

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083882	2 Total pages filed: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Suleman	MI 	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/05/2024
	NICKNAME	LAST Lalani	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 6514 Houston, TX 77265		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Gordon Jinpoing	MI 	
	NICKNAME	LAST Quan	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 5444 Westheimer Rd. Ste. 1700 Houston, TX 77056		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 625-9200	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 01/25/2024	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 76		12 OFFICE SOUGHT (if known) State Representative District 76	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 18

13 C / OH NAME Lalani, Suleman (The Honorable)	14 Filer ID (Ethics Commission Filers) 00083882
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,455.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,297.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 78,883.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 135,000.00

17 AFFIDAVIT

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

 The Honorable Suleman Lalani
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Lalani, Suleman (The Honorable)		19 Filer ID (Ethics Commission Filers) 00083882
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,015.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 440.53
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,972.21
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,325.68
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/18
2 FILER NAME Lalani, Suleman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083882
4 Date 01/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbas, Huma <hr/> 6 Contributor address; City; State; Zip Code Naperville, IL 60564	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Advocate medical Group
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barazi, Asaad <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Tilden <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas PA
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devarakonda, Maruthi <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) GE
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iqbal, Javed <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Private Equity Investment		Employer (See Instructions) ZT Corporate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/18
2 FILER NAME Lalani, Suleman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083882
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kheraj, Abdulmalik <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Business Communications		9 Employer (See Instructions) Noor Communication Inc
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khichi, Mahmood <hr/> Contributor address; City; State; Zip Code Spring, TX 77380	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoja, Jawaid <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Investors		Employer (See Instructions) JK Pentix
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakhani, Saleem <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CPA/Real Estate Professional		Employer (See Instructions) DML Capital LLC
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madhany, Nasirdin <hr/> Contributor address; City; State; Zip Code Orlando, FL 32819	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/18
2 FILER NAME Lalani, Suleman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083882
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Majeed, Tariq <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Bluff springs enterprise
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marwan, Hisham <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) UTMB
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajguru, Anil <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Slovacek LLP
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaikh, Imran <hr/> Contributor address; City; State; Zip Code Oak Brook, IL 60523	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Healthcare worker		Employer (See Instructions) Ascension medical group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/18
2 FILER NAME Lalani, Suleman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083882
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenaq, Jay <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) MD		9 Employer (See Instructions) Plastic surgery of houston
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tameez, Mustafa <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO & Founder		Employer (See Instructions) Outreach Strategists
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/18	
2 FILER NAME Lalani, Suleman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083882	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/16/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association Political Action Committee -TEXPAC	8 Amount of contribution (\$) \$440.53	9 In-kind contribution description Food and Beverage for Fundraiser
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/8 Rpt: 9/18	2	FILER NAME Lalani, Suleman (The Honorable)	3	Filer ID (Ethics Commission Filers) 00083882
4	Date 01/25/2024	5	Payee name ActBlue		
6	Amount (\$) \$435.11	7	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees 01/01- 01/25/2024		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/23/2024		Payee name Avenida South Garage		
	Amount (\$) \$38.00		Payee address; City; State; Zip Code 1710 Polk St Houston, TX 77003		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/02/2024		Payee name Brandani's Restaurant		
	Amount (\$) \$157.07		Payee address; City; State; Zip Code 3340 FM 1092 Rd Suite 160 Missouri City, TX 77459		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 10/18	2 FILER NAME Lalani, Suleman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083882
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4 Date 01/22/2024	5 Payee name Brazoria County Democrats
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 55 Pin Oak Ct. City Lake Jackson, TX 77566
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2024	Payee name Chevron
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Amount (\$) \$71.85	Payee address; City; State; Zip Code 7800 Hwy 90A Sugar Land, TX 77478
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name Chick-Fil-A
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Amount (\$) \$37.38	Payee address; City; State; Zip Code 21622 SH 249 Houston, TX 77070
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 11/18	2 FILER NAME Lalani, Suleman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083882
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4 Date 01/23/2024	5 Payee name China King Halal
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6 Amount (\$) \$71.44	7 Payee address; City; State; Zip Code 3338 Highway 6 Sugar Land, TX 77478
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2024	Payee name Croissant Brioche French Bakery & Cafe
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Amount (\$) \$66.21	Payee address; City; State; Zip Code 2435 Rice Blvd Houston, TX 77005
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/02/2024	Payee name Hilton
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 1600 Lamar St Houston, TX 77010
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 12/18	2 FILER NAME Lalani, Suleman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083882
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4 Date 01/02/2024	5 Payee name India House Inc
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 8888 West Bellfort Houston, TX 77031
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/08/2024	Payee name Nationbuilder
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Amount (\$) \$95.00	Payee address; City; State; Zip Code 520 S Grand Ave Los Angeles, CA 90071
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising database
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name New Palace
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Amount (\$) \$959.31	Payee address; City; State; Zip Code 12755 Southwest Fwy Stafford, TX 77477
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/8 Rpt: 13/18	2	FILER NAME Lalani, Suleman (The Honorable)	3	Filer ID (Ethics Commission Filers) 00083882
4	Date 01/02/2024	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service charge		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/09/2024		Payee name Panera Bread		
	Amount (\$) \$10.80		Payee address; City; State; Zip Code 1928 Highway 6 Sugar Land, TX 77478		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/08/2024		Payee name Shahnai Restaurant		
	Amount (\$) \$16.23		Payee address; City; State; Zip Code 5920 Hillcroft St Ste B Houston, TX 77036		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 14/18	2 FILER NAME Lalani, Suleman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083882
4 Date 01/08/2024	5 Payee name Shahnai Restaurant	
6 Amount (\$) \$36.11	7 Payee address; City; State; Zip Code 5920 Hillcroft St Ste B Houston, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name Shell Oil	
Amount (\$) \$65.88	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2024	Payee name Shell Oil	
Amount (\$) \$50.12	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 7/8 Rpt: 15/18	2	FILER NAME Lalani, Suleman (The Honorable)	3	Filer ID (Ethics Commission Filers) 00083882
4	Date 01/22/2024	5	Payee name Shell Oil		
6	Amount (\$) \$64.61	7	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd Sugar Land, TX 77479		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/19/2024		Payee name Southwest Airlines		
	Amount (\$) \$234.97		Payee address; City; State; Zip Code 7800 Airport Blvd Houston, TX 77061		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commercial Flight to Tampa, FL for fundraiser		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/05/2024		Payee name Starbucks		
	Amount (\$) \$10.09		Payee address; City; State; Zip Code 3613 South Main St Stafford, TX 77477		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 16/18	2 FILER NAME Lalani, Suleman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083882
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4 Date 01/09/2024	5 Payee name Tangra's Daughter
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6 Amount (\$) \$124.03	7 Payee address; City; State; Zip Code 4707 SH-6 N Missouri City, TX 77459
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/08/2024	Payee name Walgreens
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 25620 Kingsland Blvd Katy, TX 77494
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Card for Constituent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 1/1 Rpt: 17/18	2 FILER NAME Lalani, Suleman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083882
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 01/25/2024	6 Payee name J&N Enterprises, Inc.
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7 Amount (\$) \$2,325.68	8 Payee address; City; State; Zip Code 2519 Fairway Park Dr SUITE 302 Houston, TX 77092
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Materials
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
Sch: 1/1 Rpt: 18/18

2 FILER NAME

Lalani, Suleman (The Honorable)

3 Filer ID (Ethics Commission Filers)
00083882

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Southwest Airlines

5 Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

6 Dates of Travel

02/10/2024

02/10/2024

7 Name of person(s) traveling

Lalani M.D., Suleman (Rep.)

8 Departure city or name of departure location

Houston

9 Destination city or name of destination location

Tampa

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

Fundraiser in Tampa area