  Payer STATEMENT FEE  Check if Austin, TX, officeholder living expense  Category (See Categories listed at the top of this schedule)  Office sought  Office held  Office held  Category (See Categories listed at the top of this schedule)  Office sought  Office held  Office held	Total pages Schedule F1:			3 Filer ID (Ethio	s Commission Filers)
Amount (\$)   7 Payee address;	Date	5 Payee name			
1043.04   (a) Category (See Categories isted at the top of this schedule)   (b) Description   CONSULTATION FEE	9/17/24	NEEL & PARTNERS			
(a) Category (See Categories listed at the top of this schedule)   (b) Description	Amount (\$)	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE    Camplete ONLY if direct expenditure to benefit C/OH    Candidate / Office holder name	1043.04		NORTH RICHLANI	D HILLS TX	76180
CAMPAIGN  CAMPAIGN  CAMPAIGN  CAMPAIGN  CAMPAIGN  CAMPAIGN  CAMPAIGN  CAMPAIGN  Candidate / Office flows Complete Schedule T.		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Complete ONLY if direct expenditure to benefit C/OH  Date  9/18/24  Payee name  REYES PRINTING  Amount (\$)  Purpose OF EXPENDITURE  PRINTINGT  Candidate / Office held of Texas Complete Schedule 7.  Payee name  AMEGY BANK  Amount (\$)  Payee address;  City;  State;  Zip Code  T. SHIRT  Check if fravet outside of Texas Complete Schedule 7.  City;  City;  State;  Zip Code  T. SHIRT  Check if Austin, TX, officeholder living expense  Office sought  Office held  Office held  Payee name  AMEGY BANK  Amount (\$)  Payee address;  City;  State;  Zip Code  HOUSTON  TX  Purpose OF EXPENDITURE  Category [See Categories listed at the top of this schedule)  Date  Payee name  AMEGY BANK  Category [See Categories listed at the top of this schedule)  Description  Payer name  AMEGY BANK  Category [See Categories listed at the top of this schedule)  Description  Paper STATEMENT FE  Check if Travel outside of Texas Complete Schedule 7.  Check if Austin, TX, officeholder living expense  Complete QNLY if direct  Candidate / Officeholder name  Office sought  Office held	OF	CAMPAIGN	CONSULTATIO	ON FEE	
Date 9/18/24 REYES PRINTING  Amount (\$) Payee address; City; State; Zip Code 1774.32 GARIAND TX 75041  PURPOSE OF EXPENDITURE  PRINTINGT  Category (See Categories listed at the top of this schedule) Description  PRINTINGT  Check if favel cutside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete QNLY if direct expenditure to benefit C/OH  Date  Payee name  AMEGY BANK  Amount (\$) Payee address; City; State; Zip Code  HOUSTON TX  Category (See Categories listed at the top of this schedule) Description  Payee name  AMEGY BANK  Amount (\$) Payee address; City; State; Zip Code  HOUSTON TX  Category (See Categories listed at the top of this schedule) Description  PURPOSE OF BANK CHARGES  Description  PAPER STATEMENT FEE  Check if favetious disclose of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete QNLY if direct  Candidate / Officeholder name  Office sought  Office held		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Amount (\$) Payee address; City; State; Zip Code  1774.32 GARLAND TX 75041  Category (See Categories listed at the top of this schedule) Description  PURPOSE OF EXPENDITURE  PRINTINGT  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  AMEGY BANK  Amount (\$) Payee address; City; State; Zip Code  109/24/24  AMEGY BANK  Amount (\$) Payee address; City; State; Zip Code  1100 HOUSTON TX  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  PAPER STATEMENT FEE  Complete ONLY if direct  Complete ONLY if direct  Conclider Inving expense  Complete ONLY if direct  Candidate / Office holder name  Office sought  Office hold	Complete ONLY if direct expenditure to benefit C/Oh		Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code  1774.32 GARLAND TX 75041  Category (See Categories listed at the top of this schedule) Description  PURPOSE OF EXPENDITURE  PRINTINGT  Check if ravel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  AMEGY BANK  Amount (\$) Payee address; City; State; Zip Code  10 Category (See Categories listed at the top of this schedule) Description  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Description  PAPER STATEMENT FEE  Check if ravel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Check if ravel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Office holder name  Office sought  Office held	Date	Payee name			
Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  PRINTINGT  Check if ravel outside of Texas. Complete Schedule T.  Candidate / Office holder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office sought  Office held  Payee name  AMEGY BANK  Amount (s)  Payee address;  City: State; Zip Code  HOUSTON TX  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Check if ravel outside of Texas Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	9/18/24	REYES PRINTING			
Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  PRINTINGT  Check if travel outside of Texas Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Payee name  AMEGY BANK  Amount (\$)  Payee address;  City: State: Zip Code  HOUSTON TX  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  PAPER STATEMENT FEE  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	1774.32		GARLAND	TX	75041
PRINTINGT  Check if travel outside of Texas Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Payee name  AMEGY BANK  Amount (S)  Payee address;  City;  State;  Zip Code  HOUSTON  TX  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held		Category (See Categories listed at the top of this schedule)	Description		
PRINTINGT  Check if favel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Office held  Payee name  AMEGY BANK  Amount (\$) Payee address;  City; State; Zip Code  2.00  HOUSTON TX  Category (See Categories listed at the top of this schedule)  PAPER STATEMENT FEE  Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held					
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  AMEGY BANK  Amount (\$) Payee address; City; State; Zip Code  2.00 HOUSTON TX  Category (See Categories listed at the top of this schedule)  PAPER STATEMENT FEE  Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct Candidate / Officeholder name Office sought Office held		PRINTINGT	T- SHIRT		
Date Payee name  09/24/24 AMEGY BANK  Amount (\$) Payee address; City; State; Zip Code  2.00 HOUSTON TX  Category (See Categories listed at the top of this schedule) Description  PURPOSE OF EXPENDITURE  Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder livin	g expense
Amount (\$) Payee address; City; State; Zip Code  2.00 HOUSTON TX  Category (See Categories listed at the top of this schedule) Description  PURPOSE OF EXPENDITURE  BANK CHARGES  Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held			Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code  2.00 HOUSTON TX  Category (See Categories listed at the top of this schedule) Description  PURPOSE OF EXPENDITURE  BANK CHARGES  Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Date	Payee name			
2.00  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  BANK CHARGES  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	09/24/24	AMEGY BANK			
Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  BANK CHARGES  PAPER STATEMENT FEE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (S)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE  BANK CHARGES  PAPER STATEMENT FEE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	2.00		HOUSTON	TX	
OF EXPENDITURE  BANK CHARGES  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct	OF	BANK CHARGES	PAPER STATEMEN	NT FEE	
Complete ONET II direct		Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
			Office sought		Office held

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

The Instruction Guide explains how to LER NAME IIBU SAMUEL ayee name UKE M C ayee address;  Category (See Categories listed at the top of this schedule)  CAMPAIGN  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  INTRINSIC ayee address;	City; ADDISON  (b) Description  CAMPAIGN M	State;	Zip Code 75001
Ayee name UKE M C  Ayee address;  Category (See Categories listed at the top of this schedule)  CAMPAIGN  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Ayee name  INTRINSIC	ADDISON  (b) Description  CAMPAIGN M  Check if Austin  Office sought	TX	75001
Category (See Categories listed at the top of this schedule)  CAMPAIGN  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  INTRINSIC	ADDISON  (b) Description  CAMPAIGN M  Check if Austin  Office sought	TX	75001
Category (See Categories listed at the top of this schedule)  CAMPAIGN  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  ayee name  INTRINSIC	ADDISON  (b) Description  CAMPAIGN M  Check if Austin  Office sought	TX	75001
Category (See Categories listed at the top of this schedule)  CAMPAIGN  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  ayee name  INTRINSIC	ADDISON  (b) Description  CAMPAIGN M  Check if Austin  Office sought	TX	75001
CAMPAIGN  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  ayee name  INTRINSIC	(b) Description  CAMPAIGN M  Check if Austin  Office sought	MANGER	ng expense
CAMPAIGN  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  ayee name  INTRINSIC	CAMPAIGN M Check if Austin Office sought		
Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  ayee name  INTRINSIC	Check if Austin Office sought		
Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  ayee name  INTRINSIC	Check if Austin Office sought		
Candidate / Officeholder name  ayee name  INTRINSIC	Office sought	, TX, officeholder livin	
ayee name INTRINSIC			Office held
INTRINSIC	City:		
	City:		
ayee address;	City:		
		State;	Zip Code
	GARLAND	TX	75040
ategory (See Categories listed at the top of this schedule)	Description		
	an mumi		
MPAIGN	CAMPAIGN F	KICK OFF FOOD	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, afficeholder livin	ig expense
Candidate / Officeholder name	Office sought		Office held
ayee name			
360.COM			
ayee address;	City;	State;	Zip Code
ategory (See Categories listed at the top of this schedule)	Description		
CAMPAIGN	SOFTWARE		
Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Candidate / Officeholder name	Office sought		Office held
	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  ayee name  360.COM  yee address;  ategory (See Categories listed at the top of this schedule)  CAMPAIGN  Check if travel outside of Texas. Complete Schedule T.	Check if travel cutside of Texas. Complete Schedule T.  Check if Austin Candidate / Officeholder name  Office sought  Reger name  360.COM  yee address;  City;  City;  City;  Check if Austin  Check if travel outside of Texas. Complete Schedule T.  Check if Austin	Check if travel cutside of Texas. Complete Schedule T.  Candidate / Office holder name  Office sought  Office s

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online)

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a catego	ory not listed above)
	The Instruction Guide explains how to o	complete this form.	_	
1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
8/23/24	AMEGY BANK			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
6.00	,;	HOUSTON	TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	BANK CHARAGE	SERVICE FEE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	gexpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/26/24	NEEL & PARTNERS			
Amount (\$)	Payee address;	City;	State;	Zip Code
3000		NORTH RICI	HLAND HILLS TX 76180	76180
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		CONSULTATION	EEEC	
OF EXPENDITURE	CAMPAIGN	CONSULTATION	PEES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/26/24	MILLENIAL CREATURE MEADIA LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
285.66		MISOURI CIT	Y TX	77459
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING	PRINTING FEE		54
	Check if travel cutside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

	The Instruction Guide explains how to o	complete this form.	•	gory not listed above)
Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethio	cs Commission Filers)
Date	5 Payee name			
8/9/24	NEEL & PARTNERS			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
238.10		NORTH RICHLAN	D HILLS TX	76180
	(a) Category (See Calegories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING	PRINTING FE	Е	
	(c) Check if travel cutside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/9/24	ALEX BENJAMIN			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00		GARLAND	TX	75043
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	PHOTOGRAPHY			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/23/24	AMEGY BANK			
Amount (\$)	Payee address;	City;	State; Zip Code	Zip Code
2.00		HOUSTON		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	BANK CHARGE	PAPER STATEME	NT FEE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

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## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Event Expense
Fees
Cod/Beverage Expense
Giff/Awards/Memorials Expense
Food/Sepigers
Food/Sepigers
Food/Beverage Expense
Food/Beverag

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
7/16/24	AMEGY BANK			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
8.00		HOUSTON	TX	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	BANK CHARAGE	CHECK ORDE	RING FEE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7/18/24	NEEL & PARTNERS			
Amount (\$)	Payee address;	City;	State;	Zip Code
1750.00		NORTH RICH	H RICHLAND HILLS TX 76180	76180
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		CONSULTATION		
OF EXPENDITURE	CAMPAIGN	CONSULTATION		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
0724/24	AMEGY BANK			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.00		HOUSTON	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	BANK CHARGE	PAPER STATEMEN	NT FEE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
	Candidate / Officeholder name	Office sought		Office held

## Dr. Shibu Samuel Semi-Annual Campaign Finance Report

Date	Particulars	Income	Expense
The state of the s	Income		
	Loan for the Campaign Account from Dr,Shibu Samuel	\$20,000.00	
	Campaign Fundraise through Website	\$150.00	
	Loan for the Campaign Account from Dr,Shibu Samuel	\$5,000.00	
	Loan for the Campaign Account from Dr,Shibu Samuel	\$10,000.00	
	Campaign FundRaise from JOJI M GEORGE (Business) ZELLE	\$1,000.00	
	Loan for the Campaign Account from Dr,Shibu Samuel	\$15,000.00	
	Campaign Fundraise through Website	\$191.70	
	Campaign FundRaise from Shaji Samuel (VA Employee) Check No- 2319	\$300.00	
	Campaign FundRaise from Mathew T Ninan(Realtor)- Check No- 552	\$250.00	
	Campaign FundRaise from Bijili George (Business) Check No - 11066	\$500.00	
	Campaign FundRaise from Dick A or Victoria S Mastin(Retired) Check No- 3971	\$100.00	
	Campaign Fundraise through Website	\$250.00	
	Campaign FundRaise from Liza Isaac (Home Maker) -lizajohn97@gmail.com	\$500.00	
12/20/24	Campaign FundRaise from Mathew P Chandy(Business) ZELLE	\$500.00	
	<u>Expenses</u>	Į.	
07/16/24	Deluxe Cheque Order Fee		\$8.00
	NEEL & PARTNERS SALE REF # 024200004364757(Consultant Fees)		\$1,750.00
	Paper Statement Fee(Amegy Bank)		\$2.00
	Zelle Paid for Wesley Varghese(Printing)		\$238.10
	Check Paid for Alex Benjamin(Photography-Check # 102)		\$300.00
	Paper Statement Fee(Amegy Bank)		\$2.00
	Monthly Service Charge(Amegy Bank)		\$6.00
	NEEL & PARTNERS SALE REF # 024239008139982(Consultant Fees)		\$3,000.00
	Zelle Paid for Wesley Varghese(Printing)		\$285.66
	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
	Square Inc Intrinsic REF # 024253001646085(Campaign Launch Food)		\$1,234.05
	2400077LG0006SH6X I360 LLC - I-360.COM HTTPSWWW.I360 VA 1921(C	ampaign door k	
	NEEL & PARTNERS SALE REF # 024261009251927(Consultant Fees)		\$1,043.04
	2418310LMS66EZWBD REYES PRINTING GARLAND TX 1208(T Shirt Prin	nting)	\$1,774.32
	Paper Statement Fee(Amegy Bank)		\$2.00
	Monthly Service Charge(Amegy Bank)		\$6.00
	REYES PRINTING GARLAND TX 1300(T Shirt Printing)		\$16.81
	REYES PRINTING & EMBRO RTP#4276P0I057V6(T Shirt Printing)		\$296.91
10/02/24	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
10/22/24	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
10/24/24	MONTHLY SVC CHG		\$6.00
10/24/24	PAPER STATEMENT FEE		\$2.00
	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
11/04/24	NEEL & PARTNERS SALE REF # 024309002465227(Consultant Fees)		\$500.00
	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
	MONTHLY SVC CHG		\$6.00
	PAPER STATEMENT FEE		\$2.00
	Zelle Paid for Wesley Varghese(Printing)		\$500.46
	NEEL & PARTNERS SALE REF # 024341004687284 (Consultant Fees)		\$500.00
	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$500.46
	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$999.54
	2400077PAEHM91791 I360 LLC - I-360.COM I-360.COM VA((Campaign doc	or knocking Sof	
	NEEL & PARTNERS SALE REF # 024347009840375 (Consultant Fees)	1	\$13,568.05
	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
12/23/24	2010 Fala for Dake Meconic Campaign Manager Salary)		\$1,500.00
	Total Income	\$53,741.70	

\$40,349.4	Total Expense	
4		
\$13,392.3	Balance as of 12/31/2024	