JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction | Guide explains how to | complete this form. | 1 Filer ID (Ethics Commission 00080198 | on Filers) | 2 Total pages | filed: 65 |
|------------------------------------|-------------------------|---------------------|--|-----------------|---------------------|---|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | | |
| OFFICEHOLDER NAME | The Honorable | Rabeea | | | Date Received | |
| | | | | | ELECTRONIC | CALLY FILED |
| | | | | | 07/17/2023 | |
| | NICKNAME | LAST | | SUFFIX | 011112020 | |
| | | Sultan Collier | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; | APT / SUITE #; CI | TY; | ZIP CODE | Date Hand-delivered | d or Date Postmarked |
| OFFICEHOLDER MAILING ADDRESS | 9659 N. Sam Houstor | n Parkway East, Su | ite 150 #129 | | Receipt # | Amount |
| Change of Address | Humble, TX 77396 | | | | | |
| | | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | | MI | |
| TREASURER | Mr. | Robert | | | | |
| NAME | | | | | | |
| | | | | | | |
| | NICKNAME | LAST Collier | | | SUFFIX | |
| | | Collier | | | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO | | | SUITE #; CITY; | S | TATE; ZIP CODE |
| ADDRESS | 9659 N. Sam Houstor | n Parkway East, Su | iite 150 #129 | | | |
| (Residence or Business) | | | | | | |
| (Residence of Business) | Humble, TX 77396 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE F | HONE NUMBER | EXTENSION | | | |
| TREASURER PHONE | (832) 527-2695 | | | | | |
| | | | | | | |
| 8 REPORT TYPE | | — | | | - | |
| | January 15 | 30th day befor | re election R | unoff | | campaign treasurer fficeholder only) |
| | X July 15 | 8th day before | election E | ceeded modified | - | .ttach C/OH-FR) |
| | | | | porting limit | ```` | |
| 9 PERIOD | Month Day Y | ear | | Month Day | Year | |
| COVERED | 01/01/2023 | | HROUGH | 06/30/202 | | |
| | 01/01/2020 | | | 00/00/202 | 0 | |
| 10 ELECTION | ELECTION DAT | E I | | ELECTION TYPE | | |
| | | | Primary | | Other | |
| | linonan Bay | | Filliary | Kulloli | | |
| | | | General | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | I | 1 | 2 OFFICE SOUGHT | (if known) | |
| | District Judge District | 113 Harris | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO | TO PAGE 2 | | | |
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 65

I

| 13 C / OH NAME | Sultan Collier, Rabee | ea (The Honorable) | 14 Filer ID 00080198 | (Ethics Commission Filers) |
|--|----------------------------------|--|----------------------------|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information | t the candidate's or offic | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRE | ESS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI | | \$ 0.00 |
| | | ICAL CONTRIBUTIONS | | \$ 62,350.00 |
| | | PLEDGES, LOANS, OR GUARANTEES OF LOAI IZED POLITICAL EXPENDITURES | NS) | |
| TOTALS | | | | \$ 0.00 |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | \$ 37,719.11 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD | LAST DAY OF THE | \$ 133,413.97 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS A | S OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | | |
| | | I swear, or affirm, under pena true and correct and includes under Title 15, Election Code. | all information required | |
| | | The Honora | able Rabeea Sultan C | Collier |
| | | Signature | of Candidate or Officeho | ılder |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | |
| Currente and auto- | wiked before the burth | aid | this the | |
| | - | aid ertify which, witness my hand and seal of office. | , this the | day |
| 0 | , 20, 000 | | | |
| Signature of offic | cer administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Forms provided by Te: | xas Ethics Commissior | www.ethics.state.tx.us | | Version V3.5.1.a18ea2ca |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 65

| 18 FILEI Sulta | | IE lier, Rabeea (The Honorable) | 19 Filer ID 00080198 | (Ethics Com | mission Filers) |
|-------------------|---|--|-------------------------|-------------|-----------------|
| | | E SUBTOTALS SCHEDULE | | SUBTC | TAL AMOUNT |
| 1. | Х | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 62,350.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | |
| 4. | | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 37,719.11 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO | DNS | \$ | |
| 12. | Х | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | 701.93 |
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| The Instruc | The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/20 Rpt: 4/65 |
|----------------------|---|---------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sultan Collie | r, Rabeea (The Honorable) | | 00080198 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 02/17/2023 | Acosta, Michelle | | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77092 | | |
| 8 Contributor's P | rincipal Occupation | 9 Contributor's Job Title | |
| Attorney | | | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp | ouse (if any) |
| Law Office of | ⁻ Domingo Garcia, LLP | | |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/06/2023 | Ahmad Zavitsanos & Mensing PC | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77010 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | |
| | | | |
| Contributor's e | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 03/03/2023 | Alkas, Peri | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77024 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | I |
| Attorney | | | |
| Contributor's e | mployer/law firm | Law firm of contributor's sp | ouse (if any) |
| Phelps Dunb | ar, LLP | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 2/20 Rpt: 5/65 |
|---|---|--|--|
| 2 FILER NAME Sultan Collie | r, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 4 Date 03/08/2023 | 5 Full name of contributor out-of-state PAC (ID#: Ammons, Robert | | 7 Amount of Contribution (\$) \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | Houston, TX 77006 | - | |
| 8 Contributor's F Attorney | Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e Ammons Lav | | 11 Law firm of contributor's sp | oouse (if any) |
| 12 If contributor is Ammons Lav | s a child, law firm of parent(s) (if any) ៷ Firm | | |
| Date 03/01/2023 | Full name of contributor out-of-state PAC (ID#: Aversano & Gold Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$500.00 |
| | Houston, TX 77008 | 1 | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| If contributor is | s a child, law firm of parent(s) (if any) | I | |
| Date 03/07/2023 | Full name of contributor in out-of-state PAC (ID#:_ Azhar Chaudhary Law Firm, PC Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$5,000.00 |
| Contributor's F | Bellaire, TX 77401 Principal Occupation | Contributor's Job Title | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| If contributor is | s a child, law firm of parent(s) (if any) | I | |
| | hu Tayas Ethias Cammiasian | | Varaian V2 E 1 e10ee2ee |

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 3/20 Rpt: 6/65 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sultan Collie | r, Rabeea (The Honorable) | | 00080198 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 03/07/2023 | Baker Botts Amicus Fund | | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77002 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributoria | mplovor/low firm | 11 Low firm of contributor's on | nource (if any) |
| 10 Contributor's e | anpioyennaw intri | 11 Law firm of contributor's sp | Jouse (ii any) |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/07/2023 | Banjay R. Chadha Law, PLLC |) | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77002 | | |
| Contributor's F | I Principal Occupation | Contributor's Job Title | |
| | | | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/03/2023 | Beck Redden LLP | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston TX 77010 | | |
| Contributor's | Houston, TX 77010 Principal Occupation | Contributor's Job Title | |
| Contributors P | | | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | pouse (if any) |
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| If contributor is | s a child, law firm of parent(s) (if any) | I | |
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| 2 FILER NAME Sultan Collie | r, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 4 Date 03/08/2023 | 5 Full name of contributor out-of-state PAC (ID# Brock, Julie 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77047 | | |
| 8 Contributor's F Attorney | Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e Self | mployer/law firm | 11 Law firm of contributor's sp | bouse (if any) |
| 12 If contributor is | a child, law firm of parent(s) (if any) | 1 | |
| Date 03/08/2023 | Full name of contributor out-of-state PAC (ID# Brown, Chevazz Contributor address; City; State; Zip Code | f:) | Amount of Contribution (\$) \$500.00 |
| Contributor's F | Houston, TX 77023 Principal Occupation | Contributor's Job Title | |
| Lawyer | | | |
| Jackson Wal | | Law firm of contributor's sp | oouse (if any) |
| | s a child, law firm of parent(s) (if any) | | |
| Date 03/08/2023 | Full name of contributor Dout-of-state PAC (ID# Campbell, Nathan Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77098 | | |
| Contributor's F Attorney | Principal Occupation | Contributor's Job Title | |
| Contributor's e | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| AZA Law | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sultan Collie | r, Rabeea (The Honorable) | | 00080198 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 03/02/2023 | Cortes, Eddie | | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77076 | | |
| 8 Contributor's P | rincipal Occupation | 9 Contributor's Job Title | |
| Attorney | | | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Self | | | |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/23/2023 | DLA Piper PAC | | \$500.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Washington, DC 20004 | | |
| Contributor's P | Principal Occupation | Contributor's Job Title | |
| | | | |
| Contributor's e | mployer/law firm | Law firm of contributor's sp | bouse (if any) |
| | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/03/2023 | Davenport, Scott | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77007 | | |
| Cantributaria | | Contributor's Job Title | |
| Attorney | rincipal Occupation | | |
| - | mplover/law firm | Law firm of contributor's sp | nouse (if any) |
| Contributor's employer/law firm Law firm of contributor's sp Davenport Law Firm | | | |
| - | s a child, law firm of parent(s) (if any) | | |
| in continuator le | | | |
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| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 6/20 Rpt: 9/65 | | |
|---|---|--|---------------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| Sultan Collie | r, Rabeea (The Honorable) | | 00080198 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 02/08/2023 | Davis, Shelly | | \$500.00 | |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| 9 Contributoria (| Houston, TX 77098 | 9 Contributor's Job Title | | |
| Attorney | Principal Occupation | | | |
| 10 Contributor's e | emplover/law firm | 11 Law firm of contributor's sp | nouse (if any) | |
| Davis Law F | | | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/02/2023 | Doyle, Jeremy | | \$1,000.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77024 | | | |
| | Principal Occupation | Contributor's Job Title | | |
| Attorney | | | | |
| Reynolds Fri | employer/law firm | Law firm of contributor's sp | oouse (if any) | |
| - | s a child, law firm of parent(s) (if any) | | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/02/2023 | Eric G. Carter |) | \$2,500.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Bellaire, TX 77401 | | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | | |
| | | | | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | bouse (if any) | |
| | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
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| L Farman mraudad | by Texas Ethics Commission www.ethic | e stato ty us | Version V/2 5 1 a18ea2ca | |

| The Instrue | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 7/20 Rpt: 10/65 | |
|--|--|---|---|
| 2 FILER NAME Sultan Collie | r, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 4 Date 02/22/2023 | 5 Full name of contributor out-of-state PAC (ID#: Feibus, Michael 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$250.00 |
| | Spring, TX 77386 | | |
| 8 Contributor's F Attorney | Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e Chamberlain | | 11 Law firm of contributor's sp | oouse (if any) |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date 03/08/2023 | Full name of contributor out-of-state PAC (ID#:_ Flanery, Meghan Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77018 | | |
| Contributor's F Managing Pa | Principal Occupation artner | Contributor's Job Title | |
| LeBlanc Flar | employer/law firm nery PLLC s a child, law firm of parent(s) (if any) | Law firm of contributor's sp Dolmar Legacy LP | oouse (if any) |
| Date 03/02/2023 | Full name of contributor out-of-state PAC (ID#:_ Ford, Sammy Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77010 | | |
| Contributor's F Attorney | Principal Occupation | Contributor's Job Title | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| Forms provided | by Texas Ethics Commission www.ethic | s.state.tx.us | Version V3.5.1.a18ea2ca |

| The Instruc | tion Guide explains how to complete this f | form. | 1 Total pages Schedule A(J)1: Sch: 8/20 Rpt: 11/65 |
|--------------------------------|--|--|--|
| 2 FILER NAME Sultan Collier | r, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 03/06/2023 | 5 Full name of contributor out-of-state PAC (ID#:) Frizzell, Jean 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$2,500.00 |
| | Houston, TX 77002 | | |
| 8 Contributor's P Attorney | rincipal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp Reynolds Frizzell LLC | oouse (if any) |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| Date 03/02/2023 | Full name of contributor out-of-state PAC (ID#:_ Ghuneim, Wisam Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$1,000.00 |
| Contributor's P | Pasadena, TX 77505 rincipal Occupation | Contributor's Job Title | |
| Attorney | | Ghuneim Law Firm | |
| Wisam Ghun | mployer/law firm eim & Mo Ghuneim | Law firm of contributor's sp | oouse (if any) |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Date 03/02/2023 | Full name of contributor out-of-state PAC (ID#:_ Horowitz, Daniel Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77002 | | |
| Contributor's P Attorney | rincipal Occupation | Contributor's Job Title | |
| | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| Daniel D. Ho | | | |
| | a child, law firm of parent(s) (if any) | | |
| | | | |
| Forms provided b | by Texas Ethics Commission www.ethic | s.state.tx.us | Version V3.5.1.a18ea2ca |

| The Instruc | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 9/20 Rpt: 12/65 | |
|---|--|---|---|
| 2 FILER NAME Sultan Collie | r, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 02/01/2023 | | | 7 Amount of Contribution (\$) \$2,500.00 |
| | Sugar Land, TX 77479 | | |
| | Principal Occupation | 9 Contributor's Job Title Partner | |
| Attorney | malovor/low firm | | |
| 10 Contributor's e The Hadi Lav | | 11 Law firm of contributor's sp | Jouse (II any) |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/01/2023 | Javed, Fatima | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | Beaumont, TX 77707 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Executive | | | |
| | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| Shaan Globa | I LLC | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 03/07/2023 | Javed, Mohammad | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Decument TV 77707 | | |
| O sustribute de D | Beaumont, TX 77707 | O statility to also had Title | |
| Executive | rrincipal Occupation | Contributor's Job Title | |
| | mplover/law firm | Law firm of contributor's sp | nouse (if any) |
| Contributor's employer/law firm Law firm of contributor's sp Riceland Home Health, LLC | | | |
| | a child, law firm of parent(s) (if any) | | |
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| Forms provided | by Texas Ethics Commission www.ethic | s.state.tx.us | Version V3.5.1.a18ea2ca |

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J)1: Sch: 10/20 Rpt: 13/65 |
|---|--|--|--|
| 2 FILER NAME Sultan Collier | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 02/18/2023 | Full name of contributor out-of-state PAC (ID#:_ Lamba , Rahul Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$1,000.00 |
| | Houston, TX 77079 | | |
| 8 Contributor's P Attorney | rincipal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e Lamba & Ass12 If contributor is | | 11 Law firm of contributor's sp | oouse (if any) |
| | | | |
| Date 02/17/2023 | /2023 Full name of contributor induced out-of-state PAC (ID#:) Landa, John Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77002 | | |
| Contributor's P Lawyer | rincipal Occupation | Contributor's Job Title | |
| Lapin & Land | mployer/law firm a, LLP a child, law firm of parent(s) (if any) | Law firm of contributor's sp | oouse (if any) |
| | | | |
| Date 02/27/2023 | Full name of contributor out-of-state PAC (ID#:) Langham, Chanler Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77018 | | |
| Contributor's P Attorney | rincipal Occupation | Contributor's Job Title | |
| Contributor's employer/law firm Law firm of contributor Susman Godfrey | | Law firm of contributor's sp | oouse (if any) |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| | by Texas Ethics Commission www.ethic: | s.state.tx.us | Version V3.5.1.a18ea2ca |

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J)1: Sch: 11/20 Rpt: 14/65 |
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| 2 FILER NAME Sultan Collie | r, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 03/02/2023 | Law Offices of Jose R. Lopez II PC | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | Houston, TX 77007 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| | | | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | pouse (if any) |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/17/2023 | Lee, Joshua |) | \$2,500.00 |
| 02,11,2020 | Contributor address; City; State; Zip Code | | |
| | Communication address, City, State, Zip Code | | |
| | Houston, TX 77055 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Lawyer | | | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | bouse (if any) |
| Armstrong Lo | ee & Baker LLP | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:, |) | Amount of Contribution (\$) |
| 03/02/2023 | MacVane, Charlotte | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77018 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | pouse (if any) |
| Self Rusty H | | Rusty Hardin and Asso | ciates |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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| The Instruc | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 12/20 Rpt: 15/65 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sultan Collie | r, Rabeea (The Honorable) | | 00080198 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 03/03/2023 | MacVane, John | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77018 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | ouse (if any) |
| Rusty Hardin | a & Associates | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 03/07/2023 | Mahmood, Tahir | | \$1,500.00 |
| | Contributor address; City; State; Zip Code | | |
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| | | | |
| | Kountze , TX 77625 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Retailer | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | ouse (if any) | |
| Shavers Stre | eet Holding Group | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 03/01/2023 | Massey, Dwaine | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
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| | | | |
| | Houston, TX 77007 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney Massey Law Firm PLLC | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | ouse (if any) | |
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| If contributor is | s a child, law firm of parent(s) (if any) | | |
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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J)1: Sch: 13/20 Rpt: 16/65 |
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| 2 FILER NAME Sultan Collie | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 4 Date 03/08/2023 | 5 Full name of contributor out-of-state PAC (ID#: Medina, David 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77007 | | |
| 8 Contributor's F Attorney | rincipal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e Chamberlain | | 11 Law firm of contributor's sp | oouse (if any) |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date 03/02/2023 | | | Amount of Contribution (\$) \$500.00 |
| Contributor's F | Houston, TX 77098 Principal Occupation | Contributor's Job Title | |
| Attorney | | | |
| | | Law firm of contributor's sp | oouse (if any) |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date 02/10/2023 | Full name of contributor out-of-state PAC (ID#: Nathan Somers Jacobs PC Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$500.00 |
| | Houston, TX 77056 | | |
| Contributor's Principal Occupation Contributor's Job Title | | Contributor's Job Title | |
| Contributor's employer/law firm | | Law firm of contributor's sp | oouse (if any) |
| If contributor is | s a child, law firm of parent(s) (if any) | I | |
| | by Toyas Ethias Commission | | Varcian V2 E 1 a19aa2aa |

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J)1: Sch: 14/20 Rpt: 17/65 | |
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| 2 FILER NAME Sultan Collier | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 | |
| 03/07/2023 | Full name of contributor out-of-state PAC (ID#:_ Patrick M Flynn PC Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$100.00 | |
| | Houston, TX 77002 | | | |
| 8 Contributor's P | rincipal Occupation | 9 Contributor's Job Title | | |
| 10 Contributor's er | nployer/law firm | 11 Law firm of contributor's sp | oouse (if any) | |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | | |
| Date 03/02/2023 | | | Amount of Contribution (\$) \$500.00 | |
| Contributor's P | Houston, TX 77010 | Contributor's Job Title | | |
| Attorney | | | | |
| Burford Perry | | Law firm of contributor's sp | oouse (if any) | |
| If contributor is | a child, law firm of parent(s) (if any) | | | |
| Date 03/08/2023 | | | Amount of Contribution (\$) \$250.00 | |
| | Houston, TX 77006 | | | |
| Contributor's P Of Counsel | rincipal Occupation | Contributor's Job Title | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | | |
| Buzbee Law Firm | | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | | |
| Forme provided b | y Texas Ethics Commission www.ethics | s.state.tx.us | Version V3.5.1.a18ea2ca | |

| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 15/20 Rpt: 18/65 | |
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| 2 FILER NAME Sultan Collie | r, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 03/02/2023 | 5 Full name of contributor out-of-state PAC (ID#:_ Porter, Christopher 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77098 | | |
| 8 Contributor's P Attorney | rincipal Occupation | 9 Contributor's Job Title Partner | |
| - | uel Urquhart & Sullivan LLP | 11 Law firm of contributor's sp | oouse (if any) |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| Date 03/08/2023 | Full name of contributor out-of-state PAC (ID#:) Raza, Amir Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$500.00 |
| | Friendswood, TX 77546 | | |
| Contributor's P President | rincipal Occupation | Contributor's Job Title | |
| Revive Reco | mployer/law firm very : a child, law firm of parent(s) (if any) | Law firm of contributor's sp | oouse (if any) |
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| Date 03/02/2023 | Full name of contributor out-of-state PAC (ID#:) Reynal, Federico Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$500.00 |
| | Houston, TX 77030 | | |
| Contributor's P Lawyer | rincipal Occupation | Contributor's Job Title | |
| Contributor's employer/law firm Law firm of contributor's sp The Reynal Law Firm | | bouse (if any) | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Forme provided l | by Texas Ethics Commission www.ethic | s.state.tx.us | Version V3.5.1.a18ea2ca |

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 16/20 Rpt: 19/65 | |
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| 2 FILER NAME Sultan Collie | er, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 | |
| 4 Date 03/02/2023 | 5 Full name of contributor out-of-state PAC (ID#: Reynolds Frizzell LLP 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$1,000.00 | |
| | Houston, TX 77002 | | | |
| 8 Contributor's I | Principal Occupation | 9 Contributor's Job Title | | |
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| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) | |
| 12 If contributor i | s a child, law firm of parent(s) (if any) | I | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 02/21/2023 | Rothberg, Timothy | | \$500.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Friendswood, TX 77546 | | | |
| Contributor's I | Principal Occupation | Contributor's Job Title | | |
| Attorney | | | | |
| Contributor's employer/law firm Law firm of contributor's s | | oouse (if any) | | |
| Peckar & Ab | | | | |
| If contributor i | s a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/20/2023 | Shackelford, Bowen, McKinley & Norton, LLP | | \$1,000.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77002 | | | |
| Contributor's I | Principal Occupation | Contributor's Job Title | | |
| Contributor's employer/law firm | | Law firm of contributor's sp | oouse (if any) | |
| lf contributor i | If contributor is a child, law firm of parent(s) (if any) | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 17/20 Rpt: 20/65 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sultan Collie | r, Rabeea (The Honorable) | | 00080198 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 02/02/2023 | Shamsi, Farrukh | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77024 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| President | | | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Texas Clinic | | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/08/2023 | Smith, Kingsley | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77010 | | |
| Director | Principal Occupation | Contributor's Job Title | |
| | employer/law firm | Law firm of contributor's sp | pource (if any) |
| AZA Law | | Law IIIII of contributor's sp | ouse (ii any) |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | \ \ | Amount of Contribution (\$) |
| 02/22/2023 | Smyser Kaplan & Veselka, LLP |) | \$1,000.00 |
| 02/22/2020 | Contributor address; City; State; Zip Code | | |
| | Contributor address, City, State, Zip Code | | |
| | | | |
| | Houston, TX 77002 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
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| Contributor's employer/law firm Law firm of contributor's sp | | Law firm of contributor's sp | ouse (if any) |
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| If contributor is | s a child, law firm of parent(s) (if any) | | |
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| The Instruc | ction Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 18/20 Rpt: 21/65 |
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| 2 FILER NAME Sultan Collie | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080198 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 03/03/2023 | Sudela, William | / | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77025 | | |
| 8 Contributor's F Attorney | Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp | pouse (if any) |
| | t McCulley & Houren | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/17/2023 | Susman Godfrey LLP | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
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| | | | |
| | Houston, TX 77002 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
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| Contributor's employer/law firm Law firm o | | Law firm of contributor's sp | bouse (if any) |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| 02/06/2023 | Urban , Tanya |) | \$500.00 |
| 01/00/1010 | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77002 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | | |
| Contributor's employer/law firm Law firm of cor | | Law firm of contributor's sp | bouse (if any) |
| Gibbs & Brur | ns LLP | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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| The Instruction Guide explains how to complete this t | form. | 1 Total pages Schedule A(J)1: Sch: 19/20 Rpt: 22/65 |
|---|---|--|
| 2 FILER NAME Sultan Collier, Rabeea (The Honorable) | | |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: 02/24/2023 William Fred Hagans | Date 5 Full name of contributor Image: out-of-state PAC (ID#:) 02/24/2023 William Fred Hagans William Fred Hagans | |
| Houston, TX 77006 | | |
| 8 Contributor's Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | 1 | |
| Date Full name of contributor out-of-state PAC (ID#:) 02/22/2023 Wilson, Daniel Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$250.00 |
| Bellaire, TX 77401 Contributor's Principal Occupation | Contributor's Job Title | |
| Attorney Contributor's employer/law firm Law firm of contributor's s | | bouse (if any) |
| Susman Godfrey If contributor is a child, law firm of parent(s) (if any) | | |
| Date Full name of contributor out-of-state PAC (ID#:_ 03/04/2023 Wilson, Susan Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$500.00 |
| Houston, TX 77055 | | |
| Contributor's Principal Occupation Attorney | Contributor's Job Title | |
| Contributor's employer/law firm Law firm of contributor's | | oouse (if any) |
| SBSB-Eastham | | |
| If contributor is a child, law firm of parent(s) (if any) | | |
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| The Instruction Guide explains how to complete this form. | | 1 | Total pages Schedule A(J)1 Sch: 20/20 Rpt: 23/65 | : | |
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| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | on Filers) |
| Sultan Collie | r, Rabeea (The Honorable) | | | 00080198 | - |
| 4 Date | 5 Full name of contributor | out-of-state PAC (ID#: |) 7 | Amount of Contribution (\$) | |
| 02/02/2023 | Yetter Coleman LLP | | | | \$1,000.00 |
| | 6 Contributor address; City; State; | Zip Code | | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77002 | | | | |
| 8 Contributor's I | I Principal Occupation | 9 Contributor's Job | Title | | |
| | | | | | |
| 10 Contributor's | emplover/law firm | 11 Law firm of contrib | outor's spou | use (if anv) | |
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| 12 If contributor i | s a child, law firm of parent(s) (if any) | | | | |
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| Data | | | , | Amount of Contribution (1) | |
| Date 02/27/2023 | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$1,000.00 |
| 02/21/2023 | | ~ ~ . | | | Φ1,000.00 |
| | Contributor address; City; State; | Zip Code | | | |
| | | | | | |
| | | | | | |
| | Houston, TX 77002 | | | | |
| | Principal Occupation | Contributor's Job | Title | | |
| Attorney | | | | | |
| | employer/law firm | Law firm of contrib | outor's spou | use (if any) | |
| Yetter Colen | | | | | |
| If contributor i | s a child, law firm of parent(s) (if any) | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|--|--------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nittee Legal Services The Instruction Guide et | Office Overhe Polling Exper se Printing Expe Salaries/Wag | nse es/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | FILER NAME | | : | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/41 Rpt: 24/65 | Sultan Collier, Rabeea (The Hor | norable) | | 00080198 |
| 4 | Date 05/04/2023 | Payee name I Houston Center Parking | | | |
| 6 | Amount (\$) \$18.00 | Payee address; City; TX | State; Zip Code | | |
| 8 | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of Fravel In District | of this schedule) (b | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sough | t | Office held |
| | Date | Payee name | | | |
| | 02/27/2023 | AC Marriott | | | |
| | Amount (\$) \$42.22 | Payee address; City; | State; Zip Code | | |
| | | Austin, TX | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of Fravel Out of District | of this schedule) (b | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sough | t | Office held |
| | Date | Payee name | | | |
| | 05/18/2023 | Abu Omar Halal | | | |
| | Amount (\$) \$182.92 | Payee address; City; | State; Zip Code | | |
| | | ΓX | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top o | of this schedule) (b | | utside of Texas. Complete Schedule T. TX, officeholder living expense 1Ch |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sough | t | Office held |
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| | | | EXPENDITURE CAT | TEGOR | RIES FOR | BOX 8(a | .) | | | |
|---|---|-----|--|-------------|---|----------------------|---------------------|-----|---|------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Inmittee Legal Services The Instruction Guide ex | | Office Over Polling Exp Printing Exp Salaries/Wa | ense Iges/Contrac | Expense ct Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 5 | | (pro | 1011 10 11 | 1010 | | 3 | Filer ID (Ethics Commission File | arc) |
| 1 | Sch: 2/41 Rpt: 25/65 | 2 | Sultan Collier, Rabeea (The Hon | orable |) | | | | 00080198 | 13) |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 01/12/2023 | | Adobe Inc. | | | | | | | |
| 6 | Amount (\$) \$32.16 | | Payee address; City; TX | State; | Zip Coo | e | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of | f this sche | edule) | b) Desci | ription | | | |
| | OF EXPENDITURE | | Advertising Expense | | | Ch Ch | eck if travel o | TX, | de of Texas. Complete Schedule T. officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | 0 | Office soug | ht | | | Office held | |
| | Date | | Payee name | | | | | | | |
| | 02/13/2023 | | Adobe Inc. | | | | | | | |
| | Amount (\$) \$32.16 | | Payee address; City; | State; | Zip Coo | e | | | | |
| | | | ТХ | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of Advertising Expense | f this sche | edule) | Ch | eck if travel c | TX, | de of Texas. Complete Schedule T. officeholder living expense S | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | 0 | Office soug | ht | | | Office held | |
| | Date | | Payee name | | | | | | | |
| | 03/13/2023 | | Adobe Inc. | | | | | | | |
| | Amount (\$) \$32.16 | | Payee address; City; | State; | Zip Coo | e | | | | |
| | | | ТХ | | i | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of Advertising Expense | f this sche | edule) | Ch | eck if travel c | TX, | de of Texas. Complete Schedule T. officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | 0 | Office soug | ht | | | Office held | |
| | | _ | | | _ | _ | _ | _ | | |

| | | | | EXPENDITU | JRE CATEGO | RIES FOR | BO | X 8(a) | | | | |
|---|---|-------------|---|--|------------------------|---|---------------------------------|--------------------|-------|--|-----------------------|-------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | F F C ittee L | vent Expense ees ood/Beverage Exp oft/Awards/Memoria egal Services The Instruction | | Office Over Polling Exp Printing Exp Salaries/Wa | head/ ense pense ages/ | Contract Labor | | Solicitation/Fundi Transportation Ed Travel in District Travel Out of Dis OTHER (enter a | quipment & R trict | Related Expense |
| 1 | Total pages Schedule F1: | 2 FI | LER NAME | | | | | | 3 | Filer ID | (Ethics Co | ommission Filers) |
| | Sch: 3/41 Rpt: 26/65 | | | r, Rabeea (T | he Honorable | e) | | | - | 00080198 | , | , |
| 4 | Date | 5 Pa | ayee name | | | | | | | | | |
| | 04/12/2023 | A | dobe Inc. | | | | | | | | | |
| 6 | Amount (\$) \$32.16 | 7 Pa | ayee address X | s; City; | State | ; Zip Coo | le | | | | | |
| 8 | PURPOSE | (a) Ca | ategory (See | Categories listed a | at the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | dvertising E | | | |] | Check if travel of | , TX, | le of Texas. Comp officeholder living | | le T. |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Offic | eholder name | (| Office soug | jht | | | Office he | ld | |
| | Date | Pa | ayee name | | | | | | | | | |
| | 06/12/2023 | A | dobe Inc. | | | | | | | | | |
| | Amount (\$) | Pa | ayee address | s; City; | State | ; Zip Coo | le | | | | | |
| | \$32.16 | т | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory _{(See} dvertising E | | at the top of this sch | nedule) | | | , TX, | le of Texas. Compofficeholder living | | le T. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Offic | eholder name | (| Office soug | jht | | | Office he | ld | |
| | Date | Pa | ayee name | | | | | | | | | |
| | 01/23/2023 | A | mazon Mar | ketplace | | | | | | | | |
| | Amount (\$) \$50.06 | Pa | ayee address | s; City; | State | ; Zip Coc | le | | | | | |
| | | T | x | | | , | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory _{(See} vent Expen | | at the top of this sch | nedule) | | | | le of Texas. Compofficeholder living | | le T. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Offic | eholder name | C | Office soug | jht | | | Office he | ld | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|--|---------------------------------|-------------|------|--|---------|---|------------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | Travel in District Travel Out of Dis | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 4/41 Rpt: 27/65 | | | beea (The Honora | ble) | | | | 00080198 | | |
| 4 | Date 01/25/2023 | | Payee name Amazon Marketpl | ace | | | | | | | |
| 6 | Amount (\$) \$21.40 | | Payee address; TX | City; Sta | ate; Zip Co | ode | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category _{(See Catego} Event Expense | pries listed at the top of this | schedule) | (b) | | | le of Texas. Com officeholder living | plete Schedule T. expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officehold | er name | Office sou | ught | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 03/08/2023 | . | Amazon Marketpl | ace | | | | | | | |
| | Amount (\$) \$11.78 | | Payee address; | City; Sta | ate; Zip Co | ode | | | | | |
| | | · | тх | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See Catego} Advertising Exper | ories listed at the top of this | schedule) | (b) | | , TX, (| officeholder living | plete Schedule T. expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officehold | er name | Office sou | ught | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | = |
| | 04/10/2023 | . | Amazon Marketpl | ace | | | | | | | |
| | Amount (\$) \$525.60 | | Payee address; | City; Sta | ate; Zip Co | ode | | | | | |
| | | · | тх | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See Catego} Event Expense | pries listed at the top of this | schedule) | (b) | | , TX, (| officeholder living | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officehold | er name | Office sou | ught | | | Office he | eld | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|-----|--|---|------------------------------|--------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Office Over Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 5/41 Rpt: 28/65 | | Sultan Collier, Rabeea (The Honorable) |) | | | 00080198 | | | | |
| 4 | Date 03/20/2023 | | Payee name Asia Society Texas Center | | | | | | | | |
| 6 | Amount (\$) \$80.00 | | Payee address; City; State; TX | Zip Coo | le | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sched Fees | dule) | | n, TX | ide of Texas. Complete Schedule T. , officeholder living expense 2S | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name Of | ffice sou | ht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/18/2023 | | CAIR Houston | | | | | | | | |
| | Amount (\$) \$1,000.00 | | Payee address; City; State; | Zip Co | le | | | | | | |
| | | | ТХ | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sched Event Expense | dule) | | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense hip | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Of | ffice sou | ht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 02/27/2023 | | COA Parking Meters | | | | | | | | |
| | Amount (\$) \$11.75 | | Payee address; City; State; | Zip Co | le | | | | | | |
| | | | Austin, TX | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this scheo Travel Out of District | dule) | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name Of | ffice sou | ht | | Office held | | | | |
| | | | | | | | | | | | |

| | | | | EXPENDIT | URE CATEGOR | RIES FOR | BOX 8(a) | | | |
|---|---|-----|-----------------|---|------------------------------------|---|------------------------------|--------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services | rials Expense | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Travel in District Travel Out of Distri | ipment & Related Expense |
| | - | | | | n Guide explains l | how to con | plete this form. | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | 3 | | (Ethics Commission Filers) |
| | Sch: 6/41 Rpt: 29/65 | | Sultan Collie | er, Rabeea (| The Honorable | e) | | | 00080198 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 01/31/2023 | | CVS | | | | | | | |
| 6 | Amount (\$) \$65.60 | 7 | Payee addres | s; City; | State; | Zip Coo | le | | | |
| | | | ТХ | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | | e Categories listed 'Memorials E | at the top of this sche Expense | edule) | | n, TX, | de of Texas. Comple , officeholder living e t | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Offic | ceholder name | e C | Dffice soug | ht | | Office held | 1 |
| | Date | | Payee name | | | | | | | |
| | 05/08/2023 | | CVS | | | | | | | |
| | Amount (\$) \$266.33 | | Payee addres | ss; City; | State; | Zip Coo | le | | | |
| | | | ТХ | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | e Categories listed 'Memorials E | at the top of this sche Xpense | edule) | | n, TX, | de of Texas. Comple officeholder living e g ift card | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | ceholder name | e C | Office soug | ht | | Office held | ł |
| | Date | | Payee name | | | | | | | |
| | 05/09/2023 | | Cacao & Ca | rdamom | | | | | | |
| | Amount (\$) \$48.71 | | Payee addres | s; City; | State; | ; Zip Coo | le | | | |
| | | | ТХ | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | e Categories listed 'Memorials E | at the top of this sche Expense | edule) | | ı, TX, | de of Texas. Comple , officeholder living e ; | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Offic | ceholder name | e C | Office soug | ht | | Office held | t |
| | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | · · · · · · | 3 Filer ID (Ethics Commission Filers) |
| ± | Sch: 7/41 Rpt: 30/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 |
| 4 | Date | 5 Payee name | |
| | 01/30/2023 | Cheesecake Factory | |
| 6 | Amount (\$) \$64.95 | Payee address; City; State; Zip Code TX | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| U | OF | Food/Beverage Expense | outside of Texas. Complete Schedule T. TX, officeholder living expense cake |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 05/01/2023 | Chick-Fil-A | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$984.43 | ТХ | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense D |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 04/25/2023 | Clark's Restaurant | |
| | Amount (\$) \$55.86 | Payee address; City; State; Zip Code | |
| | | Austin, TX | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | | | | EXP | ENDITURE (| CATEGOR | RIES FOR | во |)X 8(a) | | | | | |
|---|---|-----|--|--------------------------|----------------------------------|-----------------|---|--------------------------------|----------------------|-------|---|-------------------|--|--------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Gift/Award Legal Serv | erage Expense s/Memorials Exp | | Office Over Polling Exp Printing Ex Salaries/W | head ense pense ages/ | e /Contract Labor | | Travel in District Travel Out of Dis | Equipme strict | Expense ent & Related Expens ory not listed above) | se |
| 1 | Total pages Schedule F1: | 12 | | | | e explaine . | 1000 10 00. | Ilbic | | 2 | Filer ID | /⊏th | ics Commission F | ilore) |
| 1 | Sch: 8/41 Rpt: 31/65 | | Sultan Colli | | eea (The H | Ionorable | e) | | | 3 | 00080198 | (Eur | | 11015) |
| 4 | Date | 5 | Payee name | | | | | | | | | | | |
| | 06/29/2023 | | Costco | | | | | | | | | | | |
| 6 | Amount (\$) \$238.66 | | Payee addre: TX | ss; (| City; | State; | Zip Coo | de | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categori | es listed at the to | op of this sche | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Food/Bever | | | | | | | , TX, | de of Texas. Com officeholder living KS | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Offi | ceholder | r name | C | Office sou | ght | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | | | |
| | 04/19/2023 | | Denny's | | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; C | City; | State; | Zip Co | de | | | | | | |
| | \$29.36 | | ТХ | | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Se} Food/Bever | | | op of this sche | edule) | | | , TX, | de of Texas. Com officeholder living | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Offi | ceholder | r name | С | Office sou | ght | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | | | |
| | 05/04/2023 | | District Cou | rts Ben | evolence F | und | | | | | | | | |
| | Amount (\$) \$50.00 | | Payee addre 201 Carolin | | City; | State; | Zip Co | de | | | | | | |
| | | | Houston, TX | K 77002 | 2 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Se} Gift/Awards | | | | edule) | | | | de of Texas. Com officeholder living | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Offi | ceholder | r name | C | Office sou | ght | | | Office he | eld | | |
| | | | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | | |
| 1 | Total pages Schedule F1: | | Filer ID (Ethics Commission Filers) | | | | | | | | |
| | Sch: 9/41 Rpt: 32/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 | | | | | | | | |
| 4 | Date 03/23/2023 | 5 Payee name EL TIEMPO CANTINA | | | | | | | | | |
| 6 | Amount (\$) \$288.03 | 7 Payee address; City; State; Zip Code 2814 NAVIGATION BLVD Houston, TX 77003 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense JNCh | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 05/01/2023 | Edible Arrangement | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$116.90 | 6777 Woodlands Pkwy STE 322 The Woodlands, TX 77382 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense ft | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 05/25/2023 | Frank's Pizza | | | | | | | | | |
| | Amount (\$) \$34.21 | Payee address; City; State; Zip Code | | | | | | | | | |
| | | TX | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | | | | | | | | | | | |

| | | | | EXPENDITUR | E CATEGOF | RIES FOR | BOX 8 | 8(a) | | | | |
|---|---|------|---|--|---------------------|---|--------------------------------------|-----------|-------|--|------------|--------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fee Foo Gift/ ttee Leg | d/Beverage Expens Awards/Memorials al Services | Expense | Office Over Polling Exp Printing Exp Salaries/Wa | nead/Rer ense ense iges/Con | | | Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a | quipment & | Related Expense |
| _ | - | | | e Instruction Gu | iide explains i | how to con | iplete t | his form. | i _ | | | · · · |
| 1 | Total pages Schedule F1: | | | | | | | | | Filer ID | (Ethics (| Commission Filers) |
| | Sch: 10/41 Rpt: 33/65 | | ultan Collier, | Rabeea (The | Honorable | ?) | | | | 00080198 | | |
| 4 | Date 06/28/2023 | | ayee name 'ank's Pizza | | | | | | | | | |
| 6 | Amount (\$) | 7 Pá | avee address; | City; | State: | Zip Coc | e | | | | | |
| | \$33.92 | Т | | | , | _p | - | | | | | |
| 8 | PURPOSE | | | | | | b) De | | | | | |
| o | OF EXPENDITURE | | ategory _{(See C} ood/Beverage | | ne top of this scho | edule) | | | | le of Texas. Com officeholder living | | lule T. |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | ndidate/Officeh | older name | C | Office soug | ht | | | Office he | eld | |
| | Date | Pa | ayee name | | | | | | | | | |
| | 01/27/2023 | На | arris County | Civil | | | | | | | | |
| | Amount (\$) | Pa | ayee address; | City; | State; | Zip Coc | е | | | | | |
| | \$19.39 | т | × | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory _{(See C} Dod/Beverage | | ne top of this sche | edule) | | | , TX, | le of Texas. Com officeholder living | | lule T. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ndidate/Officeh | older name | C | Office soug | ht | | | Office he | eld | |
| | Date | Pa | ayee name | | | | | | | | | |
| | 05/16/2023 | | arris County | Civil | | | | | | | | |
| | Amount (\$) \$7.32 | Pa | ayee address; | City; | State; | Zip Coc | e | | | | | |
| | | т | × | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory _{(See C} Dod/Beverage | | ne top of this sche | edule) | | | , TX, | le of Texas. Com officeholder living | | lule T. |
| | Complete ONLY if direct expenditure to benefit C/OF | | ndidate/Officeh | older name | C | Office soug | ht | | | Office he | eld | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|---|--|------------------------|---------------------------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract | xpense Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 11/41 Rpt: 34/65 | | Sultan Collier, Rabeea (The Honorable | e) | | | | 00080198 | | |
| 4 | Date 04/28/2023 | | Payee name Hartfield, Derrick | | | | | | | |
| 6 | Amount (\$) \$300.00 | 7 | Payee address; City; State; TX | Zip Co | de | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor | edule) | Cheo | ck if travel o | , тх, | de of Texas. Complete Schedule T. officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 04/20/2023 | | Hilton Houston Valet | | | | | | | |
| | Amount (\$) \$25.00 | | Payee address; City; State; | Zip Co | de | | | | | |
| | | | ТХ | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Travel In District | edule) | | ck if travel o ck if Austin, | | de of Texas. Complete Schedule T. officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 05/08/2023 | | Hilton Houston Valet | | | | | | | |
| | Amount (\$) \$25.00 | | Payee address; City; State; | Zip Co | de | | | | | |
| | | | ТХ | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sche Travel In District | edule) | | ck if travel o ck if Austin, | | de of Texas. Complete Schedule T. officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | | Office held | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---------------|---|--|--------------------------------------|--------------------------|--------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | , - I Comr | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl | Office Polling Printing Salarie | Overhe Expen g Expen s/Wage | nse es/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 F | | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 12/41 Rpt: 35/65 | | Sultan Collier, Rabeea (The Honor | rable) | | | | 00080198 | | | |
| 4 | Date | 5 F | Payee name | | | | | | | | |
| | 05/05/2023 | ł | louston Bar Association | | | | | | | | |
| 6 | Amount (\$) | 7 F | Payee address; City; S | State; Zip | Code | | | | | | |
| | \$10.00 | 1 | .111 Bagby St Suite 200 | | | | | | | | |
| | | | | | | | | | | | |
| | | ŀ | louston, TX 77002 | | | | | | | | |
| 8 | PURPOSE | (a) (| Category (See Categories listed at the top of th | nis schedule) | (b |) Description | | | | | |
| | OF | | Event Expense | ilo senedule) | | | outsi | de of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | • | | | Check if Austin | n, TX, | officeholder living expense | | | |
| | | | | | | Ticket | | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | Office s | ough | t | | Office held | | | |
| | Date | F | Payee name | | | | | | | | |
| | 06/12/2023 | ŀ | louston Bar Association | | | | | | | | |
| _ | Amount (\$) | F | Payee address; City; S | State; Zip | Code | | | | | | |
| | \$260.00 | | .111 Bagby St Suite 200 | | 00000 | | | | | | |
| | \$200.00 | | Life Dagby of Calle 200 | | | | | | | | |
| | | ŀ | louston, TX 77002 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of the top of the texpense | nis schedule) | (b | | | de of Texas. Complete Schedule T. officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name | Office s | ough | t | | Office held | | | |
| | Date | F | Payee name | | | | | | | | |
| | 04/04/2023 | | louston Lawyers Association | | | | | | | | |
| | Amount (\$) | F | Payee address; City; S | State; Zip | Code | | | | | | |
| | \$450.00 | | | · | | | | | | | |
| | | 1 | -X | | | | | | | | |
| | PURPOSE OF | (a) (| Category (See Categories listed at the top of th | nis schedule) | (b |) Description | | | | | |
| | EXPENDITURE | E | Event Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name | Office s | ough | t | | Office held | | | |
| | | | | | | | | | | | |

| | | | EXPENDITURE CATEG | ORIES FO | R B | DX 8(a) | | |
|---|---|----------|--|--|---------------------------------------|------------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | Office O Polling E Printing Salaries/ | verhea Expense Expense Wages | se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 13/41 Rpt: 36/65 | | Sultan Collier, Rabeea (The Honora | ble) | | | | 00080198 |
| 4 | Date 06/12/2023 | | Payee name Howdy Hot Chicken | | | | | |
| 6 | Amount (\$) | | - | ate; Zip C | odo | | | |
| D | \$101.09 | | TX | ae, zip c | oue | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this | schedule) | (b) | Description | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ught | | | Office held |
| | Date | | Payee name | | | | | |
| | 06/12/2023 | | Humble Area Democrats | | | | | |
| | Amount (\$) | | Payee address; City; Sta | ate; Zip C | ode | | | |
| | \$250.00 | <u> </u> | тх | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this Event Expense | schedule) | (b) | | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ught | | | Office held |
| | Date | | Payee name | | | | | |
| | 04/10/2023 | | Humble Elementary School | | | | | |
| | Amount (\$) | | Payee address; City; Sta | ate; Zip C | ode | | | |
| | \$100.00 | | | | | | | |
| | | | ТХ | | _ | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this Event Expense | schedule) | (b) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense IrShip |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ught | | | Office held |
| | | | | | | | | |

| | | | EXPEND | ITURE CATEGOR | RIES FOR | BOX 8(a) | | | |
|---|---|------------|---|--|---|-----------------------------|--------|--|--------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | Expense norials Expense on Guide explains h | Office Over Polling Exp Printing Exp Salaries/Wa | ense Iges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a | |
| 1 | Total pages Schedule F1: | 2 F | ILER NAME | | | | 3 | Filer ID (Ethics Commis | sion Filers) |
| | Sch: 14/41 Rpt: 37/65 | | Sultan Collier, Rabeea | (The Honorable | e) | | | 00080198 | |
| 4 | Date | 5 F | ayee name | | | | | | |
| | 04/20/2023 | L | AH Parking | | | | | | |
| 6 | Amount (\$) \$50.00 | | Payee address; City; | State; | Zip Coo | e | | | |
| 8 | PURPOSE | (a) (| Category (See Categories list | ed at the top of this sche | edule) | b) Description | | | |
| | OF EXPENDITURE | | ravel Out of District | | | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder nar | ne O | Office soug | ht | | Office held | |
| | Date | F | ayee name | | | | | | |
| | 05/04/2023 | L | AH Parking | | | | | | |
| | Amount (\$) \$58.00 | F | Payee address; City; | State; | Zip Coc | e | | | |
| | | | X | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories list Travel Out of District | ed at the top of this sche | edule) | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder nar | ne O | Office soug | ht | | Office held | |
| | Date | F | ayee name | | | | | | |
| | 04/18/2023 | | CNA Dallas | | | | | | |
| | Amount (\$) \$475.00 | F | Payee address; City; | State; | Zip Coo | e | | | |
| | | Г | TX | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories list | ed at the top of this sche | edule) | Check if Austin | ι, TX, | ide of Texas. Complete Schedule T. , officeholder living expense Community empowerment | t |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder nar | ne O | Office soug | ht | | Office held | |
| | | | | | | | | | |

| | | | EXPENDITURE | CATEGORIE | S FOR BO | DX 8(a) | | | |
|---|---|-----------|--|------------------------------|----------------------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | Ofi Po pense Pri Sa | e /Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 FILE | RNAME | | | | on Filers) | | |
| | Sch: 15/41 Rpt: 38/65 | | n Collier, Rabeea (The H | lonorable) | | | 00080198 | | |
| 4 | Date | 5 Paye | e name | | | | | | |
| | 05/09/2023 | | continental Hotel Parking | | | | | | |
| 6 | Amount (\$) \$21.06 | 7 Paye | e address; City; | State; Z | ip Code | | | | |
| 8 | PURPOSE | (a) Cated | Ory (See Categories listed at the t | on of this schedule |) (b) | Description | | | |
| | OF EXPENDITURE | | el In District | | ., | Check if travel of | outside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ate/Officeholder name | Offic | e sought | | Office held | | |
| | Date | Paye | e name | | | | | | |
| | 04/21/2023 | Islam | i in Spanish | | | | | | |
| | Amount (\$) | Paye | e address; City; | State; Z | ip Code | | | | |
| | \$1,054.00 | тх | | | | | | | |
| | PURPOSE | (a) Cator | 1001/ 10 000000000000000000000000000000 | | (h) | Description | | | |
| | OF | | JOTY (See Categories listed at the t t Expense | op of this schedule | •) (6) | Check if travel of | outside of Texas. Complete Schedule T. TX, officeholder living expense DNSORShip | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ate/Officeholder name | Offic | e sought | | Office held | | |
| | Date | Paye | e name | | | | | | |
| | 04/24/2023 | JW N | larriott | | | | | | |
| | Amount (\$) \$1,143.26 | Paye | e address; City; | State; Z | ip Code | | | | |
| | | Was | nington DC, DC | | | | | | |
| | PURPOSE OF EXPENDITURE | | Ory (See Categories listed at the t el Out of District | op of this schedule | ∍) (b) | | outside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ate/Officeholder name | Offic | e sought | | Office held | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) | | | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 16/41 Rpt: 39/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 | | | | | | | |
| 4 | Date | Payee name | | | | | | | | |
| | 01/15/2023 | Jack and Jill Foundation | | | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$250.00 | 1930 17th Street, NW | | | | | | | | |
| | | | | | | | | | | |
| | | Washington, DC 20009 | | | | | | | | |
| 8 | PURPOSE |) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITORE | | TX, officeholder living expense | | | | | | | |
| | | Donation | | | | | | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | - p | | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/10/2023 | Kingwood Park High School | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$100.00 | | | | | | | | | |
| | | | | | | | | | | |
| | | ТХ | | | | | | | | |
| | PURPOSE |) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITORE | | TX, officeholder living expense | | | | | | | |
| | | Class of 2024 | Fundraiser | | | | | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 02/21/2023 | L&L Valet Parking | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$20.00 | | | | | | | | | |
| | | | | | | | | | | |
| | | ТХ | | | | | | | | |
| | PURPOSE |) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. | | | | | | | |
| | | | TX, officeholder living expense | | | | | | | |
| | | Parking | | | | | | | | |
| | Complete ONIL V if direct | Candidate/Officebolder.neme | Office hold | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| | | | EXPENDITURE | CATEGOR | RIES FOR | BOX 8(a) |) | | | | |
|---|---|-----|---|-------------------|---|-----------------------|-----------------------------------|-------|--|---------------------|------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E mittee Legal Services The Instruction Gui | xpense | Office Over Polling Exp Printing Ex Salaries/W | oense ages/Contrac | Expense et Labor | | Travel in District Travel Out of Dist | uipment & Related E | |
| 1 | Total pages Sabadula E1: | 5 | | ue explaine | 1000 10 00. | ipiere uno | | 3 | | (Ethics Commiss | en Filore) |
| T | Total pages Schedule F1: Sch: 17/41 Rpt: 40/65 | | FILER NAME Sultan Collier, Rabeea (The | Honorable | e) | | | | Filer ID 00080198 | (Ethics Commiss | on Fliers) |
| 4 | Date | 5 | Payee name | | | | • | | | | |
| | 02/01/2023 | | LA GRIGLIA | | | | | | | | |
| 6 | Amount (\$) \$500.00 | | Payee address; City; TX | State; | ; Zip Coo | le | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the | e top of this sch | nedule) | (b) Descr | ription | | | | |
| | OF EXPENDITURE | | Event Expense | | | Ch | | , TX, | le of Texas. Comp officeholder living (| | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | Iht | | | Office hel | d | |
| | Date | | Payee name | | | | | | | | |
| | 06/16/2023 | | Landers Brannon | | | | | | | | |
| | Amount (\$) \$194.79 | | Payee address; City; | State; | ; Zip Coo | le | | | | | |
| | | | тх | | | | | | | | |
| | PURPOSE OF EXPENDITURE | I | Category (See Categories listed at the Fees | e top of this sch | iedule) | Ch | eck if travel o eck if Austin, | , TX, | le of Texas. Comp officeholder living on of District | | ng fees |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | Iht | | | Office hel | d | |
| | Date | | Payee name | | | | | | | | |
| | 01/27/2023 | | Lyft | | | | | | | | |
| | Amount (\$) \$43.75 | | Payee address; City; | State; | ; Zip Coo | le | | | | | |
| | | | ТХ | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the Travel In District | e top of this sch | iedule) | Ch | eck if travel o | , TX, | le of Texas. Comp officeholder living (| | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | lht | | | Office hel | d | |
| | | | | | | | | | | | |

| | | | | EXPEND | DITURE CATE | GORIES FO | R BC | DX 8(a) | | | | |
|---|---|-----|--|---------------|----------------------------|---|--|-----------------------|-------|---|-------------------|----------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fe Fe G mittee Le | egal Services | Expense morials Expense | Office O Polling E Printing Salaries | verhea Expense Expense /Wages | e s/Contract Labor | | Solicitation/Fundr Transportation Ec Travel in District Travel Out of Dist OTHER (enter a c | quipment & Relate | |
| | - | | | he Instruct | ion Guide expla | ains how to c | omple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | | | | | | | | | Filer ID | (Ethics Comm | ission Filers) |
| | Sch: 18/41 Rpt: 41/65 | 5 | Sultan Collier | , Rabeea | (The Honor | able) | | | | 00080198 | | |
| 4 | Date | 5 F | Payee name | | | | | | | | | |
| | 02/10/2023 | | _yft | | | | | | | | | |
| 6 | Amount (\$) \$22.54 | | Payee address | s; City; | S | tate; Zip C | ode | | | | | |
| 8 | PURPOSE | | | | | | (b) | Description | | | | |
| U | OF | | Category _{(See} Travel In Dist | | ted at the top of th | is schedule) | | Check if travel | , TX, | de of Texas. Comp officeholder living | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Office | >holder nai | me | Office so | ught | | | Office he | ld | |
| | Date | F | Payee name | | | | | | | | | |
| | 02/17/2023 | ן ו | _yft | | | | | | | | | |
| | Amount (\$) \$45.08 | F | Payee address | s; City; | S | tate; Zip C | ode | | | | | |
| | DUDDOCE | | тх | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See} Travel In Dist | | ted at the top of thi | is schedule) | (0) | | , TX, | de of Texas. Comp officeholder living | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Office | əholder naı | me | Office so | ught | | | Office he | ld | |
| | Date | F | Payee name | | | | | | | | | |
| | 04/17/2023 | L | _yft | | | | | | | | | |
| | Amount (\$) \$38.53 | F | ⊃ayee address | s; City; | S | tate; Zip C | ode | | | | | |
| | | | TX | | | | 1 | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See} Travel Out of | | ted at the top of th | is schedule) | (b) | | , TX, | de of Texas. Comp officeholder living | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Office | əholder naı | me | Office so | ught | | | Office he | ld | |
| | | | | | | | | | | | | |

| | | | | EXPE | IDITURE CA | TEGOR | RIES FOR | BC | DX 8(a) | | | | | |
|----------|---|-----|---|---------------|-------------------------------------|--------------|--|--------------------------------|----------------------|---------------|--|------------|--------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Legal Service | ge Expense Memorials Expen es | | Office Ove Polling Exp Printing Ex Salaries/W | rhead bense pens ages | e /Contract Labor | | Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a | quipment a | & Related Expense | |
| <u> </u> | - | 1_ | | | ction Guide e | xplains r | how to cor | npie | ete this form. | ار | | _ | | |
| 1 | Total pages Schedule F1: | | | | () | | | | | 3 | Filer ID | (Ethics | Commission Filers) | |
| | Sch: 19/41 Rpt: 42/65 | | Sultan Colli | er, Rabee | ea (The Hor | norable | :) | | | | 00080198 | | | |
| 4 | Date | | Payee name | | | | | | | | | | | |
| | 04/19/2023 | | Lyft | | | | | | | | | | | |
| 6 | Amount (\$) \$46.95 | | Payee addres | ss; Cit | y; | State; | Zip Co | de | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories | listed at the ton | of this sche | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Travel Out o | | | | euule) | . , | Check if travel | , TX, | de of Texas. Comp officeholder living | | dule T. | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder r | ame | 0 | Office sou | ght | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | | | |
| | 05/02/2023 | | Lyft | | | | | | | | | | | |
| | Amount (\$) \$25.24 | | Payee addres | ss; Cit | y; | State; | Zip Co | de | | | | | | |
| | | | ТХ | | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Se} Travel In Di | | listed at the top | of this sche | edule) | (b) | | , TX, | de of Texas. Comp officeholder living | | dule T. | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder r | ame | 0 | Office sou | ght | | | Office he | eld | | _ |
| | Date | | Payee name | | | | | | | | | | | ٦ |
| | 05/12/2023 | | Lyft | | | | | | | | | | | |
| | Amount (\$) \$15.52 | | Payee addres | ss; Cit | y; | State; | Zip Co | de | | | | | | _ |
| | | | ТХ | | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Se} Travel In Di | | listed at the top | of this sche | edule) | (b) | | , тх, | de of Texas. Comp officeholder living | | dule T. | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offi | ceholder r | lame | 0 | Office sou | ght | | | Office he | eld | | |
| | | | | | | | | | | | | | | |

| | | | | EXF | ENDITURE | CATEGOF | RIES FOF | BC | DX 8(a) | | | | |
|---|---|-----|---|------------------------|---|------------------|--|---------------------------------|----------------------|-------|--|-----------------|-----------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Gift/Awar Legal Sei | verage Expense ds/Memorials Ex rvices | | Office Ove Polling Exp Printing Ex Salaries/W | rhead bense pens 'ages | e /Contract Labor | | Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a | quipment & Rela | |
| | | | | | truction Guid | le explains l | how to co | nple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | | 3 | Filer ID | (Ethics Com | mission Filers) |
| | Sch: 20/41 Rpt: 43/65 | | Sultan Colli | er, Rat | beea (The H | Honorable | 2) | | | | 00080198 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 05/15/2023 | | Lyft | | | | | | | | | | |
| 6 | Amount (\$) \$2.00 | 7 | Payee addre | SS; | City; | State; | Zip Co | de | | | | | |
| 8 | PURPOSE | (a) | | | | | | (h) | Description | | | | |
| ð | OF EXPENDITURE | (a) | Category _{(Si} Travel In Di | | ries listed at the | top of this sche | edule) | (D) | | , TX, | de of Texas. Com officeholder living | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholde | er name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | | |
| | 05/17/2023 | | M & M Grill | | | | | | | | | | |
| | Amount (\$) \$401.02 | | Payee addre | SS; | City; | State; | Zip Co | de | | | | | |
| | | | тх | | | | | <u> </u> | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (Si Food/Bever | | | top of this sche | edule) | (b) | | , TX, | de of Texas. Com officeholder living | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholde | er name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | | |
| | 03/17/2023 | | Mahdi, Saa | dia | | | | | | | | | |
| | Amount (\$) \$755.00 | | Payee addre 63 Twin Va | | City; | State; | Zip Co | de | | | | | |
| | | | Sugar Land | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(Si} Salaries/Wa | | | | edule) | (b) | | , TX, | de of Texas. Com officeholder living | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Offi | ceholde | er name | C | Office sou | ght | | | Office he | eld | |
| | | | | | | | | | | | | | |

| | | | EXPENDITURE (| CATEGORI | ES FOR | BOX 8(a) | | | |
|---|---|----------------|--|------------------------|---|----------------------------|--------|--|--------------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | C F Dense F S | Office Overh Polling Expe Printing Exp Salaries/Wa | ense ges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | FILER | NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 21/41 Rpt: 44/65 | Sultar | n Collier, Rabeea (The H | onorable) | | | | 00080198 | · · |
| 4 | Date 01/03/2023 | Payee MailC | | | | | | | |
| 6 | Amount (\$) \$85.28 | 675 P Suite | address; City; once de Leon Ave NE 5000 a, GA 30308 | State; | Zip Cod | e | | | |
| 8 | PURPOSE OF EXPENDITURE | | ory (See Categories listed at the to ation/Fundraising Exper | | ule) (| | n, TX, | de of Texas. Com officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candida | te/Officeholder name | Off | fice soug | nt | | Office he | eld |
| | Date | Payee | name | | | | | | |
| | 02/03/2023 | MailC | himp | | | | | | |
| | Amount (\$) \$85.28 | 675 P Suite | address; City; once de Leon Ave NE 5000 a, GA 30308 | State; | Zip Cod | 9 | | | |
| | PURPOSE OF EXPENDITURE | | DTY (See Categories listed at the to tising Expense | op of this sched | ule) (| | ı, TX, | de of Texas. Com officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candida | te/Officeholder name | Off | fice soug | nt | | Office he | eld |
| | Date | Payee | name | | | | | | |
| | 03/03/2023 | MailC | himp | | | | | | |
| | Amount (\$) \$122.59 | 675 P Suite | address; City; once de Leon Ave NE 5000 a, GA 30308 | State; | Zip Cod | 9 | | | |
| | PURPOSE OF EXPENDITURE | | ory (See Categories listed at the to tising Expense | op of this sched | ule) (| | ı, TX, | de of Texas. Com officeholder livinç | plete Schedule T. I expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candida | te/Officeholder name | Off | fice soug | nt | | Office he | eld |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) | | | | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | | | |
| | Sch: 22/41 Rpt: 45/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 | | | | | | | | | |
| 4 | Date 04/03/2023 | Payee name MailChimp | | | | | | | | | | |
| 6 | Amount (\$) \$122.59 | \$122.59 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | | | | | | | | | | |
| 8 | 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communication | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 06/05/2023 | MailChimp | | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$122.59 | 675 Ponce de Leon Ave NE | | | | | | | | | | |
| | | Suite 5000 | | | | | | | | | | |
| | | Atlanta, GA 30308 | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense DN | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | |
| | 05/04/2023 | Masjid al Tawhid | | | | | | | | | | |
| | Amount (\$) \$350.00 | Payee address; City; State; Zip Code | | | | | | | | | | |
| | | тх | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense orship | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | EXPEND | ITURE CATEGO | RIES FOR I | 3OX 8(a) | | |
|-----|---|-------------------------|--|--|---|----------------------------|--|--------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Legal Services | Expense norials Expense on Guide explains | Office Overh Polling Expe Printing Expe Salaries/Wag | ense jes/Contract Labor | Travel in District Travel Out of District | ment & Related Expense |
| 1 | Total pages Sabadula F1: | 2 515 | | | | | 2 Filor ID (F | thics Commission Filers) |
| L I | Total pages Schedule F1: Sch: 23/41 Rpt: 46/65 | | an Collier, Rabeea | (The Honorable | e) | | 3 Filer ID (E 00080198 | |
| 4 | Date | 5 Paye | e name | | | | | |
| | 04/09/2023 | | oan Restaurant & | Caterers | | | | |
| 6 | Amount (\$) \$1,617.60 | 7 Paye | e address; City; | State | ; Zip Code | 3 | | |
| 8 | PURPOSE | (a) Cate | OORY (See Categories list | ed at the top of this sch | nedule) (t |) Description | | |
| | OF EXPENDITURE | | l/Beverage Expen: | | | Check if travel | outside of Texas. Complete n, TX, officeholder living exp g | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | late/Officeholder nar | ne (| Office sough | it | Office held | |
| | Date | Paye | e name | | | | | |
| | 01/05/2023 | Mint | ed | | | | | |
| | Amount (\$) | Paye | e address; City; | State | ; Zip Code | 9 | | |
| | \$935.49 | · · | Front Street | | · • | | | |
| | | Suite | 200 | | | | | |
| | | | Francisco , CA 94 | 111 | | | | |
| | PURPOSE OF EXPENDITURE | 1 | gory (See Categories list ing Expense | ed at the top of this sch | nedule) (k | | outside of Texas. Complete n, TX, officeholder living exp rketing | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | late/Officeholder nar | ne (| Office sough | nt | Office held | |
| | Date | Paye | e name | | | | | |
| | 06/12/2023 | · · | ouri City - Sugar L | and Alumni Cha | apter of Ka | ppa Alpha Psi | | |
| | Amount (\$) \$1,275.01 | Paye | e address; City; | State | ; Zip Code | 2 | | |
| | | тх | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Cate Ever | gory (See Categories list ht Expense | ed at the top of this sch | nedule) (t | | outside of Texas. Complete | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | late/Officeholder nar | ne (| Office sough | nt | Office held | |
| | | | | | | | | |

| | | | EXPENDITURE CATEGO | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|---------------|---|--|-----------------------------------|----------------------|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Con | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing E Salaries/W | rhead pense pense (ages/ | e 'Contract Labor | al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 | | | • | | 3 | Filer ID (Ethics Commission Filers) | | | | | |
| - | Sch: 24/41 Rpt: 47/65 | | Sultan Collier, Rabeea (The Honorable | e) | | | Ĵ | 00080198 | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 04/17/2023 | | Museum District Parking | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | de | | | | | | | | |
| | \$8.00 | | | | | | | | | | | | |
| | | | ТХ | | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | hedule) | (b) | Description | | | | | | | |
| | EXPENDITURE | | Travel In District | | | | | de of Texas. Complete Schedule T. | | | | | |
| | | | | | | Parking | , 17, | officeholder living expense | | | | | |
| | | | | | | r arrang | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office sou | ght | | | Office held | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 01/23/2023 | | Navy Seal Foundation | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | | | | |
| | \$10,000.00 | | | , 1 | | | | | | | | | |
| | ,, | | | | | | | | | | | | |
| | | | ТХ | | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | hedule) | (b) | Description | | | | | | | |
| | OF EXPENDITURE | | Advertising Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense | | | | | |
| | | | | | | Event Sponso | | | | | | | |
| | | | | | | | 0131 | mβ | | | | | |
| _ | Complete ONLY if direct | | candidate/Officeholder name | Office sou | nht | | | Office held | | | | | |
| | expenditure to benefit C/OI | | | | gin | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 01/04/2023 | I | On Street Parking | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | | | | |
| | \$3.50 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, TX | | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | hedule) | (b) | Description | | | | | | | |
| | OF EXPENDITURE | | Travel In District | , | | Check if travel | outsi | de of Texas. Complete Schedule T. | | | | | |
| | EXPENDITORE | | | | | | , TX, | officeholder living expense | | | | | |
| | | | | | | Parking | | | | | | | |
| | | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ght | | | Office held | | | | | |
| - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) |
| 1 | Total pages Schedule F1: | · · · | 3 Filer ID (Ethics Commission Filers) |
| 1 | Sch: 25/41 Rpt: 48/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 |
| 4 | Date | Payee name | |
| | 02/23/2023 | On Street Parking | |
| 6 | Amount (\$) \$2.50 | Payee address; City; State; Zip Code | |
| _ | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/27/2023 | On Street Parking | |
| | Amount (\$) \$2.50 | Payee address; City; State; Zip Code | |
| | DUDDOOF | TX | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 02/27/2023 | Otis Autograph | |
| | Amount (\$) \$52.22 | Payee address; City; State; Zip Code | |
| | | Austin, TX | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| | Sch: 26/41 Rpt: 49/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 | | | | | | | | |
| 4 | Date 01/31/2023 | Payee name Pappasito's Cantina | | | | | | | | | |
| 6 | 6 Amount (\$) \$288.65 \$288.65 1600 Lamar St Houston, TX 77010 7 Payee address; City; State; Zip Code | | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense N g | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 03/03/2023 | Parker Elementary | | | | | | | | | |
| | Amount (\$) \$102.00 | Payee address; City; State; Zip Code | | | | | | | | | |
| | | ТХ | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense urse Sponsorship | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 01/30/2023 | Party City | | | | | | | | | |
| | Amount (\$) \$151.55 | Payee address;City;State;Zip Code19739 Highway 59 | | | | | | | | | |
| | | Humble, TX 77338 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense y party decor | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | | | | | | | | | | | |

| | | | EXPENDITURE CATEGO | RIES FOF | R BOX 8(a) | | | | |
|---|---|-----|---|---|--------------------------------|----------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing Ex Salaries/W | kpense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | · · · | | | 2 | Filer ID (Ethics Commission Filers) | | |
| 1 | Sch: 27/41 Rpt: 50/65 | 2 | Sultan Collier, Rabeea (The Honorable | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 01/03/2023 | | Raza, Farah | | | | | | |
| 6 | Amount (\$) \$600.00 | 7 | Payee address; City; State 1103 Ellcreek Ct Sugar Land, TX 77479 | ; Zip Co | de | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | stin, TX | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office sou | ght | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 03/31/2023 | | River Oaks Plants | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | |
| | \$998.07 | | ТХ | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Event Expense | nedule) | | stin, TX | ide of Texas. Complete Schedule T. K, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office sou | ght | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 06/02/2023 | | River Oaks Plants | | | | | | |
| | Amount (\$) \$108.25 | | Payee address; City; State | ; Zip Co | de | | | | |
| | | | ТХ | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Gift/Awards/Memorials Expense | nedule) | | stin, TX | ide of Texas. Complete Schedule T. ., officeholder living expense flowers | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ght | | Office held | | |
| | | | | | | | | | |

| | | | EXPENDITURE CAT | TEGORIES FOI | R BOX 8(a) | | | | | | |
|---|---|---|---|--|----------------------------|-------------------------------------|--|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex | Office Ove Polling Ex e Printing E Salaries/V | xpense Vages/Contract I | xpense Labor | Travel in District Travel Out of Dist | quipment & Related Expense | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 28/41 Rpt: 51/65 | Sultan Coll | lier, Rabeea (The Hon | orable) | | | 00080198 | | | | |
| 4 | Date 03/06/2023 | 5 Payee name Rose, Sara | | | | | | | | | |
| 6 | Amount (\$) \$105.00 | 7 Payee addre TX | ess; City; | State; Zip Co | ode | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | See Categories listed at the top of S/Memorials Expense | f this schedule) | Chec | ck if travel out | side of Texas. Comp X, officeholder living | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ficeholder name | Office sou | ight | | Office he | ld | | | |
| | Date | Payee name | | | | | | | | | |
| | 05/30/2023 | Sapporo S | | | | | | | | | |
| | Amount (\$) \$75.16 | Payee addre | ess; City; | State; Zip Co | ode | | | | | | |
| | | ТХ | | | | | _ | | | | |
| | PURPOSE OF EXPENDITURE | | See Categories listed at the top of rage Expense | f this schedule) | | ck if travel out ck if Austin, T | iside of Texas. Comp X, officeholder living | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ficeholder name | Office sou | ıght | | Office he | ld | | | |
| | Date | Payee name | <u> </u> | | | | | | | | |
| | 02/13/2023 | Shipley Do | nuts | | | | | | | | |
| | Amount (\$) \$27.68 | Payee addre 15135 Old | ess; City; Humble Rd | State; Zip Co | ode | | | | | | |
| | | Humble, T | x 77396 | | r | | | | | | |
| | PURPOSE OF EXPENDITURE | | See Categories listed at the top of rage Expense | f this schedule) | Chec | ck if travel out | side of Texas. Comp X, officeholder living | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ficeholder name | Office sou | ıght | | Office he | ld | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|---|---|---|------------------------------|--------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Over Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 29/41 Rpt: 52/65 | | Sultan Collier, Rabeea (The Honorable) |) | | | 00080198 | | | |
| 4 | Date 05/15/2023 | | Payee name Shipley Donuts | | | | | | | |
| 6 | Amount (\$) \$31.85 | | Payee address; City; State; 15135 Old Humble Rd Humble, TX 77396 | Zip Coo | le | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schere Food/Beverage Expense | dule) | | ı, ТХ, | de of Texas. Complete Schedule T. officeholder living expense | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name Of | ffice souç | ht | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 05/25/2023 | | Shipley Donuts | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | | |
| | \$29.87 | | 15135 Old Humble Rd Humble, TX 77396 | - | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this scher Food/Beverage Expense | dule) | | ı, ТХ, | de of Texas. Complete Schedule T. officeholder living expense S | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name Of | ffice soug | ht | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 01/05/2023 | | Shipt | | | | | | | |
| | Amount (\$) \$99.00 | I | Payee address; City; State; 17 20th Street North Suite 100 | Zip Coo | le | | | | | |
| | | | Birmingham , AL 35203 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schere FeeS | dule) | | , TX, | de of Texas. Complete Schedule T. officeholder living expense ivery fee | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name Of | ffice souc | ht | | Office held | | | |
| | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| 1 | Sch: 30/41 Rpt: 53/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 03/07/2023 State of Grace | | | | | | | | | | |
| 6 | Amount (\$) \$171.14 | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | Ŷ1,1.14 | тх | | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 01/30/2023 | THE UPS STORE #6125 96 | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$300.00 | 9659 N Sam Houston Pkwy E #150 | | | | | | | | | |
| | | Humble, TX 77396 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 04/25/2023 | Taco Stand | | | | | | | | | |
| | Amount (\$) \$134.38 | Payee address; City; State; Zip Code | | | | | | | | | |
| | | тх | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense fast | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | | | | | | | | | | | |

| | | | EXPENDITU | RE CATEGOR | RIES FOR | BOX 8(a) | | | | | |
|---|---|-----|--|-------------------------------------|---|------------------------------|-------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial mittee Legal Services The Instruction G | s Expense | Office Over Polling Exp Printing Exp Salaries/Wa | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | | Filer ID (Ethics Commission Filers) | | | | | | | |
| 1 | Sch: 31/41 Rpt: 54/65 | | 2 FILER NAME 3 Filer ID (Ethics Commiss) Sultan Collier, Rabeea (The Honorable) 00080198 | | | | | | | | |
| 4 | Date | 5 | 5 Payee name | | | | | | | | |
| | 04/28/2023 | | Target | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Coo | de | | | | | |
| | \$711.36 | | 20777 US-59 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Humble, TX 77338 | | | | | | | | |
| 8 | PURPOSE | | | | | (b) Description | | | | | |
| Ŭ | OF | | Category (See Categories listed at Gift/Awards/Memorials Exp | | iedule) | | outs | ide of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | Jense | | | | , officeholder living expense | | | |
| | | | | | | staff apprecia | atio | on gift cards | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | С | Office soug | jht | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/28/2023 | | Texas Board of Legal Specialization | | | | | | | | |
| _ | Amount (\$) | | Payee address; City; | | ; Zip Coo | 1e | | | | | |
| | \$400.00 | | r dyce dddress, City, | State, | , zip cot | | | | | | |
| | φ400.00 | | | | | | | | | | |
| | | | тх | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at Fees | the top of this sch | nedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | С | Office soug | yht | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 01/27/2023 | | Texas Center for the Judic | iary | | | | | | | |
| | Amount (\$) | | Payee address; City; | State: | ; Zip Coo | le | | | | | |
| | \$75.00 | | 1210 San Antonio St | , | , | | | | | | |
| | <i>‡10100</i> | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at | the top of this sch | nedule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Event Expense | | | | | side of Texas. Complete Schedule T. | | | |
| | | | | | | | ı, TX | a, officeholder living expense | | | |
| | | | | | | Registration | | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office soug | Jht | | Office held | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | EXPENDIT | URE CATEGOR | RIES FOR | BOX 8(a) | | | | | |
|---|---|--|---------------------------------|--|-------------|---|---|-------------------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 32/41 Rpt: 55/65 | | Sultan Collier, Rabeea (| The Honorable | e) | | | 00080198 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 04/18/2023 | | Texas Center for the Jud | liciary | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Coo | le | | | | | |
| | \$30.00 | | 1210 San Antonio St | | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed | l at the top of this sch | edule) | (b) Description | | | | | |
| | OF | ľ | Fees | | edule) | | outsi | ide of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | | | Check if Austin | I, TX, | , officeholder living expense | | | |
| | | | fees | | | | | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | e C | Office soug | ht | | Office held | | | |
| _ | Date | | | | | | | | | | |
| | 04/17/2023 | | Payee name The Blue Fish | | | | | | | | |
| | | | | . | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | le | | | | | |
| | \$64.43 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | ТХ | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed | tegory (See Categories listed at the top of this schedule) (b) | | | | | | | |
| | OF EXPENDITURE | Food/Beverage Expense | | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense | | | | | |
| | | | | | | Check if Austin, TX, officeholder living expense Meal expense | | | | | |
| | | | | | | meal experts | e | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | <u> </u> | Office soug | ht | | Office held | | | |
| | expenditure to benefit C/OI | | | ; C | Juice Soug | lint | | Once held | | | |
| _ | Data | <u> </u> | | | | | | | | | |
| | Date 01/17/2023 | | Payee name The Caucus | | | | | | | | |
| | | | | O | 7.0 | 1- | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | le | | | | | |
| | \$10.00 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | ТХ | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed | l at the top of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Fees | | | | | ide of Texas. Complete Schedule T. | | | |
| | | | | | | | | , officeholder living expense | | | |
| | | | | | | Membership | uut | C 3 | | | |
| | | Ļ | Condidate/Officebalder - | | | bt | | Office hold | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | ; (| Office soug | m | | Office held | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | EXPENDITURE CATEGORIE | S FOR BOX | (8(a) | |
|---|---|--|---|---|------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri | an Repayment/R fice Overhead/Re lling Expense nting Expense laries/Wages/Co | Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above) | 9 |
| 1 | Total pages Schedule F1: | | 10 00 | 3 Filer ID (Ethics Commission Fil | ore) |
| 1 | Sch: 33/41 Rpt: 56/65 | Sultan Collier, Rabeea (The Honorable) | | 00080198 | 613) |
| 4 | Date | Payee name | | · · · · · | |
| | 02/14/2023 | The Caucus | | | |
| 6 | Amount (\$) \$10.00 | Payee address; City; State; Z | ip Code | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule | e) (b) De | Description | |
| | OF EXPENDITURE | Fees | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nembership dues | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Offic | e sought | Office held | |
| | Date | Payee name | | | |
| | 03/14/2023 | The Caucus | | | |
| | Amount (\$) \$10.00 | Payee address; City; State; Z | ip Code | | |
| | | ГХ | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule Fees | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nembership dues | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Offic | e sought | Office held | |
| | Date | Payee name | | | |
| | 04/14/2023 | The Caucus | | | |
| | Amount (\$) \$10.00 | Payee address; City; State; Z | ip Code | | |
| | | ΓΧ | | | |
| | 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, TX, officeholder living expense nembership dues | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Offic | e sought | Office held | |
| | | | | | |

| | | | EXPENDI | TURE CATEGOF | RIES FOR | BOX 8(a) | | |
|---|---|-----|---|--------------------------|---|----------------------------|--------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | | Office Over Polling Exp Printing Exp Salaries/Wa | ense ges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Tatal pages Cabadula F1 | | | | | | 1 | Filer ID (Ethics Commission Filers) |
| 1 | Total pages Schedule F1: Sch: 34/41 Rpt: 57/65 | | FILER NAME Sultan Collier, Rabeea | The Honorable | e) | | 3 | Filer ID (Ethics Commission Filers) 00080198 |
| 4 | Date | 5 | Payee name | | | | • | |
| | 05/15/2023 | | The Caucus | | | | | |
| 6 | Amount (\$) \$10.00 | | Payee address; City; TX | State; | Zip Cod | e | | |
| 8 | PURPOSE | (a) | Category (See Categories liste | d at the top of this sch | edule) | b) Description | | |
| | OF EXPENDITURE | | Fees | | | | ı, TX, | ide of Texas. Complete Schedule T. , officeholder living expense eS |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder nam | e C | Office soug | ht | | Office held |
| | Date | | Payee name | | | | | |
| | 06/14/2023 | | The Caucus | | | | | |
| | Amount (\$) \$10.00 | | Payee address; City; | State; | Zip Cod | e | | |
| | | | тх | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories liste Fees | d at the top of this sch | edule) | | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense 2S |
| | Complete ONLY if direct expenditure to benefit C/O | | andidate/Officeholder nam | e C | Office soug | ht | | Office held |
| | Date | | Payee name | | | | | |
| | 02/15/2023 | | The Gift Shop | | | | | |
| | Amount (\$) \$150.00 | | Payee address; City; | State; | Zip Cod | e | | |
| | | | ТХ | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories liste Gift/Awards/Memorials | | edule) | | ι, TX, | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | | andidate/Officeholder nam | e C | Office soug | ht | | Office held |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | | Filer ID (Ethics Commission Filers) | | | | | | | |
| - | Sch: 35/41 Rpt: 58/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 | | | | | | | |
| 4 | Date 05/08/2023 | 5 Payee name The Rose | | | | | | | | |
| 6 | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 12700 N Featherwood Dr #260 Houston, TX 77034 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 02/16/2023 | Tiff's Treats | | | | | | | | |
| | Amount (\$) \$121.65 | Payee address; City; State; Zip Code 2507 Bagby St | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense I tS | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 01/27/2023 | Torchy's Tacos | | | | | | | | |
| | Amount (\$) \$211.21 | Payee address; City; State; Zip Code | | | | | | | | |
| | BUBB66- | TX | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|-----|---|--|-----------------------|---|-----------------------------------|---|--------|--|------------|----------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fe Fo Git nmittee Le | od/Beverage Expe t/Awards/Memoria gal Services | | Office Over Polling Exp Printing Ex Salaries/W | rhead/ ense pense ages/0 | Ise Travel Out of District sc/Contract Labor OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethic | s Commission Filers) |
| - | Sch: 36/41 Rpt: 59/65 | | Sultan Collier, Rabeea (The Honorable) 00080198 | | | | | | | (Ethio | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 01/03/2023 | | Tourao Brazili | an | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; | ; Zip Coo | de | | | | | |
| | \$2,052.83 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX | | | | | | | | | |
| 8 | PURPOSE | | | | | | (h) r | Description | | | | |
| 0 | OF | | Category (See (Food/Beverag | | t the top of this sch | edule) | י (ט) ר | Description Check if travel of | outsid | de of Texas. Com | nplete Sch | nedule T. |
| | EXPENDITURE | | FUUU/Beverag | e Expense | | | ř | | | officeholder living | | |
| | | | | | | | (| Catering expe | ens | e | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | andidate/Office | holder name | C | Dffice soug | ght | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 03/24/2023 | | Trellis Spa | | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State [.] | Zip Co | | | | | | |
| | \$350.00 | | rayee audress, | City, | Siale, | , zip cot | Je | | | | | |
| | \$350.00 | | | | | | | | | | | |
| | | | тх | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See (} Gift/Awards/N | | | edule) | [| | , TX, | de of Texas. Com officeholder living t | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Office | holder name | C | Dffice soug | ght | | | Office h | eld | |
| - | Date | | Payee name | | | | | | | | | |
| | 04/20/2023 | | United Airlines | 6 | | | | | | | | |
| | Amount (\$) | | Payee address; | | Stato [.] | Zip Co | | | | | | |
| | \$439.95 | | Po Box 06649 | | Sidle, | , zip cot | Je | | | | | |
| | φ409.90 | | F0 B0X 00043 | | | | | | | | | |
| | | | Chicago, IL 60 | 0606 | | | | | | | | |
| | PURPOSE | (a) | Category (See (| Categories listed a | t the top of this sch | edule) | (b) [| Description | | | | |
| | OF EXPENDITURE | | Travel Out of | District | | | Į | = | | de of Texas. Com | | |
| | EXPENDITORE | | | | | | Ε | | , тх, | officeholder living | g expense | 9 |
| | | | | | | | / | Airfare | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Office | holder name | С | Office soug | ght | | | Office h | eld | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|---|----------------|---|--------------------------------------|--|--|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | | Office Over Polling Exp Printing Ex Salaries/W | head/Rei ense ense iges/Con | eimbursement ntal Expense ntract Labor | | Travel in District Travel Out of Distr | uipment & Related Expense |
| _ | | - | The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 | Total pages Schedule F1: Sch: 37/41 Rpt: 60/65 | | FILER NAME3 Filer ID(Ethics CommissioSultan Collier, Rabeea (The Honorable)00080198 | | | | | | | (Ethics Commission Filers) |
| 4 | Date | | 5 Payee name | | | | | | | |
| - | 02/20/2023 | | United Airlines | | | | | | | |
| 6 Amount (\$) \$667.80 7 Payee address; City; State; Zip Code Po Box 06649 Chicago, IL 60606 | | | | | | | | | | |
| 8 | PURPOSE | (a) | | | | b) | scription | | | |
| Ū | OF | | Category (See Categories listed at the t Travel Out of District | op of this sch | edule) | | Check if travel o | | de of Texas. Compl officeholder living e | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | C | Office sou | ht | | | Office hel | d |
| | Date | | Payee name | | | | | | | |
| | 04/13/2023 | | United Airlines | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | е | | | | |
| | \$547.35 | | Po Box 06649 Chicago, IL 60606 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the t Travel Out of District | op of this sch | edule) | | | | de of Texas. Compl officeholder living e | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | C | Office sou | ht | | | Office hel | d |
| | Date | | Payee name | | | | | | | |
| | 04/18/2023 | | United Airlines | | | | | | | |
| | Amount (\$) \$683.95 | | Payee address; City; Po Box 06649 | State; | ; Zip Coo | e | | | | |
| | | | Chicago, IL 60606 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the t Travel Out of District | op of this sch | edule) | | | | de of Texas. Compl officeholder living e | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | С | Office sou | ht | | | Office hel | d |
| | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract La The Instruction Guide explains how to complete this for | bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| - | Sch: 38/41 Rpt: 61/65 | Sultan Collier, Rabeea (The Honorable) | 00080198 | | | | |
| 4 | Date 06/08/2023 | Payee name United Airlines | | | | | |
| 6 | Amount (\$) \$828.80 | Payee address; City; State; Zip Code Po Box 06649 Chicago, IL 60606 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 01/11/2023 | United States Postal Service | | | | | |
| | Amount (\$) \$300.00 | Payee address;City;State; Zip Code1202 1st St. E | | | | | |
| | | Humble, TX 77338 | | | | | |
| | PURPOSE OF EXPENDITURE | | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held | | | | | | | |
| | Date | Payee name | | | | | |
| | 01/27/2023 | Webconnex | | | | | |
| | Amount (\$) \$59.00 | Payee address; City; State; Zip Code 914 2nd St | | | | | |
| | | Sacremento , CA 95814 | | | | | |
| | PURPOSE OF EXPENDITURE | | ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense transaction fee | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|--|--|--------------------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | Office Ove Polling Exp Printing Ex Salaries/W | kpense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| | | - | The Instruction Guide explains | now to col | mplete this form. | _ | |
| 1 | Total pages Schedule F1: Sch: 39/41 Rpt: 62/65 | | FILER NAME Sultan Collier, Rabeea (The Honorable | e) | | 3 | Filer ID (Ethics Commission Filers) 00080198 |
| 4 | Date | 5 | Payee name | | | | |
| | 02/27/2023 | | Webconnex | | | | |
| 6 | Amount (\$) \$59.00 | | Payee address; City; State; 914 2nd St Sacremento , CA 95814 | ; Zip Co | de | | |
| 8 | PURPOSE | (a) | | | (b) Description | | |
| J | OF | | Category (See Categories listed at the top of this sch Accounting/Banking | edule) | Check if travel | , тх, | de of Texas. Complete Schedule T. officeholder living expense on fee |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name C | Office sou | ght | | Office held |
| | Date | | Payee name | | | | |
| | 03/27/2023 | | Webconnex | | | | |
| | Amount (\$) | | Payee address; City; State; | ; Zip Co | de | | |
| | \$59.00 | | 914 2nd St Sacremento , CA 95814 | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sch Accounting/Banking | edule) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense on fee |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held | | | | | Office held | | |
| | Date | | Payee name | | | | |
| | 04/28/2023 | | Webconnex | | | | |
| | Amount (\$) \$59.00 | | Payee address; City; State; 914 2nd St | ; Zip Co | de | | |
| | | | Sacremento , CA 95814 | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sch Accounting/Banking | edule) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense n fee |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name C | Office sou | ght | | Office held |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|---|--|------------------------------|-------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| _ | Tatal same Oshadula Et. | | · · · · | | | | Files ID (Ethics Commission Files) |
| L. | Total pages Schedule F1: Sch: 40/41 Rpt: 63/65 | 2 | Sultan Collier, Rabeea (The Honorable) |) | | 3 | Filer ID (Ethics Commission Filers) 00080198 |
| 4 | Date | 5 | Payee name | | | | |
| | 05/30/2023 | | Webconnex | | | | |
| 6 | Amount (\$) \$59.00 | 7 | Payee address; City; State; 914 2nd St Sacremento , CA 95814 | Zip Co | le | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | al da l | (b) Description | | |
| | OF | () | Accounting/Banking | dule) | Check if travel | n, TX | ide of Texas. Complete Schedule T. , officeholder living expense ON fees |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name O | ffice sou | ht | | Office held |
| | Date | | Payee name | | | | |
| | 06/27/2023 | | Webconnex | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | |
| | \$59.00 | | 914 2nd St Sacremento , CA 95814 | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Accounting/Banking | edule) | | n, TX | ide of Texas. Complete Schedule T. , officeholder living expense on fee |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held | | | | | | Office held | |
| | Date | | Payee name | | | | |
| | 04/20/2023 | | Westin Hotel | | | | |
| | Amount (\$) \$322.00 | | Payee address; City; State; | Zip Co | le | | |
| | | | Irving , TX | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Travel Out of District | edule) | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name O | ffice sou | ht | | Office held |
| | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra al Committee Legal Services Salaries/Wages/Contract Labor Office Overhead/Rental Expense | licitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above) | | | | | |
|---|---|---|--|--|--|--|--|--|
| | - | The Instruction Guide explains how to complete this form. | | | | | | |
| 1 | Total pages Schedule F1: Sch: 41/41 Rpt: 64/65 | | er ID (Ethics Commission Filers) 0080198 | | | | | |
| 4 | Date 03/02/2023 | 5 Payee name Yousaf, Aleena | | | | | | |
| 6 | Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 3331 Lost Maple Forest Houston, TX 77345 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel outside of Check if Austin, TX, officient Labor Labor | of Texas. Complete Schedule T. ceholder living expense | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held | | | | | |
| | | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instru | | ages Schedule K: /1 Rpt: 65/65 | | | |
|---|---------------|---|-----------------------------------|----------------------------|---------------------------|----|
| 2 | FILER NAME | | Filer ID | (Ethics Commission Filers) | | |
| | Sultan Collie | r, Rabeea (The Honorable) | | 00080 | 198 | |
| 4 | Date | 5 Name of person from whom amount is received | • | | 8 Amount (\$) | |
| | 01/13/2023 | Minted | | | \$261. | 98 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | ТХ | | | | |
| | | 7 Purpose for which amount is received Chec | k if politic | cal contr | ibution returned to filer | |
| | | Refund | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 04/24/2023 | United Airlines | | | \$439. | 95 |
| | 0-1/2-1/2020 | | | | φ-100. | 00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | Chicago , IL 60606 | | | | |
| | | | k if politic | cal contr | ibution returned to filer | |
| | | Refund on airline expense | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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