

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)

2 Total pages filed:
21

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR.** FIRST **SHIBU** MI

NICKNAME LAST **SAMUEL** SUFFIX

OFFICE USE ONLY

Date Received

1/15/2025
@ 4:40 p.m.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] **Garland TX 75043**

Change of Address

Date Hand-delivered or Date Postmarked

1/15/2025

Receipt #

Amount \$

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 394-6821

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR.** FIRST **AJU** MI

NICKNAME LAST **MATHEW** SUFFIX

Date Processed

1/16/2025

Date Imaged

1/16/2025

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] **GARLAND TX 75043**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
07 / 01 / 2024 THROUGH 12 / 31 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 03 / 2025 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME _____ 16 Filer ID (Ethics Commission Filers) _____

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,741.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 40,349.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,392.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,000

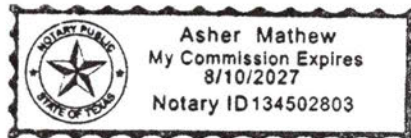
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shibu Samuel

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shibu Samuel this the 15th day of January, 2025, to certify which, witness my hand and seal of office.

Asher Mathew Asher Mathew Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 4
2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/10/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) SHIBU SAMUEL	9 Loan Amount (\$) 15,000
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code [REDACTED] Garland TX 75043	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CEO		13 Employer (See Instructions) SAMUEL GROUP OF COMPANIES
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/25/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) SHIBU SAMUEL	9 Loan Amount (\$) 10,000
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; _____ City: Garland State: TX Zip Code 75043	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CEO		13 Employer (See Instructions) SAMUEL GROUP OF COMPANIES
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; _____ City: _____ State: _____ Zip Code _____	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; _____ City: _____ State: _____ Zip Code _____	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; _____ City: _____ State: _____ Zip Code _____	
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/22/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) SHIBU SAMUEL	9 Loan Amount (\$) 5,000
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address: _____ City: Garland State: TX Zip Code 75043	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CEO		13 Employer (See Instructions) SAMUEL GROUP OF COMPANIES
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address: _____ City: _____ State: _____ Zip Code _____	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address: _____ City: _____ State: _____ Zip Code _____	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address: _____ City: _____ State: _____ Zip Code _____	
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/16/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) SHIBU SAMUEL	9 Loan Amount (\$) 20,000
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code [REDACTED] Garland TX 75043	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CEO		13 Employer (See Instructions) SAMUEL GROUP OF COMPANIES
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics Commission Filers)
4 Date 12/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOJI M. GEORGE 6 Contributor address; City; State; Zip Code [REDACTED] HEATH TX 75032	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) SELF EMPLOYED		9 Employer (See Instructions) TEXAS PREMIER HOME HEALTH CARE
Date 12/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHAJI SAMUEL Contributor address; City; State; Zip Code [REDACTED] SUNNYVALE TX 75182	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) VA EMPLOYER		Employer (See Instructions)
Date 12/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATHEW T. NINAN Contributor address; City; State; Zip Code [REDACTED] GARLAND TX 75043	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)
Date 12/07/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BIJILI GEORGE Contributor address; City; State; Zip Code [REDACTED] CARROLTON TX 75007	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics Commission Filers)
4 Date 12/7/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DICK A 6 Contributor address; City; State; Zip Code [REDACTED] GARLAND TX 75043	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) TEXAS PREMIER HOME HEALTH CARE
Date 12/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LIZA ISSAC Contributor address; City; State; Zip Code [REDACTED] GARLAND TX 75043	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) HOME MAKER		Employer (See Instructions) GRAIN MARKET LLC
Date 12/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATHEW P. CHANDY Contributor address; City; State; Zip Code [REDACTED] GARLAND TX 75043	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 08/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHIBU SAMUEL Contributor address; City; State; Zip Code [REDACTED] GARLAND TX 75043	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ELITE HOSPICE OF TEXAS

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME SHIBU SAMUEL		3 Filer ID (Ethics Commission Filers)
4 Date 08/21/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATHEW CHANDY 6 Contributor address; City; State; Zip Code [REDACTED] GARLAND TX 75043	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) SELF EMPLOYED		9 Employer (See Instructions) TEXAS PREMIER HOME HEALTH CARE
Date 08/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SAM DANIEL Contributor address; City; State; Zip Code [REDACTED] IRVING TX 75063	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) HEAD OF SALES		Employer (See Instructions) GRAIN MARKET LLC
Date 12/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALLEN WEST Contributor address; City; State; Zip Code [REDACTED] GARLAND TX 75043	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) AMERICAN CONSTITUTION RIGHTS UNION
Date 12/05/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATHEW BINU THOMAS Contributor address; City; State; Zip Code [REDACTED] ORADELL NJ 07649	Amount of contribution (\$) 191.70
Principal occupation / Job title (See Instructions) RISK MANAGEMENT		Employer (See Instructions) FEDERAL RESERVE BANK OF NY

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 12/23/24	5 Payee name LUKE MECOM	
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code [REDACTED] ADDISON TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN	(b) Description CAMPAIGN MANGER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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
	<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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME SHIBU SAMUEL			3 Filer ID (Ethics Commission Filers)	
4 Date 12/9/24		5 Payee name LUKE MECOM				
6 Amount (\$) 999.54		7 Payee address; 			City; ADDISON	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN		(b) Description CAMPAIGN MANGER			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held
Date 12/11/24		Payee name I 360.COM				
Amount (\$) 2400.00		Payee address;			City;	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN		Description SOFTWARE			
	<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
Date 12/12/24		Payee name NEEL & PARTNERS				
Amount (\$) 13,568.05		Payee address; 			City; NORTHRICHLAND HILLS	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN		Description CONSULTATION FEES			
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/24	5 Payee name MILLENIEL CREATURE MEDIA LLC	
6 Amount (\$) 500.46	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description CAMPAIGN MANGER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/06/24	Payee name NEEL & PARTNERS	
Amount (\$) 500.00	Payee address; City; State; Zip Code [REDACTED] NORTHRICHLAND HILLS TX 76180	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description CONSULTATION FEE
	<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
Date 12/09/24	Payee name LUKE MECOM	
Amount (\$) 500.46	Payee address; City; State; Zip Code [REDACTED] ADDISON TX 75001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description CAMPAIGN MANGER
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 11/9/24	5 Payee name LUKE MECOM	
6 Amount (\$) 1500	7 Payee address; 	City; State; Zip Code ADDISON TX 75001
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN	(b) Description CAMPAIGN MANGER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/22/24	Payee name AMEGY BANK	
Amount (\$) 6.00	Payee address; 	City; State; Zip Code HOUTON TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK CHARGES	Description SERVICE FEE
	<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
Date 11/22/24	Payee name AMEGY BANK	
Amount (\$) 6.00	Payee address; 	City; State; Zip Code HOUSTON TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK CHARGES	Description SERVICE FEE
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 10/2/24	5 Payee name LUKE MECOM	
6 Amount (\$) 1500	7 Payee address; 	City; State; Zip Code ADDISON TX 75001
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN	(b) Description CAMPAIGN MANGER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/22/24	Payee name LUK MECOM	
Amount (\$) 1500	Payee address; 	City; State; Zip Code GARLAND TX 75040
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description CAMPAIGN MANAGER
	<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
Date 10/24/24	Payee name AMEGY BANK	
Amount (\$) 6.00	Payee address; 	City; State; Zip Code HOUSTON TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK CHARGES	Description SERVICE FEE
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 9/24/24	5 Payee name AMEGY BANK	
6 Amount (\$) 6.00	7 Payee address; [REDACTED] HOUSTON	City; State; Zip Code TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANK CHARGES	(b) Description SERVICE FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/27/24	Payee name REYES PRINTING	
Amount (\$) 16.81	Payee address; [REDACTED] GARLAND	City; State; Zip Code TX 75041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING CHARGES	Description
	<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
Date 10/2/24	Payee name REYES PRINTING	
Amount (\$) 296.91	Payee address; [REDACTED] GARLAND	City; State; Zip Code TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 9/17/24	5 Payee name NEEL & PARTNERS	
6 Amount (\$) 1043.04	7 Payee address; 	City; State; Zip Code NORTH RICHLAND HILLS TX 76180
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN	(b) Description CONSULTATION FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/18/24	Payee name REYES PRINTING	
Amount (\$) 1774.32	Payee address; 	City; State; Zip Code GARLAND TX 75041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTINGT	Description T- SHIRT
	<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
Date 09/24/24	Payee name AMEGY BANK	
Amount (\$) 2.00	Payee address; 	City; State; Zip Code HOUSTON TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK CHARGES	Description PAPER STATEMENT FEE
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 9/6/24	5 Payee name LUKE M C	
6 Amount (\$) 1500	7 Payee address; 	City; State; Zip Code ADDISON TX 75001
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN	(b) Description CAMPAIGN MANGER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/9/24	Payee name INTRINSIC	
Amount (\$) 1234.05	Payee address; 	City; State; Zip Code GARLAND TX 75040
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description CAMPAIGN KICK OFF FOOD
	<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
Date 9/12/24	Payee name I-360.COM	
Amount (\$) 2400	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description SOFTWARE
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 8/23/24	5 Payee name AMEGY BANK	
6 Amount (\$) 6.00	7 Payee address; 	City; State; Zip Code HOUSTON TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANK CHARGE	(b) Description SERVICE FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/26/24	Payee name NEEL & PARTNERS	
Amount (\$) 3000	Payee address; 	City; State; Zip Code NORTH RICHLAND HILLS TX 76180
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN	Description CONSULTATION FEES
	<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
Date 08/26/24	Payee name MILLENNIAL CREATURE MEADIA LLC	
Amount (\$) 285.66	Payee address; 	City; State; Zip Code MISSOURI CITY TX 77459
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description PRINTING FEE
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHIBU SAMUEL	3 Filer ID (Ethics Commission Filers)
4 Date 8/9/24	5 Payee name NEEL & PARTNERS	
6 Amount (\$) 238.10	7 Payee address; 	City; State; Zip Code NORTH RICHLAND HILLS TX 76180
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description PRINTING FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/9/24	Payee name ALEX BENJAMIN	
Amount (\$) 300.00	Payee address; 	City; State; Zip Code GARLAND TX 75043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PHOTOGRAPHY	Description
	<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
Date 08/23/24	Payee name AMEGY BANK	
Amount (\$) 2.00	Payee address; 	City; State; Zip Code HOUSTON TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK CHARGE	Description PAPER STATEMENT FEE
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

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Dr. Shibu Samuel Semi-Annual Campaign Finance Report

Date	Particulars	Income	Expense
<u>Income</u>			
07/16/24	Loan for the Campaign Account from Dr,Shibu Samuel	\$20,000.00	
08/26/24	Campaign Fundraise through Website	\$150.00	
10/22/24	Loan for the Campaign Account from Dr,Shibu Samuel	\$5,000.00	
11/25/24	Loan for the Campaign Account from Dr,Shibu Samuel	\$10,000.00	
12/09/24	Campaign FundRaise from JOJI M GEORGE (Business) ZELLE	\$1,000.00	
12/10/24	Loan for the Campaign Account from Dr,Shibu Samuel	\$15,000.00	
12/10/24	Campaign Fundraise through Website	\$191.70	
12/11/24	Campaign FundRaise from Shaji Samuel (VA Employee) Check No- 2319	\$300.00	
12/11/24	Campaign FundRaise from Mathew T Ninan(Realtor)- Check No- 552	\$250.00	
12/07/24	Campaign FundRaise from Bijili George (Business) Check No - 11066	\$500.00	
12/11/24	Campaign FundRaise from Dick A or Victoria S Mastin(Retired) Check No- 3971	\$100.00	
12/11/24	Campaign Fundraise through Website	\$250.00	
12/16/24	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>			
07/16/24	Deluxe Cheque Order Fee		\$8.00
07/18/24	NEEL & PARTNERS SALE REF # 024200004364757(Consultant Fees)		\$1,750.00
07/24/24	Paper Statement Fee(Amegy Bank)		\$2.00
08/09/24	Zelle Paid for Wesley Varghese(Printing)		\$238.10
08/09/24	Check Paid for Alex Benjamin(Photography-Check # 102)		\$300.00
08/23/24	Paper Statement Fee(Amegy Bank)		\$2.00
08/23/24	Monthly Service Charge(Amegy Bank)		\$6.00
08/26/24	NEEL & PARTNERS SALE REF # 024239008139982(Consultant Fees)		\$3,000.00
08/26/24	Zelle Paid for Wesley Varghese(Printing)		\$285.66
09/06/24	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
09/09/24	Square Inc Intrinsic REF # 024253001646085(Campaign Launch Food)		\$1,234.05
09/12/24	2400077LGO006SH6X 1360 LLC - I-360.COM HTTPSWWW.1360 VA 1921(Campaign door k		\$2,400.00
09/17/24	NEEL & PARTNERS SALE REF # 024261009251927(Consultant Fees)		\$1,043.04
09/18/24	2418310LMS66EZWBDR REYES PRINTING GARLAND TX 1208(T Shirt Printing)		\$1,774.32
09/24/24	Paper Statement Fee(Amegy Bank)		\$2.00
09/24/24	Monthly Service Charge(Amegy Bank)		\$6.00
09/27/24	REYES PRINTING GARLAND TX 1300(T Shirt Printing)		\$16.81
10/02/24	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
11/01/24	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
11/04/24	NEEL & PARTNERS SALE REF # 024309002465227(Consultant Fees)		\$500.00
11/19/24	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
11/22/24	MONTHLY SVC CHG		\$6.00
11/22/24	PAPER STATEMENT FEE		\$2.00
11/27/24	Zelle Paid for Wesley Varghese(Printing)		\$500.46
12/06/24	NEEL & PARTNERS SALE REF # 024341004687284 (Consultant Fees)		\$500.00
12/09/24	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$500.46
12/09/24	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$999.54
12/11/24	2400077PAEHM91791 I360 LLC - I-360.COM I-360.COM VA((Campaign door knocking Sof		\$2,400.00
12/12/24	NEEL & PARTNERS SALE REF # 024347009840375 (Consultant Fees)		\$13,568.05
12/23/24	Zelle Paid for Luke Mecom(Campaign Manager Salary)		\$1,500.00
Total Income		\$53,741.70	

	Total Expense		\$40,349.40
	Balance as of 12/31/2024		\$13,392.30