CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 83 00083882 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY** OFFICEHOLDER NAME The Honorable Suleman

	NAME						FI FCTRON	ICALLY FILED	
		NICKNAME	LAST		SUFF		01/16/2024	IO/ (EET TIEED	
		NICKNAME	Lalan	i	SUFF	ix	01/10/2024		
4	CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE	#; CITY;	ZIP CO	DDE	Date Hand-deliver	ed or Date Postmarked	
	OFFICEHOLDER MAILING ADDRESS	PO Box 6514					Receipt #	Amount	
	Change of Address	Houston, TX 77265					Date Processed		
							Date Flocesseu		
							Date Imaged		
5	CAMPAIGN	MS/MRS/MR	FIRST		MI				
	TREASURER NAME	Mr.	Gordo	n Jinpoing					
		NICKNAME	LAST		SUFFI	X			
			Quan						
6	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N 5444 Westheimer Rd		LEASE);	APT / SUITE #;	CITY;	\$	STATE; ZIP COE	Œ
	(Residence or Business)								
		Houston, TX 77056							
7	CAMPAIGN TREASURER		PHONE NUM	BER EXTENSI	ON				
	PHONE	(713) 625-9200							
8	REPORT						-		
	TYPE	X January 15	30th	day before election	Runoff			campaign treasurer officeholder only)	
		July 15	8th	day before election	Exceeded modified reporting limit		Final Report (Attach C/OH-FR)	
9	PERIOD	Month Day Y	/ear		Month	Day	Year		
	COVERED	07/01/2023		THROUGH	12/3	1/2023	3		
10	ELECTION	ELECTION DA	TE		ELECTION TY	PE			
		Month Day Y	/ear	Primary	Runoff		Other		
				General	Special				
11	OFFICE	OFFICE HELD (# a)			12 055105 00	LICUT	(if Impura)		
11	OFFICE	OFFICE HELD (if any) State Representative	District 76		12 OFFICE SO	UGHI	(ii known)		
\vdash		<u> </u>			I				
				00 70 7: 5	NE 0				
				GO TO PAG					
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Forms provided by Texas Ethics Commission

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Version V3.5.1.cb183824

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 83

13 C / OH NAME	Lalani, Suleman (The	Honorable)	14 Filer ID 00083882	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been ma officeholders are required to report this	de without the candidate's or offic	eholder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURE	R NAME							
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (O		\$ 0.00						
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 52,020.00						
EXPENDITURE TOTALS	\$ 0.00									
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 24,323.43						
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 52,436.96						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 135,000.00						
17 AFFIDAVIT			nder penalty of perjury, that the ac I includes all information required in Code.							
			The Honorable Suleman Lala	ni						
			Signature of Candidate or Officeho	lder						
AFFIX NO	TARY STAMP / SEAL ABO	OVE								
Sworn to and subs	cribed before me, by the s	nid	, this the	day						
of	, 20, to ce	rtify which, witness my hand and seal o	f office.							
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath									

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		JVLK S	3 of 83		
l	ER NAN ani, Su	ME leman (The Honorable)	19 Filer ID 00083882	(Ethics Co	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUB ¹	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	52,020.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS				
5.	Х	\$	24,323.43		
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.	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 CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 4/83	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 11/24/2023	5 Full name of contributor Abid, Syed6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
8	Principal occu Physican	Redington Shores, FL 337 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/28/2023	Full name of contributor Aggarwal, Gopal K Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu Business	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 11/06/2023	Full name of contributor Ahmed, Raees Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	Beaumon, TX 77713 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Psychiatrist			Wellness Practice, PLLC	2		
	Date 10/27/2023	Full name of contributor Aijaz, Mohammad Contributor address; City; Sta Sugar Land, TX 77478	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
	Date 12/11/2023	Full name of contributor Ansari, Ahmed Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Cardiologist	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann Med		l Group	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/12 Rpt: 5/83		
2	FILER NAME Lalani, Suler	man (The Honorable)		3	Filer ID (Ethics Commission 00083882	on Filers)	
4	Date 08/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions				
•	Fillicipal occu	pation / 300 title (3ee instructions)	Employer (See Instructions	<i>,</i>			
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#:_Blackridge Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
				,			
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Botsford, Lindsay Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00	
		Houston, TX 77027					
	Principal occu Market Medi	pation / Job title (See Instructions) cal Director	Employer (See Instructions One Medical)			
	Date 10/24/2023	Full name of contributor out-of-state PAC (ID#:_ Candler, Sarah Contributor address; City; State; Zip Code Houston, TX 77006)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Veterans Affairs)			
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#:_ Chan, Leonard Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$25.00	
	Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Instructions City of Houston)			

	MONEI	ARY POLITICAL CO	15	SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/83	
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 11/25/2023	5 Full name of contributor Dharsi, Rajab 6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Owner	Largo, FL 33770 pation / Job title (See Instructions)	9	Employer (See Instructions West Bay Chevron)		
	Date 12/11/2023	Full name of contributor Durrani, Afaq Contributor address; City; Stat Houston, TX 77024	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/11/2023	Full name of contributor Ehrlich, Lisa Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)		Employer (See Instructions)		
	Medical Doc	, , ,		Kirby Oaks Medical Gro			
	Date 09/15/2023	Full name of contributor Eye-PAC of the Texas Oph Contributor address; City; Stat Austin, TX 78701		on		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/28/2023	Full name of contributor Eye-PAC of the Texas Oph Contributor address; City; Stat Austin, TX 78701	-	on		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 7/83			
2	FILER NAME Lalani, Suler	man (The Honorable)		3	Filer ID (Ethics Commission 00083882	on Filers)		
4	Date 08/29/2023	5 Full name of contributor out-of-state PAC (ID#:_ Eye-PAC of the Texas Ophthalmological Associated Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 10/25/2023	Full name of contributor out-of-state PAC (ID#:_Faustinella, Fabrizia (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
	Principal occu	Houston, TX 77021 spation / Job title (See Instructions)	Employer (See Instructions)				
	Physician	pation 7 oob title (occ instructions)	Baylor Collge of Medicin					
	Date 09/15/2023	Full name of contributor out-of-state PAC (ID#:_ Grace & McEwan Consulting LLC Political Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_Halepota, Maqbool Contributor address; City; State; Zip Code Paradise Valley, AZ 85253			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Palo Verde Cancer Cent	-	Scottsdale			
	Date 10/28/2023	Full name of contributor out-of-state PAC (ID#:_ Hays, Steven Contributor address; City; State; Zip Code Dallas, TX 75225			Amount of Contribution (\$)	\$250.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Dallas Nephrology Asso		tes			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/83			
2	FILER NAME Lalani, Suler	man (The Honorable)		3	Filer ID (Ethics Commission 00083882	on Filers)		
4	Date 08/30/2023	 Full name of contributor out-of-state PAC (ID#:_ Hillco Pac Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00		
_	Dringing! goog	Austin, TX 78701	0 Employer (Coo Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_ Hillco Pac Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Houston Heart Centre Contributor address; City; State; Zip Code Houston, TX 77082)		Amount of Contribution (\$)	\$200.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 09/15/2023	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code Houston, TX 77219			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code Houston, TX 77219) C		Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/83			
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	n Filers)		
4	Date 11/05/2023	5 Full name of contributor Huda, Shehzad6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00		
8	Principal occu Physician	Sugar Land, TX 77479 pation / Job title (See Instructions) [9	Employer (See Instructions Pediatrix Med Group	 s)				
	Date 12/11/2023	Full name of contributor Jackson, Robert Contributor address; City; St Houston, TX 77030	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00		
	Internal Medicine Houston		Employer (See Instructions Houston Methodist	<u>l</u> 5)					
	Date 10/28/2023	Full name of contributor Jackson, Robert (Dr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$250.00		
		Houston, TX 77030 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)				
	Medical Doc Date 11/05/2023	Full name of contributor Karim, Amin Contributor address; City; St Houston, TX 77005	out-of-state PAC (ID#:ate; Zip Code	Methodist Hospital		Amount of Contribution (\$)	\$250.00		
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions Self	5)				
	Date 10/28/2023	Full name of contributor Khetan, Roger Contributor address; City; St Dallas, TX 75205	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$500.00		
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Private practice	s)				

	MONET	ARY POLITICAL C	S	SCHEDULE A1			
	The Instruc	ction Guide explains how t	to complete this forr	m.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 10/83	
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 11/17/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Spring, TX 77380	ام	Employer (See Instructions	.)		
•	Physician Physician	pation / Job title (See Instructions)	9	Self Employed)		
	Date 11/24/2023	Full name of contributor La Charme LLC Contributor address; City; Stat				Amount of Contribution (\$)	\$250.00
	Dringing age	Oldsmar, FL 34677		Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Employer (See Inst)		
	Date 10/23/2023	Full name of contributor Lam, Wilson Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringing age	Missouri City, TX 77459		Employer (Con Instructions	_		
	Physician - II	pation / Job title (See Instructions) M		Employer (See Instructions BCM	5)		
	Date 07/01/2023	Full name of contributor Lawrence, Ashleigh Contributor address; City; Stat Lake Jackson, TX 77566	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Clerk	pation / Job title (See Instructions)		Employer (See Instructions Kroger	5)		
	Date 09/11/2023	Full name of contributor Linebarger Goggan Blair & Contributor address; City; Stat Austin, TX 78760				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/83	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	n Filers)
4	Date 12/11/2023	 Full name of contributor out-out-out-out-out-out-out-out-out-out-)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu Medical Doc	Houston, TX 77024 pation / Job title (See Instructions) tor	9	Employer (See Instructions Houston Methodist	<u> </u> ;)		
	Date 10/20/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$250.00
	Principal occu Internal Med	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott and White	<u> </u> 5)		
	Date 12/11/2023	Miller, Susan Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Medical Doc	Houston, TX 77004 pation / Job title (See Instructions) tor		Employer (See Instructions Houston Methodist	<u> </u> 5)		
	Date 08/30/2023	Moak Casey PAC Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/11/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/83		
2	FILER NAME Lalani, Suler	man (The Honorable)		3	Filer ID (Ethics Commission 00083882	on Filers)	
4	Date 12/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00	
_		Dallas, TX 75202					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 10/25/2023	Full name of contributor out-of-state PAC (ID#:_Payne, Drew Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00	
	Wolfforth, TX 79382 Principal occupation / Job title (See Instructions) Internal Medicine TTUHSC)			
	Date 10/28/2023	Full name of contributor out-of-state PAC (ID#:_ Peacock, Cynthia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Sugar Land, TX 77498					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Baylor College of Medici				
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_Richards, Jeffrey Contributor address; City; State; Zip Code League City, TX 77573			Amount of Contribution (\$)	\$200.00	
	Principal occu Medical Dire	pation / Job title (See Instructions)	Employer (See Instructions UTMB)			
	Date 12/04/2023	Full name of contributor out-of-state PAC (ID#:_Shabaneh, Bahaeddin Contributor address; City; State; Zip Code Friendswood, TX 77546)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions SEHC)			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/83		
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)	
4	Date 11/26/2023 5 Full name of contributor out-of-state PAC (ID#:) Siddiqui, Mohammad 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00			
_		Orlando, FL 32836	· I-					
8	Principal occu Physician	pation / Job title (See Instructions) 9	Employer (See Instructions Central Florida Kidney s		cialist		
	Date 10/28/2023	Full name of contributor Simms M.D., Victor Contributor address; City; St				Amount of Contribution (\$)	\$500.00	
	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
		Kelsey-Seybold Clinic	,					
	Date 12/05/2023	Full name of contributor Somjee, Arif Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$25.00	
		Collierville, TN 38017						
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions Nmmphc	s)			
	Date 08/30/2023	Full name of contributor TSA PAC Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$2,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions		5)						
	Date 12/11/2023	Full name of contributor TSA PAC Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			<u>'</u>					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 14/83	
2	FILER NAME	man (The Henevahle)			3	Filer ID (Ethics Commission Filers)	
_	Date	nan (The Honorable) 5 Full name of contributor			L	00083882	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Taher, Abida 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00			
		Clearwater, FL 33765					
8		pation / Job title (See Instruction	s)	9 Employer (See Instructions			
	Physician			Florida Cancer Specialis	sts		
	Date 08/30/2023	Full name of contributor Texas Medical Associatio Contributor address; City; S Austin, TX 78701		mittee -TEXPAC		Amount of Contribution (\$) \$5,000.00	
	Dringing aggu		2)	Employer (See Instructions	·/ 		
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Date 12/11/2023	Full name of contributor Texas Medical Association	out-of-state PAC (ID#:_	mittee -TEXPAC		Amount of Contribution (\$) \$10,000.00	
		Contributor address; City; State; Zip Code Austin, TX 78701					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 12/28/2023	Full name of contributor Texas Orthopaedic PAC Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$2,500.00	
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 08/30/2023	Full name of contributor Texas Trial Lawyers Asso Contributor address; City; S Austin, TX 78701				Amount of Contribution (\$) \$2,500.00	
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	;)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Sch Sch: 12/12 Rp			
2	FILER NAME Lalani, Suler	man (The Honorable)		3 Filer ID (Ethic 00083882	s Commission Filers)		
4	Date 12/05/2023 5 Full name of contributor		7 Amount of Cont	ribution (\$) \$1,500.00			
		Washington, DC 20005	1				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)			
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID) Warner Jr, Frederic C Contributor address; City; State; Zip Code	#:)	Amount of Cont	ribution (\$) \$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)			
		nment Relations Officer	Memorial Hermann Hea				
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID: Weltge, Arlo Contributor address; City; State; Zip Code	#:)	Amount of Cont	ribution (\$) \$200.00		
		Bellaire, TX 77401	1	<u> </u>			
	-	pation / Job title (See Instructions) School Houston	Employer (See Instructions Professor	ns)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2023 Widmer, Andrew Contributor address; City; State; Zip Code Temple, TX 76502		Amount of Cont	ribution (\$) \$500.00			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Baylor Scott and White				
	Date 11/05/2023	Full name of contributor out-of-state PAC (IDazia, Khursheed (Dr.) Contributor address; City; State; Zip Code Houston, TX 77008	#:)	Amount of Cont	ribution (\$) \$500.00		
		pation / Job title (See Instructions)	Employer (See Instructions				
	Physician		Compass Health Netwo	/UIK			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 1/66 Rpt: 16/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	09/11/2023	Agha Juice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.01	11920 South Texas 6
		Unit 800
		Sugar Land, TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/30/2023	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	2200 S I-35 Frontage Rd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/07/2023	Alings Chinese Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.64	6542 US ALT-90
		Sugar Land, TX 77498
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituents Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/66 Rpt: 17/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/18/2023	Aloft BWI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$137.83	1741 W Nursery Rd
		Linthicum Heights, MD 21090
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/05/2023	Alpha Desserts Juice Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.43	1531 Hwy 6
		Suite 140
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Constituents Magating
		Constituents Meeting
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/05/2023	Aramark
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	5555 N River Road
		Rosemont, IL 60018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transit
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expensionmittee Legal Services The Instruction Guide each	Salaries/Wa	ages/Contract La		Travel Out of Dis OTHER (enter a	strict category not listed above)	
Ļ	T					E'' 15	(Elliss Ossasiasias El	
1	Total pages Schedule F1: Sch: 3/66 Rpt: 18/83	Lalani, Suleman (The Honorable	e)			Filer ID 00083882	(Ethics Commission Fil	ers)
4	Date	Payee name			I			
	07/21/2023	Ashar's Kitchen						
6	Amount (\$)	Payee address; City;	State; Zip Cod	de				
	\$81.37	11920 S Highway 6						
		Sugar Land, TX 77498						
8	PURPOSE	A) Category (See Categories listed at the top of	of this schedule)	(b) Descripti	ion			
	OF	Food/Beverage Expense	or triis scriedule)			le of Texas. Com	plete Schedule T.	
	EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		Check	if Austin, TX,	officeholder living	expense	
				Constitu	uents Me	eting		
9	Complete ONLY if direct	Candidate/Officeholder name	Office soug	jht		Office he	eld	
	expenditure to benefit C/O							
	Date	Payee name						
	12/21/2023	Ashar's Kitchen						
	Amount (\$)	Payee address; City;	State; Zip Cod	de				
	\$67.87	11920 S Texas 6						
		Sugar Land, TX 77498						
	PURPOSE	A) Category (See Categories listed at the top of	of this schedule)	(b) Descripti	ion			
	OF EXPENDITURE	Food/Beverage Expense		=			plete Schedule T.	
	2/11/2/10/12			ш.	if Austin, TX,	officeholder living	expense	
				Food				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	jht		Office he	eld	
	Date	Payee name						
	11/14/2023	Au Bon Pain						
	Amount (\$)	Payee address; City;	State; Zip Coo	de				
	\$11.32	27 Independence Ave SE						
		Washington, DC 20003						
	PURPOSE	(See Categories listed at the top of	of this schedule)	(b) Descripti	ion			
	OF EXPENDITURE	Food/Beverage Expense		Check	if travel outsic	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					officeholder living	expense	
				Travel N	vieal			
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	jht		Office he	eld	
	expenditure to benefit C/Ol							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/66 Rpt: 19/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	07/31/2023	B.B. Italia Bistro and Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$258.21	16250 City Walk
		Sugar Land, TX 77479
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituents Meeting
		Constituting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davido namo
	08/30/2023	Payee name BBQ Boys
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.42	11836 S Texas 6
	!	Sugar Land, TX 77498
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Complete Schedule T. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Constituents Meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to beriefit C/Or	
	Date	Payee name
	10/02/2023	BBQ Boys
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.49	11836 S Texas 6
		Sugar Land, TX 77498
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food
		1 000
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/66 Rpt: 20/83	2 FILER NAME 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00083882
4	Date	5 Payee name
L	11/30/2023	BBQ Boys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.49	11836 S Texas 6
		Sugar Land, TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Food
Ļ	Complete ONII V if direct	Condidate/Officeholder name
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or of	<u>'</u>
Г	Date	Payee name
	09/05/2023	Big City Chicken
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.51	5700 S Cicero Ave
		Chicago, IL 60638
L		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel food
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Data	Daving same
	Date	Payee name
	09/25/2023	Bismillah Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.90	5696 Hillcroft St
		Haveten TV 77000
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Food
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
lacksquare		
ĺ		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/66 Rpt: 21/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/26/2023	Bismillah Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.70	5696 Hillcroft St
		Houston, TX 77036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituents Meeting
		Constituting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/10/2023	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.64	205 IH-45 South
		Madisonville, TX 77864
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
		, 33
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	07/11/2023	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.69	205 IH-45 South
		Madisonville, TX 77864
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel food
		Haveriood
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 7/66 Rpt: 22/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	09/11/2023	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.64	2304 W Mulberry St
		Angleton, TX 77515
8	PURPOSE	
٠	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/06/2023	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.01	1700 State Hwy 71 East
		Bastrop, TX 78602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food
		1 334
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/06/2023	Buc-ee's
	Amount (\$) \$40.90	Payee address; City; State; Zip Code 1700 State Hwy 71 East
	\$40.90	1700 State Hwy 71 East
		Postron TV 70003
		Bastrop, TX 78602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Ⅎ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense I		(pense /ages/	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	лE	<u></u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/66 Rpt: 23/83	Lalani, Su	leman (The Honora	ble)					00083882	
4	Date	5 Payee nam	ie							
	07/25/2023	Bundu Kh	an Kabab House							
6	Amount (\$)	7 Payee add	ress; City;	State;	Zip Co	de				
	\$182.84	11929 Un	iversity Blvd							
		Unit 1K								
		Sugar Lar	nd, TX 77479							
8	PURPOSE	(a) Category	(See Categories listed at the t	ton of this sched	ule)	(b)	Description			
	OF EXPENDITURE		erage Expense	top of this seried	uic)		_ ·	outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITORE						—		officeholder living	expense
							Constituents	ме	eting	
<u> </u>	0 1. 0		ee: 1 1 1	=						
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Off	ice sou	ght			Office he	ld
	Date	Payee nam	ie							
	08/09/2023	Burger Ki	ng							
	Amount (\$)	Payee add	ress; City;	State;	Zip Co	de				
	\$34.62	12401 We	est Airport							
		Sugar Lar	nd, TX 77478							
	PURPOSE	(a) Category	(See Categories listed at the t	top of this sched	ule)	(b)	Description			
	OF EXPENDITURE		erage Expense		,		—		de of Texas. Comp	
	EXI ENDITORE						_		officeholder living	expense
							Meeting Refre	esn	imenis	
_	Complete ONLY if direct	Candidata/C	efficabolder name	<u> </u>	ico com	abt			Office he	ld.
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Off	ice sou	ynı			Office ne	iu
_										
	Date	Payee nam								
	08/09/2023	Burger Ki								
	Amount (\$)	Payee add		State;	Zip Co	de				
	\$7.44	12401 We	est Airport							
L		Sugar Lar	nd, TX 77478							
	PURPOSE	(a) Category	(See Categories listed at the t	top of this sched	ule)	(b)	Description			
	OF EXPENDITURE	Food/Bev	erage Expense				ш		de of Texas. Comp	
							Meeting Refre		officeholder living	expense
							oomig recit	JJ11		
	Complete ONLY if direct	Candidate/C	fficeholder name	Off	ice sou	aht			Office he	ld
	expenditure to benefit C/O			311	.50 000	J			2.1100 710	·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comple	e this form.	
1	Total pages Schedule F1:		3 Filer ID	(Ethics Commission Filers)
	Sch: 9/66 Rpt: 24/83	Lalani, Suleman (The Honorable)	000838	382
4	Date 09/05/2023	5 Payee nameCNBC Smartshop		
_		<u> </u>		
6	Amount (\$) \$48.70	7 Payee address; City; State; Zip Code 2800 N Terminal Rd		
		Houston, TX 77032		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF	Food/Beverage Expense	Check if travel outside of Texas	c. Complete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	Check if Austin, TX, officeholde	r living expense
			Refreshments	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Offi	ce held
	Date	Payee name		
	09/26/2023	Caffe Al Teatro		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$28.97	3131 Las Vegas Blvd		
		Las Vegas, NV 89109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas	
	EXI ENDITORE		Check if Austin, TX, officeholds	r living expense
			Travel food	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Offi	ce held
	expenditure to benefit C/OI	3	Oili	oc neid
	Data	D		
	Date 12/04/2023	Payee name Capitol Giftshop Extension		
		· · · · · · · · · · · · · · · · · · ·		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$236.42	1400 N. Congress Ave		
		A TV 70704		
		Austin, TX 78701		
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description	Occurrence Ochodula T
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas Check if Austin, TX, officeholds	
			Constituents Gifts	i wing expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Offi	ce held
	expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/66 Rpt: 25/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
L	12/26/2023	Carl Sherman for US Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1670 N Hampton Rd
		Ste 106
		DeSoto, TX 75115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		r official contributions
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/25/2023	Carmine's Italian Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.01	3500 Las Vegas Blvd S
		Las Vegas, NV 89109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel food
		That of food
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/08/2023	Central Fort Bend Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	4120 Avenue H
		Rosenburg, TX 77469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Member Dues
		Welliber Dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/66 Rpt: 26/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	07/21/2023	Certified Motors Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$219.52	10729 W Bellfort St
		Houston, TX 77099
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Car Maintenance
		Sai Wanterlance
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	11/13/2023	Certified Motors Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$476.29	10729 W Bellfort St
		Houston, TX 77099
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Maintenance
		Waintenance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/14/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.12	109 W State Hwy 71
L		Ellinger, TX 78938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel food
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/66 Rpt: 27/83	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	·
	07/14/2023	Chevron	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$54.63	109 W State Hwy 71	
		Ellinger, TX 78938	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	rel outside of Texas. Complete Schedule T.
		Check if Aus	tin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	11/07/2023	Chevron	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$56.30	1827 Richmond Pkwy	
	400.00		
		Richmond, TX 77469	
⊢	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if trav	rel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Traver in District	tin, TX, officeholder living expense
		Fuel	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	11/13/2023	Colonial Flag Foundation	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	9362 S 300 W	
L		Sandy, UT 84070	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Office Overflead/Nertial Expense	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
l		Flag for Off	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H			
ĺ			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 13/66 Rpt: 28/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
•	08/24/2023	DPF design Studio
6	Amount (\$) \$276.04	7 Payee address; City; State; Zip Code 121 S Main St.
	Ψ210.04	121 6 Main Gt.
		Waterloo, IL 62298
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Texas Seal
		TOAUS SCUI
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	07/03/2023	Dunkin Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.49	4201 Wilson Blvd
		Suite 130
		Arlington, VA 22203
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/10/2023	Dunkin Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.83	8500 Essington Ave
		Dhiladalahia DA 40450
		Philadelphia, PA 19153
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting Refreshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
_	, a contract to 2000000 5701	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 14/66 Rpt: 29/83	Lalani, Suleman (The Honorable)		00083882	
4	Date	5 Payee name			
	10/03/2023	Eternal Gandhi Museum Houston			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$27.00	12379 Riceville School Rd			
		Houston, TX 77031			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Gift/Awards/Memorials Expense	_	outside of Texas. Co	mplete Schedule T.
	EXPENDITURE	· ·	\Box	, TX, officeholder livir	ng expense
			Constituents	Gifts	
_					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t	Office h	neia
	Date	Payee name			
	10/27/2023	Exxon C-Store			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$48.74	2061 State Hwy 71			
		Cedar Creek, TX 78612			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel Out of District	<u> </u>	outside of Texas. Co	
			Fuel	, TX, officeholder livir	ng expense
			i doi		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	<u> </u>	Office h	neld
	expenditure to benefit C/O		•	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name			
	07/26/2023	Exxon Time Wise			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$85.80	16760 Southwest Frwy			
	Ψ00.00	10700 Godinwest Tiwy			
		Sugar Land, TX 77479			
	DUDD005	_	.		
	PURPOSE OF	,	Description Check if travel	outside of Texas. Co	mnlete Schedule T
	EXPENDITURE	Travel In District	=	, TX, officeholder livir	
			Fuel		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office h	neld
	expenditure to benefit C/O	1			

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage I
Contributions/ Donations Made By - Gift/Awards/Men

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/66 Rpt: 30/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/15/2023	Exxon Time Wise
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.86	16760 Southwest Frwy
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		T del
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	09/11/2023	Exxon Time Wise
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.75	16760 Southwest Frwy
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		i dei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/02/2023	Exxon Time Wise
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.10	16760 Southwest Frwy
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fuel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/66 Rpt: 31/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	07/06/2023	Exxon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.17	2061 HWY 71
		Cedar Creek, TX 78612
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		T del
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/24/2023	Exxon
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.84	1818 Hamilton
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/31/2023	F&B
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.24	3109 Padre Blvd
		South Padre Island, TX 78597
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Travel Meal
		Traverivical
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total manage Calculula E4.	O FILED MANE	
1	Total pages Schedule F1: Sch: 17/66 Rpt: 32/83	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882	
4	Date	5 Payee name	
	10/10/2023	Gachi Sushi & Noodles	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$73.13	8000 Essington Ave	
		Philadelphia, PA 19153	
8	PURPOSE		
١	OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	Data		
	Date	Payee name	
	07/10/2023	Gaylord Texan Resort & Convention Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.70	1501 Gaylord Trail	
		Grapevine, TX 76051	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense Travel food	
		Traver 1000	
	0 1: 01 1/4 1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u> </u>		
	Date	Payee name	
	07/10/2023	Gaylord Texan Resort & Convention Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.00	1501 Gaylord Trail	
		Grapevine, TX 76051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Travel food	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/66 Rpt: 33/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	07/10/2023	Gaylord Texan Resort & Convention Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.00	1501 Gaylord Trail
		Grapevine, TX 76051
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Travel food
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO SOTION COTO	
	Date	Payee name
	07/10/2023	Gaylord Texan Resort & Convention Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.82	1501 Gaylord Trail
		Grapevine, TX 76051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel food
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2023	Gaylord Texan Resort & Convention Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,259.70	1501 Gaylord Trail
		Grapevine, TX 76051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lodging
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Emportante to benefit 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/66 Rpt: 34/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	07/26/2023	Gyro Hut
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.38	1914 Westcott Ave
		Unit 150
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituents Meeting
		Consulterns Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	11/07/2023	Gyro Hut
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.47	1914 Wescott Ave
		#150
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituents Meeting
		Constituents weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/29/2023	HEB Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.07	19900 Southwest Fwy
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		i uci
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 20/66 Rpt: 35/83	Lalani, Suleman (The Honorable) Continue of the Honorable Continue of the Honorab	
4	Date	5 Payee name	
	10/10/2023	Haraz Coffee House	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$57.27	13582 University Blvd	
		Suite 100	
		Sugar Land, TX 77479	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Constituents Meeting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	11/15/2023	Hilton Garden Inn BWI Airport	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$144.14	1516 Aero Dr	
	Φ144.14	1310 AGIO DI	
		Linthicum Heights, MD 21090	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Lodging	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/15/2023	Hilton Garden Inn BWI Airport	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.57	1516 Aero Dr	
		Linthicum Heights, MD 21090	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Lodging	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	CAPCHURATE TO DEFICIT C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/66 Rpt: 36/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	11/15/2023	Hilton Garden Inn BWI Airport
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$135.66	1516 Aero Dr
		Linthicum Heights, MD 21090
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/16/2023	Hilton Garden Inn BWI Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.48	1516 Aero Dr
		Linthicum Heights, MD 21090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/16/2023	Hilton Garden Inn BWI Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.60	1516 Aero Dr
		Linthicum Heights, MD 21090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging
		Loughig
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 22/66 Rpt: 37/83	Lalani, Sul	eman (The Honorab	ole)				00083882	
4	Date	5 Payee name							
	10/23/2023	Hilton Hote	ls						
6	Amount (\$) \$23.82	7 Payee addre	da Rd	State; Zip C	ode				
8	PURPOSE OF		see Categories listed at the to	p of this schedule)	(b)	Description	nutsi	de of Texas. Com	nlete Schedule T
	EXPENDITURE	F000/Beve	rage Expense			므	, TX,	officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	10/16/2023	Hilton Hous	ston Post Oak Hote	I					
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$22.00	2001 Post	Oak Blvd						
		Houston, T			Ta.				
	PURPOSE OF EXPENDITURE	(a) Category (s Travel Out	ee Categories listed at the to of District	p of this schedule)	(b)	=		de of Texas. Com officeholder living	
						Event Parkinç			, vi.por.ioc
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	11/14/2023	Hotels.com							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$376.20	5400 LBJ F	reeway						
		Suite 500							
		Dallas, TX	75240						
	PURPOSE	(a) Category (S	see Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com	
						Lodging	, іХ,	officeholder living	у случное
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/OI			233 30	-			200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/66 Rpt: 38/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/28/2023	Hyatt Place San Jose/Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$572.57	282 Almaden Boulevard
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
 	Date	Payee name
	08/28/2023	Hyatt Place San Jose/Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$340.86	282 Almaden Boulevard
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging
		g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
	Date	Payee name
	09/06/2023	Hyatt Regency O'Hare Chicago
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	9300 Bryn Mawr Ave
		Rosemont, IL 60018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Refreshments
		i venesimients
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal name C		_
1	Total pages Schedule F1:		
	Sch: 24/66 Rpt: 39/83	Lalani, Suleman (The Honorable) 00083882	
4	Date	5 Payee name	
L	09/26/2023	II Fornaio	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$127.16	3790 Las Vegas Blvd S	
		Las Vegas, NV 89109	
8	PURPOSE	-	_
١	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Travel food	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
H	Date	Payee name	_
	07/05/2023	In N Out Burger	
_		· ·	_
	Amount (\$) \$11.42	Payee address; City; State; Zip Code 12611 S Kirkwood Rd	
	Φ11.42	TENTE O VIIVMOND UN	
		Stafford, TX 77477	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Travel food	
		Traverioou	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
	expenditure to benefit C/O	o	
_	<u> </u>	T _	_
	Date	Payee name	
	11/20/2023	Jack in the Box	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.22	111 W State Highway 21	
		Cedar Creek, TX 78612	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\dashv
	OF EXPENDITURE	Food/Beverage Expense	
	EVLEINDIIOKE	Check if Austin, TX, officeholder living expense	
		Travel Meal	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	n	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/66 Rpt: 40/83		Lalani, Suleman (The Honorable)		00083882
4	Date	5	Payee name		·
	10/30/2023		Joe Merchant's Coffee		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$40.65		310 Padre Blvd		
			South Padre Island, TX 78597		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Food
					Food
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/O		Candidate/Officeriolder flame	ugiit	Office field
_	Date	Т	Davies name		
	08/14/2023		Payee name Karachi Restaurant		
		┡		\I -	
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$76.99		11315 State Highway 6 S		
			Ste H		
		L	Sugar Land, TX 77498		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Constituents Meeting
					•
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	Н			
	Date	Π	Payee name		
	09/18/2023		Karahi Boys		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$149.92		16535 Lexington Blvd		
			Unit 100		
			Sugar Land, TX 77479		
	PURPOSE	(2		(h)	Description
	OF	۱۳	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Toda/Beverage Expense		Check if Austin, TX, officeholder living expense
					Food
		L			
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	п			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/66 Rpt: 41/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/22/2023	Karahi Boys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$137.11	16535 Lexington Blvd
		Unit 100
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituents Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/04/2023	La Quinta Inn & Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.27	3000 TX-256 Loop
		Palestine, TX 75801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/07/2023	Lalani
	Amount (\$)	Payee address; City; State; Zip Code
	\$840.00	PO Box 6514
		Houston, TX 77265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement
		Rembulsement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 27/66 Rpt: 42/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	09/08/2023	Lapel Pins Plus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,319.00	5840 Red Bug Lake Rd
		Unit 35
		Winter Springs, FL 32708
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituents Gifts
		Constituents onto
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/22/2023	Lapel Pins Plus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,159.00	5840 Red Bug Lake Rd
		Unit 35
		Winter Springs, FL 32708
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituents Gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/01/2023	Literacy Council of Fort Bend County
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	12530 Emily Court
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in Di Travel Out Tract Labor OTHER (en

	Credit Card Payment	The Instruction Guide explains how to d	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 28/66 Rpt: 43/83	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		<u>'</u>
	10/10/2023	Love's		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$57.84	612 Pederson Rd		
		Katy, TX 77494		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Fuel
				1 401
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/OI		9	
F	Date	Payee name		
	11/14/2023	Lucky Buns		
⊢	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$71.64	2000 18th St NW		

		Washington, DC 20009		
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	``	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	ű i		Check if Austin, TX, officeholder living expense
				Travel Meal
┡	Complete ONLY if direct	Candidate/Officeholder name Office so	Light	Office held
	Complete ONLY if direct expenditure to benefit C/OI		iugiii	Office field
⊨	Data	Device norm		
	Date 08/23/2023	Payee name MATCH Midtown Arts & Theater Center Hous	ton	
┝				
	Amount (\$) \$86.00	Payee address; City; State; Zip C 3400 Main St	oue	
	φου.σο	5400 Main St		
		Houston, TX 77002		
┝	PURPOSE		(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Event Tickets
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	pondition to bonom 0/01	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 29/66 Rpt: 44/83	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		<u> </u>
	11/16/2023	Mai Colachi		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$51.99	15425 Southwest Fwy		
		Sugar Land, TX 77478		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Constituents Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
9	expenditure to benefit C/OI		ugnt	Office field
_	Data			
	Date 12/27/2023	Payee name Mai Colachi		
_			`	
	Amount (\$) \$91.97	Payee address; City; State; Zip C	oue	
	Ф91.97	15425 Southwest Fwy		
		Current and TV 77470		
		Sugar Land, TX 77478	1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Constituents Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/14/2023	Marriott Marquis		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$36.00	1777 Walker St		
		Houston, TX 77010		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Event Parking
_	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		~g	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Gu	ide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	≣				3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 30/66 Rpt: 45/83	Lalani, Sul	eman (The Hono	rable)				00083882		
4	Date	5 Payee name								
	08/17/2023	McDonald's	5							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$8.82	9833 Fall C	reek Rd							
		Indianapoli	s, IN 46256							
8	PURPOSE	•			(b)	Description				
ľ	OF		ee Categories listed at th	e top of this schedule)	(5)		outsi	de of Texas. Com	iplete Schedule T.	
	EXPENDITURE	1 Oou/Beve	rage Expense			=		officeholder living		
						Travel food				
9	Complete ONLY if direct		iceholder name	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name	1							
	08/29/2023	Minuti Coff	ee							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$10.45	1535 Texa:	s 6							
		Ste A								
		Sugar Land	l, TX 77478							
	PURPOSE		ee Categories listed at th	o top of this schodule)	(b)	Description				
	OF		rage Expense	e top of this schedule)	<u> </u>		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living	g expense	
						Constituents	Me	eting		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office h	eld	
	experialitate to beliefit of of	' 								
	Date	Payee name								
	09/11/2023	NAACP Mi	ssouri City & Vici	nity Branch						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$205.00	P.O. Box 1	053							
		Missouri Ci	ty, TX 77459							
	PURPOSE	(a) Category (S	ee Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Ma						plete Schedule T.	
	ZA ZIIDII GILZ	Candidate/	Officeholder/Polit	tical Committee				officeholder living	g expense	
						Event Contrib	Juli	On		
_	Complete ONLY if divert	Candidata/Off	iooholdor nama	Office	labt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıgrıt			Office n	ziu -	
_										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/66 Rpt: 46/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
L	10/23/2023	NRG Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.56	8825 Kirby Dr
L		Houston, TX 77054
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/O	
	Date	Payee name
	10/23/2023	NRG Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	8825 Kirby Dr
		Houston, TX 77054
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Parking
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	07/06/2023	Nationbuilder
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	520 S Grand Ave
L		Los Angeles, CA 90071
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/66 Rpt: 47/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/07/2023	Nationbuilder
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	520 S Grand Ave
		Los Angeles, CA 90071
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising database
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
	Date	Payee name
	09/06/2023	Nationbuilder
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	520 S Grand Ave
		Los Angeles, CA 90071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Fundraising database
		Turidialising database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/06/2023	Nationbuilder
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	520 S Grand Ave
		Los Angeles, CA 90071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Fundraising database
		i undialing database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.		
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	•	3 Filer ID (Ethics Commission Filers)		
Sch: 33/66 Rpt: 48/83	Lalani, Suleman (The Honorable) 00083882				
4 Date	5 Payee name		<u> </u>		
11/06/2023	Nationbuilder				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$95.00	520 S Grand Ave				
	Los Angeles, CA 90071				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.		
EXI ENDITORE			Check if Austin, TX, officeholder living expense		
			Fundraising database		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held		
experientare to benefit 6/6					
Date	Payee name				
12/06/2023	Nationbuilder				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$95.00	520 S Grand Ave				
	Los Angeles, CA 90071				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense		
			Fundraising database		
Complete ONII V if direct	Condidate/Officeholder name		Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ignt	Office held		
Date	Payee name				
07/03/2023	Old Ebbitt Grill				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$70.79	675 15th Street				
	Washington, DC 20005				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF	Food/Beverage Expense	`´	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE			Check if Austin, TX, officeholder living expense		
			Travel food		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held		
expenditure to benefit C/O	n				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 34/66 Rpt: 49/83	Lalani, Suleman (The Honorable)	00083882		
4	Date	5 Payee name	· ·		
	10/10/2023	PF Chang's			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$131.84	2120 Lone Star Dr			
		Sugar Land, TX 77479			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription		
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Co	onstituents Meeting		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	11/24/2023	PF Chang's			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$66.83	2120 Lone Star Dr			
		Sugar Land, TX 77479			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription		
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense Constituents Meeting		
			orisituents Meeting		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/Ol		Office field		
	Date	Davida nama			
	07/03/2023	Payee name PNC Bank			
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 300 Fifth Avenue			
	φ3.00	300 Fillit Aveilue			
		Dittohurah DA 15000			
		Pittsburgh, PA 15222			
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	escription Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Fees L	Check if Austin, TX, officeholder living expense		
		Se	ervice charge		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 35/66 Rpt: 50/83	Lalani, Suleman (The Honorable) 00083882
4	Date 08/01/2023	5 Payee name PNC Bank
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 300 Fifth Avenue Pittsburgh, PA 15222
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service charge
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/01/2023	Payee name PNC Bank
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 300 Fifth Avenue Pittsburgh, PA 15222
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service charge
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/02/2023	Payee name PNC Bank
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 300 Fifth Avenue
		Pittsburgh, PA 15222
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service charge
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 36/66 Rpt: 51/83	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	Date 11/01/2023	5 Payee name PNC Bank
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 300 Fifth Avenue
8	PURPOSE OF EXPENDITURE	Pittsburgh, PA 15222 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service charge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/01/2023	Payee name PNC Bank
	Amount (\$) \$3.00	Payee address; City; State; Zip Code 300 Fifth Avenue Pittsburgh, PA 15222
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service charge
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/29/2023	Payee name Panda Express
	Amount (\$) \$47.07	Payee address; City; State; Zip Code 9758 Katy Fwy
		Houston, TX 77055
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 37/66 Rpt: 52/83	Lalani, Suleman (The Honorable) 00083882		
4	Date	5 Payee name		
	11/06/2023	Parking Garage		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$16.00	1000N Congress Ave.		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Parking		
_	Commission ONE V. C. F.	Condidate/Officeholder name		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	12/06/2023	Partnerships for Children		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$250.00	14000 Summit Dr		
		Austin, TX 78728		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Candidate/Officeholder/Political Committee		
		Contribution		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Data	David and the second se		
	Date 12/04/2023	Payee name Peet's		
		. 5555		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$10.83	7800 Airport Blvd		
L		Houston, TX 77061		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Constituents Refreshments		
		Consuluents Refreshinents		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete ONLY if direct expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 38/66 Rpt: 53/83	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	Date 12/04/2023	5 Payee name Peet's
6	Amount (\$) \$3.39	7 Payee address; City; State; Zip Code 7800 Airport Blvd
		Houston, TX 77061
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Refreshments
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/25/2023	Payee name Pick Up Stix
	Amount (\$) \$37.91	Payee address; City; State; Zip Code 2880 S Las Vegas Blvd Las Vegas, NV 89109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel food
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/17/2023	Payee name Pinks Pizza
	Amount (\$) \$18.74	Payee address; City; State; Zip Code 2726 Bissonnet St
		Houston, TX 77005
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting Refreshments
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 39/66 Rpt: 54/83	Lalani, Suleman (The Honorable)	00083882	
4	Date	5 Payee name		
	10/30/2023	Pinks Pizza		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$22.35	7800 Airport Blvd		
		Houston, TX 77061		
8	PURPOSE		Description	
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	Check if Austin, TX, officeholder living expense	
			Food	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	experiantiale to belief of of	'		
	Date	Payee name		
	11/14/2023	Pinks Pizza		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$28.16	7800 Airport Blvd		
		Houston, TX 77061		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE		Check if Austin, TX, officeholder living expense	
			Travel Meal	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field	
	Date	Payee name		
	09/11/2023	Poke Burri		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$44.12	1525 Lake Pointe Pkwy		
		Ste 400		
		Sugar Land, TX 77478		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			Food	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	ore)		
1	Sch: 40/66 Rpt: 55/83	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission File 00083882	ers)		
4	Date	5 Payee name			
	09/14/2023	Priceline			
6	Amount (\$) \$712.47	7 Payee address; City; State; Zip Code 800 Connecticut Ave Norwalk, CT 06854			
8	PURPOSE	(a) Cotogony (b) Description			
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description X Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight tickets			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	11/28/2023	Priceline			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$265.97	800 Connecticut Ave			
		Norwalk, CT 06854			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Flight tickets			
		Flight tickets			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	12/26/2023	REEF Parking Facility			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$6.00	78 SW 7th St, Miami,			
		Florida, FL 33130			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Parking			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L	experiment to benefit 6/011				
l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/66 Rpt: 56/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
L	07/18/2023	Sable Hotel at Navy Pier
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$421.47	900 East Grand Avenue
		Chicago, IL 60611
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging
		Loughly
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	07/18/2023	Sable Hotel at Navy Pier
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	900 East Grand Avenue
	Ψ0.00	500 East Grand / Worldo
		Chicago, IL 60611
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Refreshments
		Traver remediments
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Payee name
	11/13/2023	Sandy McGee's Restaurant
L	Amount (\$)	Payee address; City; State; Zip Code
	\$84.58	314 Morton St
	ψ04.50	314 Morton St
		Richmond, TX 77469
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	H
Г		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/66 Rpt: 57/83	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	09/27/2023	Shake Shack	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$41.56	3790 Las Vegas Blvd S	
		Las Vegas, NV 89109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Toda/Beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Travel food	i, 1X, officeriolder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	07/11/2023	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	13435 University Blvd	
		Sugar Land, TX 77479	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	I Haver in District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Fuel	i, 17, dilicentified living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	07/18/2023	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	6305 HWY 90A	
		Sugar Land, TX 77498	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in Bistrict	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Fuel	i, 17, officeriolder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 43/66 Rpt: 58/83	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		
L	07/24/2023	Shell Oil		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$60.51	13435 University Blvd		
		Sugar Land, TX 77479		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u> uaht	Office held
	expenditure to benefit C/OI		9	
F	Date	Payee name		
	08/08/2023	Shell Oil		
Г	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$69.95	6305 HWY 90A		
		Sugar Land, TX 77498		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Fuel
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
┡	· 			
	Date 08/18/2023	Payee name Shell Oil		
⊢	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$60.29	13435 University Blvd	ouc	
		ŕ		
		Sugar Land, TX 77479		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
L	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 44/66 Rpt: 59/83	Lalani, Suleman (The Honorable) 00083882	
4	Date	5 Payee name	_
	09/20/2023	Shell Oil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$61.80	13435 University Blvd	
		Sugar Land, TX 77479	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fuel	
_	Opening the ONLY if allowed	On alidate (Office helder game)	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	10/18/2023	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.46	10805 Grand Parkway	
		Richmond, TX 77407	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	LAPENDITORE	Check if Austin, TX, officeholder living expense	
		Fuel	
	0 1 0 0 1 1 1 1		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u>'</u>		_
	Date	Payee name	
	10/30/2023	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.65	13435 University Blvd	
		Sugar Land, TX 77479	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Fuel	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Superiorder to beliefft 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 45/66 Rpt: 60/83	Lalani, Suleman (The Honorable)	00083882		
4	Date	5 Payee name			
	11/13/2023	Shell Oil			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$58.80	13435 University Blvd			
		Sugar Land, TX 77479			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Traver in District	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense		
			istin, 17, directioned living expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OF	ч			
F	Date	Payee name			
	11/20/2023	Shell Oil			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$49.86	13435 University Blvd			
	!				
	<u></u>	Sugar Land, TX 77479			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Haver in District	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense		
	!	Fuel	Sun, 17, Gillocholder army oxporter		
	!				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OF	А			
	Date	Payee name			
	11/21/2023	Shell Oil			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$59.38	13435 University Blvd			
	!				
	!	Sugar Land, TX 77479			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if tra	avel outside of Texas. Complete Schedule T.		
	, 	Check if Au	ustin, TX, officeholder living expense		
	!				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/66 Rpt: 61/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/08/2023	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.03	13435 University Blvd
		Sugar Land, TX 77479
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	12/21/2023	Shell Oil
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.40	2525 Southwest Fwy
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Fuel
L	Operation ONLY & Street	Open Fields (Office health and an annual state of the seconds)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/01/2023	Snappy's Market Alleyton
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.53	2006 Alleyton Rd
		Columbus, TX 78934
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
I		Fuel
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/66 Rpt: 62/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	09/01/2023	Snappy's Market Alleyton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.08	2006 Alleyton Rd
		Columbus, TX 78934
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Refreshments
		Reflectioned
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	08/07/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$494.95	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flight tickets
		r light dokets
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	08/28/2023	Payee name Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$537.96	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight tickets
		i iigiit tioketa
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/66 Rpt: 63/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	10/26/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$238.96	7800 Airport Blvd
		Houston, TX 77061
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight tickets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/26/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$238.96	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/13/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$795.95	7800 Airport Blvd
	φ195.95	7600 Allport Bivu
		Haveter, TV 77004
		Houston, TX 77061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 49/66 Rpt: 64/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
l	11/13/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$795.95	7800 Airport Blvd
l		
l		Houston, TX 77061
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Flight tickets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨	D-1-	
	Date 11/30/2023	Payee name Southwest Airlines
┡		
l	Amount (\$)	Payee address; City; State; Zip Code
	\$218.90	7800 Airport Blvd
L		Houston, TX 77061
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Flight tickets
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	12/15/2023	Southwest Airlines
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$397.90	7800 Airport Blvd
l		
		Houston, TX 77061
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Flight tickets
\vdash	Complete ONII V if direct	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash	•	
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 50/66 Rpt: 65/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	09/07/2023	Spirit Airlines
6	Amount (\$) \$9.00	7 Payee address; City; State; Zip Code McKaughan Rd
		Houston, TX 77032
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Booking Fees
_	Operation ONLY if direct	Over the data (Office health)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/07/2023	Spirit Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$299.56	McKaughan Rd
		Houston, TX 77032
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight tickets
		3 *** ***
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2023	Spirit Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	McKaughan Rd
		Houston, TX 77032
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Booking Fees
		Doorning 1 000
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee Consulting Expense For Contributions/ Donations Made By - Gif

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 51/66 Rpt: 66/83	Lalani, Suleman (The Honorable) 00083882
4 Date	5 Payee name
09/14/2023	Spirit Airlines
6 Amount (\$) \$461.56	7 Payee address; City; State; Zip Code McKaughan Rd Houston, TX 77032
a puppose	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight tickets
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/06/2023	Spirit Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$44.00	McKaughan Rd
	Houston, TX 77032
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORIE	Check if Austin, TX, officeholder living expense Booking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2023	Spirit Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$980.56	McKaughan Rd
	Houston, TX 77032
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Flight Tickets
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Contributions/ Donations Made By -

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/66 Rpt: 67/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/15/2023	Spirit Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.26	McKaughan Rd
		Houston, TX 77032
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel guard
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/05/2023	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.28	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	07/07/2023	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.68	2013 Meyer St
		Sealy, TX 77474
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel food
		Traverioou
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1: Sch: 53/66 Rpt: 68/83	FILER NAME Lalani, Suleman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083882
4	Date 09/11/2023	5 Payee name Starbucks		•
6	Amount (\$) \$17.48	7 Payee address; City; State; Zip Cod 7027 FM 1464	le	
8	PURPOSE OF EXPENDITURE	Richmond, TX 77083 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting Refreshments
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date 09/11/2023	Payee name Starbucks		
	Amount (\$) \$14.50	Payee address; City; State; Zip Cod 7027 FM 1464 Richmond, TX 77083	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting Refreshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 09/11/2023	Payee name Starbucks		
	Amount (\$) \$13.02	Payee address; City; State; Zip Cod 7027 FM 1464	le	
		Richmond, TX 77083		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting Refreshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 54/66 Rpt: 69/83	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	'
	09/11/2023	Starbucks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.25	7027 FM 1464	
		Richmond, TX 77083	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	 1
	OF		ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	Austin, TX, officeholder living expense
		Meeting F	Refreshments
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
_		·	
	Date	Payee name	
	09/11/2023	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.68	7027 FM 1464	
		Richmond, TX 77083	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Food/Beverage Expense	ravel outside of Texas. Complete Schedule T.
		· · · · · · · · · · · · · · · · · · ·	Austin, TX, officeholder living expense Refreshments
		Weeting i	Cerrestiments
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	9	Office Held
	Date	Davisa marea	
	09/11/2023	Payee name Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.19	7027 FM 1464	
		D: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
		Richmond, TX 77083	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
			Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 55/66 Rpt: 70/83	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	·
	09/25/2023	Starbucks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.70	2800 N Terminal Rd	
		Houston, TX 77032	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Coffee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	10/04/2023	Starbucks	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.17	9315 Hwy 6 South	
		Houston, TX 77083	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Coffee
			Conce
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
H	Date	Payee name	
	10/16/2023	Starbucks	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.05	9315 Hwy 6 South	
		•	
		Houston, TX 77083	
┝	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Constituents Refreshments
\vdash	Complete ONII V if direct	Condidate/Officeholder name	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office neid
l			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 56/66 Rpt: 71/83	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers 00083882)
4		5 Payee name Starbucks	
6	Amount (\$) \$11.91	7 Payee address; City; State; Zip Code 2521 Post Oak Blvd Houston, TX 77056	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Meeting	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date 11/06/2023	Payee name Starbucks	
	Amount (\$) \$7.77	Payee address; City; State; Zip Code 516 W Oltorf St Austin, TX 78704	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date 12/06/2023	Payee name Starbucks	
	Amount (\$) \$9.77	Payee address; City; State; Zip Code 16098 City Walk Blvd	
		Sugar Land, TX 77479	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Coffee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 57/66 Rpt: 72/83	Lalani, Suleman (The Honorable) Calling Commission Files) 00083882
4	Date	5 Payee name
	12/04/2023	Subway
6	Amount (\$) \$40.33	7 Payee address; City; State; Zip Code 13875 SW Freeway Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2023	Tailwind Concessions
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.95	3002 Heritage Way
	PUPPOSE	Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2023	Tailwind Concessions
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.36	3002 Heritage Way
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 58/66 Rpt: 73/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/21/2023	Texas HDCC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1106 Lavaca St
		#202
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/05/2023	Thai Cottage Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.31	4723 Sweetwater Blvd
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituents Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/08/2023	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	117 W 4th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1: Sch: 59/66 Rpt: 74/83	2 FILER NAME Lalani, Suleman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083882
4	Date 12/04/2023	5 Payee name The Capitol Grill	
6	Amount (\$) \$9.12	7 Payee address; City; State; Zip Code 117 W 4th St	
		Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	Check i	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense freshments
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 10/12/2023	Payee name The Rouxpour	
	Amount (\$) \$109.14	Payee address; City; State; Zip Code 2298 Texas Dr Sugar Land, TX 77479	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check in Check	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense lents Meeting
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought	Office held
	Date 10/12/2023	Payee name The Savoy	
	Amount (\$) \$21.47	Payee address; City; State; Zip Code 4402 Emancipation Ave	
		Houston, TX 77004	
	PURPOSE OF EXPENDITURE	1 000/Develage Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/66 Rpt: 75/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/04/2023	The Stephen F Austin Royal Sonesta Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.77	701 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
F	Date	Payee name
	07/03/2023	The White House Historical Association
H	Amount (\$)	Payee address; City; State; Zip Code
	\$217.30	1610 H Street, NW
		Washington, DC 20006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituents Gifts
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/25/2023	Treasure Island Coffee Shop
H	Amount (\$)	Payee address; City; State; Zip Code
	\$61.80	3300 Las Vegas Blvd S
		Las Vegas, NV 89109
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense Travel food
		Traverioou
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			_egal Services		alaries/Wa		e /Contract Labor		OTHER (enter a	strict i category not listed abo	ove)
	Credit Card Payment			The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 61/66 Rpt: 76/83		Lalani, Suler	man (The Hond	rable)					00083882		
4	Date	5	Payee name									
	09/25/2023		Treasure Isla	and Hotel								
6	Amount (\$)	7	Payee addres	s; City;	State; Z	Zip Cod	le					
	\$139.47	;	3300 Las Ve	gas Blvd S								
			Las Vegas, I	NV 89109								
8	PURPOSE	<u> </u>		e Categories listed at t		1-2	(b)	Description				
	OF		Travel Out o		ne top of this schedu	ie)	.~,	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder livin	g expense	
								Lodging				
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Offic	ce soug	ht			Office h	eld	
	experiulture to beliefit C/Oi											
	Date		Payee name									
	07/31/2023		UH Hilton Pa	arking								
	Amount (\$)		Payee addres	s; City;	State; Z	Zip Cod	le					
	\$15.00	4	4800 Calhoι	ın Rd								
			Houston, TX	77204								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	le) ((b)	Description				
	OF EXPENDITURE		Travel Out o	f District				-			nplete Schedule T.	
								Parking	, IX,	officeholder livin	g expense	
							r arking					
	Complete ONLY if direct	C	andidate/Offic	eholder name	Offic	ce soug	ht			Office h	eld	
	expenditure to benefit C/OI					9						
_	Date		Payee name									
	10/30/2023	l	Uber									
	Amount (\$)		Payee addres	s; City;	State; Z	7in Cod	ام					
	\$107.97	l	1515 Third S	-	State, 2	ip Cou	ic					
	4-0.10											
		Ι,	San Francis	co, CA 94158								
	PURPOSE	_				1,	(h)	Description				
	OF		Calegory _{(Se}	e Categories listed at t	he top of this schedu	le)	(U)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		riavei Out o	District						officeholder livin		
								Transit				
	Complete ONLY if direct		andidate/Offic	eholder name	Offic	ce soug	ht			Office h	eld	
L	expenditure to benefit C/OI											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 62/66 Rpt: 77/83	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	10/30/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.51	1515 Third Street	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense ansit
			ansit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cindo nota
_	Date	Payee name	
	10/30/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.51	1515 Third Street	
	Ψ0.31	1313 Tillid Street	
		San Francisco, CA 04159	
	5,155,055	San Francisco, CA 94158	
	PURPOSE OF	, the same series and the series are the series and the series are	Scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Tra	ansit
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	10/31/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.29	1515 Third Street	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Traver out or bistrict	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense ansit
			arot
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		555518

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 63/66 Rpt: 78/83	Lalani, Suleman (The Honorable)	00083882				
4	Date	5 Payee name					
	11/24/2023	Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$49.71	1515 Third Street					
		San Francisco, CA 94158					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Have out of Bistrict	vel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense				
		Transit	Sun, 17, Ginecholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	А					
	Date	Payee name					
	11/28/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$56.22	1515 Third Street					
	!						
	!	San Francisco, CA 94158					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel out of District	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense				
	!	Transit	Still, 17, Ullicerrolaer living expense				
	!						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH	ч					
	Date	Payee name					
	12/15/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$54.36	1515 Third Street					
	!						
	!	San Francisco, CA 94158					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District	vel outside of Texas. Complete Schedule T.				
	<u> </u>	Check if Aus	stin, TX, officeholder living expense				
	!						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	•	33333				
_							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/66 Rpt: 79/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/15/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.92	1515 Third Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transit
		Hansi
_	Occupate ONLY if alice at	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/15/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.99	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transit
		Transit
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	12/15/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.94	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transit
	Operate ONE V. C.	On didn't 10 ff a balden name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Orange to borion of or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 65/66 Rpt: 80/83	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	12/15/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.95	1515 Third Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transit
		Transit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	11/30/2023	Wendy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.63	619 N Interstate Hwy 35
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Meal
		Traver Medi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/06/2023	Westin Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	945 Gessner Rd
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 66/66 Rpt: 81/83	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
l	08/08/2023	Westin Memorial City	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$30.00	945 Gessner Rd	
l			
l		Houston, TX 77024	
8	PURPOSE	•) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. coa/2010lago 2/pollec	Check if Austin, TX, officeholder living expense
			Meeting Refreshments
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	t Office held
	experience to benefit Gree		
l	Date	Payee name	
	11/28/2023	Zukku Sushi	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$50.79	1910 N Ola Ave	
l			
		Tampa, FL 33602	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense
			. 500
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction C	Guide explains	1 Total pages Schedule T: Sch: 1/2 Rpt: 82/83						
2 FILER NAME	/The Hen	oroblo)	3 Filer ID (Ethics Co 00083882	mmission Filers)					
Lalani, Sulemar	-	-			00083882				
4 Name of Contribu Priceline	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Priceline								
5 Contribution / Exp	enditure rep	orted on:							
Schedule A2		Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1							
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	of Travel 7 Name of person(s) traveling Lalani, Suleman (Rep.)								
	8 Depart	ure city or name of	departure location						
09/25/2023	Houst								
	9 Destina	ation city or name o	f destination location						
09/25/2023	Las Ve	egas							
10 Means of transpor	rtation	11 Purpose of trav	vel (including name of c	onference, seminar, or	other event)				
Commercial Air	olane	Las Vegas E	lected Officials Semir	nar 					
	•	ation or Labor Orga	ınization / Pledgor /Paye	ee					
Southwest Airlin	ies								
Contribution / Exp	enditure rep	orted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel Name of person(s) traveling									
	Lalani	, Suleman (Rep.)							
	Depart	ure city or name of	departure location						
08/28/2023	Houst	on							
	Destina	ation city or name o	f destination location						
08/28/2023	San Jo	ose							
Means of transpor	rtation	Purpose of trav	vel (including name of c	onference, seminar, or	other event)				
		California Co	nference						
Name of Contribu	tor / Corpora	ation or Labor Orga	ınization / Pledgor /Paye	ee					
Southwest Airlin	ies								
Contribution / Exp	enditure rep	orted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	χ Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name	of person(s) traveli	ng						
	Lalani	, Suleman (Rep.)							
	Departure city or name of departure location								
01/18/2024 Tampa									
	Destina	ation city or name o	f destination location						
01/18/2024	Washi	ngton							
Means of transpor			vel (including name of c	onference, seminar, or	other event)				
Commercial Air	Commercial Airplane Fundraising Travel								

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Spirit Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Lalani, Suleman (Rep.) Departure city or name of departure location 07/18/2023 Houston Destination city or name of destination location 07/18/2023 Chicago 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Chicago Conference Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Spirit Airlines Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F4 Schedule G Schedule COH-UC Schedule F2 Schedule H Dates of Travel Name of person(s) traveling Lalani, Suleman (Rep.) Departure city or name of departure location 09/05/2023 Houston Destination city or name of destination location 09/05/2023 Chicago Means of transportation Purpose of travel (including name of conference, seminar, or other event) Chicago Conference Commercial Airplane Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Spirit Airlines Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H Name of person(s) traveling Dates of Travel Lalani, Suleman (Rep.) Departure city or name of departure location 12/15/2023 Houston Destination city or name of destination location 12/15/2023 Tampa Purpose of travel (including name of conference, seminar, or other event) Means of transportation Commercial Airplane **Fundraising Trip**