## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00085598	,	2 Total page	es filed: 106
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
	The Honorable	Salman				
NAME	-				Date Received	
					ELECTRON	NICALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Bhojani				
				710 0005	Data Hand daliwa	red or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delive	red of Date Postmarked
MAILING	PO Box 392				Descipt //	l ann ann a
ADDRESS					Receipt #	Amount
Change of Address	Euless, TX 76039					
					Date Processed	
					Date Imaged	
5 CAMPAIGN		FIRST		MI		
TREASURER	MS / MRS / MR			MI		
NAME	Mr.	Brian D.				
	NICKNAME	LAST		SUFFIX		
		Patrick				
6 CAMPAIGN	STREET ADDRESS (NO P		ΔΡ	T / SUITE #; CITY;		STATE; ZIP CODE
TREASURER	3004 Starlight Ct	o boxt lease),		1730HE#, CHT,		STATE, ZI CODE
ADDRESS	5004 Staniyin Ct					
(Residence or Business)						
	Euless, TX 76039					
7 CAMPAIGN TREASURER		ONE NUMBER	EXTENSION			
PHONE	(203) 675-8821					
8 REPORT					_	
TYPE	January 15	30th day before	e election	Runoff		er campaign treasurer (officeholder only)
	X July 15	8th day before		Exceeded modified	_	(Attach C/OH-FR)
	X July 15	our day before		reporting limit	Final Report	(Allach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TI	HROUGH	06/30/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	Special		
					(if )	
11 OFFICE	OFFICE HELD (if any)	atriat 00		12 OFFICE SOUGHT		00
	State Representative Dis	Strict 92		State Representa	ative District s	92
	;					
		CO .	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Ve	ersion V4.1.0.d378aba0

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 106

13 C / OH NAME	Bhojani, Salman (The	e Honorable)		14 Filer ID 00085598	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expendi s may have been made withou equired to report this information	t the candidate's or offi	ceholder's kr	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ΛE			
	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	/PAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRE	ESS		
<b>16</b> CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA		<sup>5,</sup> <b>\$</b>	0.00
	IS)	\$	86,491.00			
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	0.00
4. TOTAL POLITICAL EXPENDITURES					\$	76,874.90
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE	LAST DAY OF THE	\$	63,782.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS A	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•					
			I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required		
			The Hor	iorable Salman Bhoj	ani	
			Signature	of Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness	my hand and seal of office.			-
Signature of offi	cer administering	Printed name	of officer administering	Title of offic	er administe	ring oath
Forms provided by Te	exas Ethics Commissior	n www	.ethics.state.tx.us		Version V	4.1.0.d378aba0

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 106 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Bhojani, Salman (The Honorable) 00085598 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 78,691.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 7,800.00 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 61,214.13 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 14,198.63 \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 1,462.14 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 1/29 Rpt: 4/106 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/06/2024 Act for Texas Classroom Teachers Association \$1,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78767 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/05/2024 Akhtar, Nadeem \$250.00 Contributor address; City; State; Zip Code Irving, TX 75063 Principal occupation / Job title (See Instructions) Employer (See Instructions) self employee Texan trades Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/21/2024 Ali, Adnan \$250.00 Contributor address; City; State; Zip Code Lewisville, TX 75056 Principal occupation / Job title (See Instructions) Employer (See Instructions) unemployed unemployed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/14/2024 \$300.00 Arslan, Guner and Sueda Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Distinguished Engineer** Silicon Laboratories Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/14/2024 \$308.00 Balcioglu, Mustafa Contributor address; City; State; Zip Code Round Rock, TX 78681-3567 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Self

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	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 2/29 Rpt: 5/106	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Bhojani, Salı	man (The Honorable)				00085598	
4	Date	5 Full name of contributor out-of-stat	te PAC (ID#:_	)	7	Amount of Contribution (\$)	
	04/15/2024	Balikci, Erdem John					\$200.00
		6 Contributor address; City; State; Zip Code	e				
Ļ		Austin, TX 78717					
8		ipation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Lead AI/ML			UnitedHealth Group			
	Date		te PAC (ID#:	)		Amount of Contribution (\$)	
	03/23/2024						\$250.00
	Contributor address; City; State; Zip Code						
		Irving, TX 75063					
-	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Owner			Silk Threads	9		
╞	Date	Full name of contributor Out-of-stat	ate PAC (ID#:			Amount of Contribution (\$)	
	01/09/2024	Bharmal, Mansoor	IE PAC (ID#				\$25.00
	01/00/202 .	Contributor address; City; State; Zip Code	Δ				Ψ20100
		Contributor address, Ony, State, Zip Coas	5				
		Irving, TX 75039					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Qorvo			
	Date	Full name of contributor 🔲 out-of-stat	te PAC (ID#:	)		Amount of Contribution (\$)	
	01/09/2024	Bhattarai, Sadichhya					\$150.00
		Contributor address; City; State; Zip Code					
$\vdash$	Dringing ago	Dallas, TX 75249		Employer (Cool Instructions	Ĺ		
	Entrepreneu	ipation / Job title (See Instructions)		Employer (See Instructions Self employed	)		
╘	•						
	Date		ate PAC (ID#:	)		Amount of Contribution (\$)	ቀርብ በብ
	01/17/2024	Bilal, Muhammad					\$50.00
		Contributor address; City; State; Zip Code	9				
		Fortworth, TX 76155					
⊢	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	;)		
	Service			Neiman marcus group	,		
⊢			I				

	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 3/29 Rpt: 6/106	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Bhojani, Salı	man (The Honorable)				00085598	
4	Date	5 Full name of contributor out-o	-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/17/2024	Bilal, Muhammad					\$25.00
		6 Contributor address; City; State; Zip	Code				
	I						
	l	_					
		Fortworth, TX 76155	r				
8		pation / Job title (See Instructions)	'	9 Employer (See Instructions	5)		
	Service			Neiman marcus group			
	Date		of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2024						\$153.00
	Contributor address; City; State; Zip Code						
	I						
	I	Invine TV 75061					
┝	Dringing occu	Irving, TX 75061 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Warehouse v			Isenberg	9		
╞					t t - t t - t - t - t - t -		
	Date 02/12/2024	Full name of contributor out-c	-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	0211212024						Φ10.00
	l	Contributor address; City; State; Zip	Coue				
	I						
	l	New York, NY 10003					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Not Employe	d:		Not Employed			
╞	Date	Full name of contributor out-c	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2024	Britt, Eric					\$250.00
		Contributor address; City; State; Zip (	Code				
	I						
	I						
		Arlington, TX 76010					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Not Employe	.d		Not Employed			
	Date		-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/12/2024	CASTEEL, Phillip					\$50.00
	l	Contributor address; City; State; Zip	Code				
	I						
	I	CRADEVINE TX 76051					
L	Dringing occu	GRAPEVINE, TX 76051	r	Employer (See Instructions			
	CFO	pation / Job title (See Instructions)		Employer (See Instructions Mic-Continent Hospitality			
┝			L		y		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/29 Rpt: 7/106	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		man (The Honorable)			00085598	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/17/2024	Camp, Martin				\$250.00
		6 Contributor address; City; State; Zip Code				
		1				
		1				
		Dallas, TX 75205				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Professor		SMU Law School			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/25/2024	Capps, Emerson				\$25.00
		Contributor address; City; State; Zip Code				
		1				
		Wichita Falls, TX 76308				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ;)		
	Not employe		Not employed	,		
╞			<u>·</u>	_	t Ω - strike tiens (Φ)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷100.00
	01/18/2024	Carter Griffin, Essence				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		1				
L		Arlington, TX 76005				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Nurse Practi	tioner	DPACC			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/07/2024	Chance Sampson, Sampson Public Affairs LLC				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
				,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	01/03/2024	Charles Butt Public Education PAC	/			\$5,000.00
	01/03/2024					\$0,000.00
		Contributor address; City; State; Zip Code				
		1				
		Car Antonio TV 70020				
┡	- · · ·	San Antonio, TX 78029				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
L						

	The Instruc	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 5/29 Rpt: 8/106	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salr	man (The Honorable)				00085598	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_	)	7	Amount of Contribution (\$)	
	04/05/2024	Cheema, Paramjit					\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Irving, TX 75038					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
0	Not Employe			Not Employed	)		
						Amount of Contribution (¢)	
	Date 01/18/2024	_	PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	01/10/2024	Cheema, Tika & Paramjit					\$100.00
	Contributor address; City; State; Zip Code						
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Not Employe			Not Employed			
	Date	Full name of contributor out-of-state	PAC (ID#:_	)		Amount of Contribution (\$)	
	01/18/2024	Chowdhury, Raihan	-				\$500.00
		Contributor address; City; State; Zip Code					
		Plano, TX 75074					
	-	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Farmer/Rand	.ner		Dallas Ranch and Farm			
	Date	Full name of contributor 🗌 out-of-state	PAC (ID#:_	)		Amount of Contribution (\$)	
	01/18/2024	Cruz, Joseph					\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78752					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Membership			ATPE	,		
_	Date	Full name of contributor out-of-state		)		Amount of Contribution (\$)	
	01/18/2024	Currie, Christopher	FAC (ID#				\$25.00
	01,10,101	Contributor address; City; State; Zip Code					+_0.00
		Grand Prairie, TX 75052					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Communicat	tions Specialist		Texas Department of St	ate	Health Services	
1							

	The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/29 Rpt: 9/106	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salı	man (The Honorable)				00085598	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/12/2024	DECPAC	-				\$1,000.00
		6 Contributor address; City; Stat	te; Zip Code				
		Oklahoma City, OK 73102					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/16/2024	Damri, Ava	—				\$500.00
		Contributor address; City; Stat	te; Zip Code				
		Euless, TX 76040					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			Deloitte			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2024	Dang, David					\$500.00
		Contributor address; City; Stat	te; Zip Code				
		North Richland Hills, TX 76	180				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ov	vner		Self			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/07/2024	Dang, Leyna Noi	_				\$250.00
		Contributor address; City; Stat	te; Zip Code				
		North Richland Hills, TX 76	,180				
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Realtor			Realtor			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2024	Del Bosque, Mike	_				\$25.00
		Contributor address; City; Stat	te; Zip Code				
		Grand Prairie, TX 75052					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Councilman			Grand Prairie			
1							

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	The Instru	ction Guide explains how t	o complete this f	orm.	1	Total pages Schedule A1: Sch: 7/29 Rpt: 10/106	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salı	man (The Honorable)				00085598	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/14/2024	Demirci, Ersin	-				\$500.00
	1	6 Contributor address; City; State	e; Zip Code		1		
		Oklahoma City, TX 73120-2	2521	<b>1</b>			
8		pation / Job title (See Instructions)		9 Employer (See Instructions			
	ED			Dialogue Institute of Ok	lar		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/26/2024	Dhamani, Firoz					\$5,000.00
	Contributor address; City; State; Zip Code						
		Marietta, GA 30067					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ו</u>		
	Business Ov	,		Self	,		
╞	Date	Full name of contributor			Г	Amount of Contribution (\$)	
	01/29/2024	Dhanji, Ramzan	out-of-state PAC (ID#:	)			\$500.00
	UTILOILOL .	Contributor address; City; State			-		Ψ000.00
		Contributor address, ony, caa					
	l	Southlake, TX 76092					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not employe	d		Not employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/06/2024	Dobariya, Manojkumar					\$250.00
	I	Contributor address; City; State	e; Zip Code		1		
$\vdash$	Drizoinal agai	coppell, TX 75019		Employer (Cool Instructions			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Manojkumar A Dobariya			
╘	-				1		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀፍር በበ
	03/28/2024	Dobariya, Manojkumar	Zie Oede				\$50.00
		Contributor address; City; State	e; Zip Code				
		coppell, TX 75019					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Physician	· · · ·		Manojkumar A Dobariya		D PLLC	
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/29 Rpt: 11/106	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)			00085598	JII
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/19/2024	Ellis, Susan				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		EULESS, TX 76040				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Accountant		Olivia Clarke Homes			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/09/2024	Faizan, Mirza				\$2,000.00
		Contributor address; City; State; Zip Code		·		
		Irving, TX 75038				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	unemployed	1	unemployed			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/03/2024	Fields, David				\$1,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Lawyer		Haynes and Boone			
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	01/17/2024	Firefighters, Fort Worth	/		,	\$5,000.00
	0_,	Contributor address; City; State; Zip Code				<b>+0</b> ,000
		Fort Worth, TX 76107				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Chairman	· ·	FW Firefighters	-		
	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/13/2024	Funk, Stephen	/			\$250.00
	00.20.2	Contributor address; City; State; Zip Code				<b>*</b>
		Contributor address, City, State, Zip Code				
		Arlington, TX 76006-4030				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	unemployed		unemployed	-,		
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/29 Rpt: 12/106	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bhojani, Salı	man (The Honorable)			00085598	
4	Date 03/21/2024	5 Full name of contributor out-of-state PAC (ID#: Ghani, Shariq	)	7	Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Richmond, TX 77407				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Executive Di	rector	Minaret Foundation			
_	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/16/2024	Gillani, Shiraz				\$500.00
		Contributor address; City; State; Zip Code		1		
		Great Falls, VA 22066		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
<u> </u>	COO		CVS			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/20/2024					\$25.00
		Contributor address; City; State; Zip Code				
		EULESS, TX 76040				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ر</u> ا د)		
	unemployed		unemployed	,		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/18/2024	Greenup , Adam J				\$500.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75043				
	Principal occu Associate	upation / Job title (See Instructions)	Employer (See Instructions Snell & Wilmer	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/05/2024	Hakani, Riyaz				\$500.00
		Contributor address; City; State; Zip Code	ļ	1		
		Coppell, TX 75019				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Entrepreneu		Hillstop	-,		
	-		· ·			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/29 Rpt: 13/106	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
		man (The Honorable)			00085598	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/07/2024	Hakemy, Shair				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75220				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Self-employe	ed	Hbpm			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)	
	01/17/2024	Hammer and Nails Club				\$500.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
			·			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	04/12/2024	Hayes, Richard (Rep.)				\$500.00
		Contributor address; City; State; Zip Code		1		
		Hickory Creek, TX 75065				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Attorney		Hayes, Berry, White & V	/an	zant, LLP	
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/25/2024	Hisssam, Timothy			,	\$3.00
	•	Contributor address; City; State; Zip Code		•		
		Pflugerville, TX 78660				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> S)		
	Tax Examini	ng Tech	IRS			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	02/25/2024	Hisssam, Timothy			-	\$3.00
		Contributor address; City; State; Zip Code		1		
		Pflugerville, TX 78660				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Tax Examini		IRS	-,		
┢						
1						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/29 Rpt: 14/106	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission File	ers)
	man (The Honorable)		00085598	0.2)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/25/2024	Hisssam, Timothy			\$3.00
	6 Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Tax Examin		IRS	, ,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/25/2024	Hisssam, Timothy	,		\$3.00
•				<b>TC</b>
	Pflugerville, TX 78660			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Tax Examin	ing Tech	IRS		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/25/2024	Hisssam, Timothy			\$3.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Tax Examin	ing Tech	IRS		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/01/2024	Howard, Adrian		\$2	250.00
	Contributor address; City; State; Zip Code			
	EULESS, TX 76039			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner		State Farm Insurance	)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
01/27/2024	Full name of contributor out-of-state PAC (ID#: Hussaini, Aly	,		\$5.00
01/21/2021	Contributor address; City; State; Zip Code			ψ0.00
	כטוונווטענטו מעעודבי, כונץ, כומנל, בוף כסעב			
	Austin, TX 78731			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not employe		Not employed	, ,	

	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/29 Rpt: 15/106	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)				00085598	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/27/2024	Hussaini, Aly					\$5.00
		6 Contributor address; City; Sta					
		Austin, TX 78731					
8	Principal occu Not employe	pation / Job title (See Instructions) d		9 Employer (See Instructions Not employed	5)		
⊨	Date				<u> </u>	Amount of Contribution (P)	
	03/27/2024	-	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	03/2/12024	Hussaini, Aly					\$5.00
		Contributor address; City; Sta	te; Zip Code				
		Austin TV 70721					
⊢	Dringing ogg	Austin, TX 78731		Employer (See Instructions	<u> </u>		
		pation / Job title (See Instructions)			5)		
	Not employe			Not employed	_		
	Date	-	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/27/2024	Hussaini, Aly					\$5.00
		Contributor address; City; Sta			1		
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not employe	d		Not employed			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/27/2024	Hussaini, Aly	_				\$5.00
		Contributor address; City; Sta	te; Zip Code				
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not employe	d		Not employed			
	Date	Full name of contributor	x out-of-state PAC (ID#: C	.00674127 )	Γ	Amount of Contribution (\$)	
	02/12/2024	Indian American Impact Fu	nd				\$1,000.00
		Contributor address; City; Sta	te: Zip Code				
			, <u>-</u> .p ecce				
		Washington, DC 20003					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> 5)		
					•		
-							

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/29 Rpt: 16/106	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		man (The Honorable)			00085598	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/18/2024	Ismaelbay, Sakina				\$25.00
	I	6 Contributor address; City; State; Zip Code		1		
		Prosper, TX 75078				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Real Estate		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	01/19/2024	Jones, Ellen				\$100.00
	I	Contributor address; City; State; Zip Code				
		Euless, TX 76040				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	unemployed	1	unemployed			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	01/18/2024	KONUK, AHMET			• •	\$250.00
		Contributor address; City; State; Zip Code		·		
		WYLIE, TX 75098				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b>s</b> )		
		Broker/Investor	Ahmet Konuk			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Т	Amount of Contribution (\$)	
	03/19/2024	Kaplan, Stacey	,		, who can be a carrier of the carrie	\$500.00
	00,20,21	Contributor address; City; State; Zip Code		·		+00
		Dallas, TX 75229				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PR Strategis		GO PR LLC	•		
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Т	Amount of Contribution (\$)	
	04/14/2024	Kaya , Gultekin	/			\$200.00
	0	Contributor address; City; State; Zip Code		·		<b>+</b>
		CUltilibutor address, City, State, Lip Code				
		Round Rock, TX 78664-4067				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
		irector of Organizational Effectiveness	Harmony Public Schools			
⊢						

The Inst	truction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 14/29 Rpt: 17/106	
2 FILER NA	ME		3 Filer ID (Ethics Commission	on Filers)
	Salman (The Honorable)		00085598	,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/25/202				\$100.00
	6 Contributor address; City; State; Zip Code		•	
	Fort Worth, TX 76155			
8 Principal o	occupation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Analytics	director	Newrez		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/16/202	— —			\$1,000.00
	Contributor address; City; State; Zip Code			
	Ashburn, VA 20148			
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Entreprer	neur	Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/18/202				\$500.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
CEO		Falcon Holdings		
Date	Full name of contributor out-of-state PAC (ID#:	·	Amount of Contribution (\$)	
05/15/202				\$2,000.00
	Contributor address; City; State; Zip Code			
	Centreville, VA 20112-0643			
	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Strategic	Advisor	Makpar Corporation		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/18/202	24 Kinney, Ariele			\$25.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75208			
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Advocacy	/	TPCSA		

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/29 Rpt: 18/106
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		man (The Honorable)		00085598
	Date 01/18/2024			<ul><li>7 Amount of Contribution (\$)</li><li>\$25.0</li></ul>
	-	6 Contributor address; City; State; Zip Code		
		Grand Prairie, TX 75052		
		pation / Job title (See Instructions)	9 Employer (See Instructions)	is)
	Administratio	on Manager	FRB Dallas	
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	01/05/2024	Maguire-Powell, Alison		\$10.0
		Contributor address; City; State; Zip Code		
		Denton, TX 76210		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	 IS)
	Not Employe	èd.	Not Employed	
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	02/05/2024	Maguire-Powell, Alison		\$10.0
		Contributor address; City; State; Zip Code Denton, TX 76210		
┝──	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Not Employe		Not Employed	(5)
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	03/05/2024	Maguire-Powell, Alison	·/	\$10.0
	00,00,	Contributor address; City; State; Zip Code		
		Denton, TX 76210		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	is)
	Not Employe	3d	Not Employed	
	Date	Full name of contributor out-of-state PAC (ID#	·)	Amount of Contribution (\$)
	04/05/2024	Maguire-Powell, Alison		\$10.0
		Contributor address; City; State; Zip Code Denton, TX 76210		
	Drincinal occu		Employor (See Instructions	
	Not Employe	Ipation / Job title (See Instructions)	Employer (See Instructions) Not Employed	IS)
┝──				

The Instruct	tion Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 16/29 Rpt: 19/106
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	an (The Honorable)		00085598
4 Date 5	5 Full name of contributor 🔲 out-of-state PAC (	ID#:)	7 Amount of Contribution (\$)
05/05/2024	Maguire-Powell, Alison		\$10.0
e	G Contributor address; City; State; Zip Code		
	Denton, TX 76210		
	ation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Not Employed	l l	Not Employed	
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of Contribution (\$)
01/12/2024	Maul, Janna		\$25.0
	Contributor address; City; State; Zip Code		
	Bedford, TX 76021		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Not Employed		Not Employed	
Date	Full name of contributor Out-of-state PAC (	)	Amount of Contribution (\$)
04/05/2024	McGinty, Robert	ID#)	\$500.0
	-		
	Contributor address; City; State; Zip Code		
	Arlington, TX 76016		
Principal occup:	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Government		Tarrant County	
Date		ID#:)	Amount of Contribution (\$)
01/18/2024			\$25.0
	Contributor address; City; State; Zip Code		
	Arlington, TX 76016		
Principal occup:	ation / Job title (See Instructions)	Employer (See Instruction	
Governmaent	· ,	Tarrant County	115)
			-
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of Contribution (\$)
02/29/2024	McNatt, Larry		\$150.0
	Contributor address; City; State; Zip Code		
	Hurst, TX 76054		
	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Retired		Retired	

			1 Total pages Schodule A1:	
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/29 Rpt: 20/106	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Bhojani, Sal	man (The Honorable)		00085598	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/18/2024	Merchant, Rehaan			\$50.00
	6 Contributor address; City; State; Zip Code			
	McKinney, TX 75072			
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Real Estate		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/17/2024	Metropolitan Anesthesia PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75219	<u> </u>	-	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
			-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/06/2024	Millar, Ron			\$25.00
	Contributor address; City; State; Zip Code			
	Arlington, VA 22201			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
	AC Manager	Center for Freethought I		
			· · ·	
Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Moore Vicki	)	Amount of Contribution (\$)	\$25.00
01/13/2024	Moore, Vicki			Φ20.00
	Contributor address; City; State; Zip Code			
	Haltom City, TX 76137			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
unemployed		unemployed	,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/11/2024	Munoz, Veronica	/	,	\$100.00
	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Dallas, TX 75205			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
unemployed	1	unemployed		

The	Instru	ction Guide explains how to complete this f	orm.		otal pages Schedule A1: Sch: 18/29 Rpt: 21/106	
2 FILEF	R NAME				iler ID (Ethics Commission	n Filers)
		man (The Honorable)			0085598	11 110.07
4 Date		5 Full name of contributor out-of-state PAC (ID#:	)	7 A	mount of Contribution (\$)	
04/15	5/2024	Nalcaci, Ahmet				\$450.00
		6 Contributor address; City; State; Zip Code		·		
		Round Rock, TX 78665				
8 Princi	ipal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Proje	ect Mana	ager	N&Y Construction			
Date		Full name of contributor out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
01/05	5/2024	O SBEIT, RAED				\$25.00
		Contributor address; City; State; Zip Code		·		
ĺ		Irving, TX 75062				
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Profe	essor		University of Cumberlan	nds		
Date		Full name of contributor out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
01/18	8/2024	Olatunde, Olubode				\$250.00
		Contributor address; City; State; Zip Code		·		
l .						
l .		Arlington, TX 76005				
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Bank	<er< td=""><td></td><td>Chase</td><td></td><td></td><td></td></er<>		Chase			
Date		Full name of contributor Out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
	8/2024	P Schleeter, John				\$50.00
	0/_0	Contributor address; City; State; Zip Code		·		<del></del>
l .						
l .						
l .		North Richland Hills, TX 76180				
Princi	ipal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	onsultan		Self-Employed			
Date		Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )	ΙΑ	mount of Contribution (\$)	
	8/2024	Padilla, Eric	/			\$250.00
<b>.</b>	0,202	Contributor address; City; State; Zip Code		·		WEDDIE:
ĺ		Continuation address, City, State, Lip Code				
ĺ						
ĺ		Arlington, TX 76005				
Princi	inal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
Lobb			Vistra Corp	5)		
	////		Visita Corp			
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	The Instruc	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 19/29 Rpt: 22/106	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		man (The Honorable)			-	00085598	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/22/2024	Pelfrey, Eric					\$5,000.00
		6 Contributor address; City; State; Zip Code					
Ļ	D i vizel essu	Fort Worth, TX 76102			Ĺ		
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Managing Pa			BridgeCap			
	Date	Full name of contributor X out-of-state	PAC (ID#:_1	) (687011		Amount of Contribution (\$)	
	04/29/2024	Pfizer PAC					\$500.00
		Contributor address; City; State; Zip Code					
$\vdash$	Drive sized oppu	New York, NY 10001		Employer (Cas Instructions	Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
					-		
	Date	Full name of contributor out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2024	Pierson, Grey					\$500.00
		Contributor address; City; State; Zip Code					
		Arlington, TX 76006					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 •\		
	Attorney			Self	<i>•</i> )		
╞							
	Date 04/02/2024	Full name of contributor out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	04/02/2024	Porter, Vince					\$500.00
		Contributor address; City; State; Zip Code					
		Mckinney, TX 75070					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	CPA			PORTER & COMPANY		AS	
╞	Date	Full name of contributor out-of-state		)		Amount of Contribution (\$)	
	01/16/2024	Full name of contributor out-of-state Powers, Timothy	PAC (ID#				\$1,000.00
							Ψ1,000.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75201					
⊢	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	I;)		
	Attorney			Haynes and Boone, LLF			
⊢	-		I				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/29 Rpt: 23/106	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	man (The Honorable)		00085598	1
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/17/2024	Premjee, Jamal		4	\$1,000.00
	6 Contributor address; City; State; Zip Code			
	The Colony, TX 75056			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Entrepreneu	r	Premjee Investments		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/06/2024	Regas, Theodora			\$25.00
	Contributor address; City; State; Zip Code			
	Euless, TX 76039			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Self employe	ed	Self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
01/15/2024	Regas, Theodora			\$50.00
	Contributor address; City; State; Zip Code			
	Euless, TX 76039			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Self employe	ed	Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/06/2024	Regas, Theodora			\$25.00
	Contributor address; City; State; Zip Code			
	Euless, TX 76039	i		
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Self employe	ed	Self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
02/15/2024	Regas, Theodora			\$50.00
	Contributor address; City; State; Zip Code			
	Euless, TX 76039	•		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Self employe	ed	Self		

The In	struction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 21/29 Rpt: 24/106	
2 FILER N	AME		3 Filer ID (Ethics Commission Filer	rs)
	, Salman (The Honorable)		00085598	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/06/2			\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Euless, TX 76039			
8 Principa	occupation / Job title (See Instructions)	9 Employer (See Instructions	)	
Self em	ployed	Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/15/2			\$5	50.00
	Contributor address; City; State; Zip Code			
	Euless, TX 76039			
	occupation / Job title (See Instructions)	Employer (See Instructions	)	
Self em	ployed	Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/06/2			\$2	25.00
	Contributor address; City; State; Zip Code			
	Euless, TX 76039			
-	occupation / Job title (See Instructions)	Employer (See Instructions	)	
Self em	ployed	Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/15/2	024 Regas, Theodora		\$5	50.00
	Contributor address; City; State; Zip Code			
	Euless, TX 76039			
Drincina	occupation / Job title (See Instructions)	Employer (See Instructions	A	
Self em		Self	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	25 00
05/06/2			Φ2	25.00
	Contributor address; City; State; Zip Code			
	Euless, TX 76039			
Princina	occupation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Self em		Self	)	
	pioyeu			
1				

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 22/29 Rpt: 25/106	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
		man (The Honorable)			00085598	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/15/2024	Regas, Theodora				\$50.00
	1	6 Contributor address; City; State; Zip Code		"		
		Euless, TX 76039				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Self employe		Self	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	· )	Т	Amount of Contribution (\$)	
	01/05/2024	Rupani, Nasruddin	·/		Allount of Continention (+)	\$1,000.00
	01/00/202					Ψ1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77036				
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Chairman	peneri,	Rupani Foundation	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	01/07/2024					\$25.00
	01/01/2027					Ψ20.00
		Contributor address; City; State; Zip Code				
		hurst, TX 76053				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Not Employe		Not Employed	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	01/17/2024	Sabol, Amy	//			\$225.00
	02.2.,	Contributor address; City; State; Zip Code				¥=====
		BEDFORD, TX 76021				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	01/17/2024	Sarfani, Asif				\$1,000.00
		Contributor address; City; State; Zip Code				•
		Frisco, TX 75035				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	manager		Holdings Inc			
⊢						

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 23/29 Rpt: 26/106	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)			00085598	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/12/2024	Sebazco, Susan				\$25.00
		6 Contributor address; City; State; Zip Code		"		
		Bedford, TX 76021				
-	Dringing ogg	pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Not Employe		Not Employed	5)		
	Date		)		Amount of Contribution (\$)	
	05/26/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Adjunction V/A 22200				
	<u> </u>	Arlington, VA 22209		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	International	development finance	IFC			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/07/2024	Shams, Ziauddin				\$5,000.00
		Contributor address; City; State; Zip Code				
		Connell TV 75010				
⊢	Dringinglassy	Coppell, TX 75019	Freedower (Cool leastructions			
	Self	pation / Job title (See Instructions)	Employer (See Instructions Self	S)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+=00.00
	01/11/2024	Sharaf, Mohamed				\$500.00
		Contributor address; City; State; Zip Code				
		Ovilla, TX 75154				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Businessma	,	Aradi Properties	-,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	, ,	<del></del>	Amount of Contribution (\$)	
	03/14/2024	Full name of contributor out-of-state PAC (ID#: Shepard, Cindy	)			\$50.00
	03/14/2024					φ30.00
		Contributor address; City; State; Zip Code				
		Hurst, TX 76053				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Artist		Self	-,		
⊢						

			1 Total as an a Oak a dula A4	
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 24/29 Rpt: 27/106	
2 FILER NAME	Ξ	3 Filer ID (Ethics Commission Filer	s)	
Bhojani, Sa	Ilman (The Honorable)	00085598		
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
01/08/2024			\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Arlington, TX 76002			
	supation / Job title (See Instructions)	9 Employer (See Instructions	)	
Planner		American Airlines		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
01/18/2024			\$5	50.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76018			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Not Employ	/ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
01/12/2024	Stout, Joseph		\$5	50.00
	Contributor address; City; State; Zip Code			
	Colleyville, TX 76034			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Not Employ	/ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
01/18/2024	Sultan, Amina		\$1,00	00.00
	Contributor address; City; State; Zip Code			
	E			
	Frisco, TX 75035		×	
-	supation / Job title (See Instructions)	Employer (See Instructions	)	
RN		North texas best		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
01/18/2024			\$5	50.00
	Contributor address; City; State; Zip Code			
	Dellas TV 75990			
= : :	Dallas, TX 75230			
	cupation / Job title (See Instructions)	Employer (See Instructions	)	
not employ	ed	self		

	The Instru	ction Guide explains ho	w to complete this f	form.		1	Total pages Schedule A1: Sch: 25/29 Rpt: 28/106	
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
	Bhojani, Salı	man (The Honorable)		00085598	,			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	03/08/2024	Syed, Hisham						\$25.00
		6 Contributor address; City; State; Zip Code						
		Richardson, TX 75081		1				
8		pation / Job title (See Instruction	s)		loyer (See Instructions	5)		
	Consultant			Self				
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	01/22/2024	TSAPAC						\$1,500.00
		Contributor address; City; S	State; Zip Code					
		Austin TX 78701						
_	Austin, TX 78701					<u> </u>		
	Principal occupation / Job title (See Instructions) Employer (See Instruction					<i>)</i>		
	Date	Full name of contributor	out-of-state PAC (ID#:_		)	Γ	Amount of Contribution (\$)	
	02/13/2024	Texas American Federat			)			\$250.00
		Contributor address; City; S						
		Austin, TX 78741						
	Principal occu	pation / Job title (See Instruction	s)	Emp	loyer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	02/13/2024	Texas Consumer Lender	's PAC					\$500.00
		Contributor address; City; S	State; Zip Code			]		
		Croonville, CC 2061E						
	Dringing ago	Greenville, SC 29615		Emp	lover (Coo Instructions			
	Principal occu	pation / Job title (See Instruction	5)	Emp	loyer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			<u> </u>	Amount of Contribution (\$)	
	01/16/2024	Texas Medical PAC			)			\$1,000.00
	01/10/2024	Contributor address; City; S	State: Zin Code					φ <u>1</u> ,000.00
			state, zip code					
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instruction	s)	Emp	loyer (See Instructions	5)		
				-				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 26/29 Rpt: 29/106 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/03/2024 **Texas Orthopaedic Political Action Committee** \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2024 \$1,000.00 **Texas Trial Lawyers Association PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/18/2024 Valenzuela, Candace \$100.00 Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) Department of Housing and Urban Development **Regional Administrator** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/19/2024 \$500.00 Valenzuela, Candace Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) Department of Housing and Urban Development **Regional Administrator** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$5,000.00 05/15/2024 Valliani, Abbas S Contributor address; City; State; Zip Code Reston, VA 20194-1421 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Safe Kids AI

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 27/29 Rpt: 30/106		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
	Bhojani, Salı	man (The Honorable)		00085598		
4	Date	5 Full name of contributor out-of-state PAC (ID:	)#:)	7	Amount of Contribution (\$)	
	05/15/2024	Virani, Asif F				\$3,000.00
		6 Contributor address; City; State; Zip Code		1		
		Great Falls, VA 22066-1801				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Managing Di	irector	Cushman & Wakefield			
	Date	Full name of contributor out-of-state PAC (ID;	)#:)		Amount of Contribution (\$)	
	01/18/2024	Virk, Pal Singh and Sukhpal Kaur				\$250.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75063				
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID;	#:)		Amount of Contribution (\$)	
	04/03/2024	Wallace, Chris				\$500.00
		Contributor address; City; State; Zip Code				
	IRVING, TX 75038					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	President/CE	EO	North Texas Commissio	n		
F	Date	Full name of contributor out-of-state PAC (ID;	)#:)		Amount of Contribution (\$)	
	01/22/2024	Wallace, Chris				\$100.00
		Contributor address; City; State; Zip Code				
		IRVING, TX 75038				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	President/CE	EO	North Texas Commissio	n		
F	Date	Full name of contributor out-of-state PAC (ID;	)#:)		Amount of Contribution (\$)	
	04/08/2024 Weaver, Alex					\$500.00
	Contributor address; City; State; Zip Code					
		Dallas, TX 75235				
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Ben E. Keith	1	Ben E. Keith			

	The Instru	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 28/29 Rpt: 31/106		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)		
		man (The Honorable)		00085598	,		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	04/15/2024	Weaver, Alex					\$1,500.00
		6 Contributor address; City; S	tate; Zip Code		1		
	Dringing occ	Dallas, TX 75235		Complexer (See Instructions	<u> </u>		
8	Ben E. Keith	ipation / Job title (See Instructions	<i>s</i> )	<ul> <li>9 Employer (See Instructions Ben E. Keith</li> </ul>	5)		
		1			<del>.</del>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀርብ በብ
	01/18/2024	Wetzel, Sandra					\$50.00
		Contributor address; City; S	tate; Zip Code				
		Livingston, TX 77399					
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Not Employe		,	Not Employed	,		
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/15/2024	Wilkerson, Denise					\$25.00
		Contributor address; City; S	tate: Zip Code		•		
		Arlington, TX 76013					
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Not Employe	)d		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	01/18/2024	Woolridge, Cornell					\$25.00
		Contributor address; City; S	tate; Zip Code		1		
		Fort Worth, TX 76133					
	Principal occu	pation / Job title (See Instructions	<u></u>	Employer (See Instructions	<u> </u> -)		
	Consultant	pallon / Job une (See mondenone	<i>)</i>	CivicSolve	5)		
╞					Г	Amount of Contribution (\$)	
	Date 01/06/2024	Full name of contributor Zimmer, Harry	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00
	01/00/2027		itata: Zin Cada		-		Ψ200.00
		Contributor address; City; State; Zip Code					
		Euless, TX 76039					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
				1			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 29/29 Rpt: 32/106		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
		man (The Honorable)		00085598	,	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	7	Amount of Contribution (\$)		
	01/15/2024	karmally, sameena			\$500.00	
		6 Contributor address; City; State; Zip Code				
		Allen, TX 75002				
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	01/18/2024	lalani, moize				\$1,000.00
	01/10/2021	Contributor address; City; State; Zip Code		·		<i><b>\$</b>1,000.00</i>
		Contributor address, City, State, Zip Code				
		Colleyville, TX 76034		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	BUSINESS	OWNER	Alaiyna wireless Inc			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2024	loh, matthew				\$500.00
		Contributor address; City; State; Zip Code		1		
		Grand Prairie, TX 75051				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner		Aqua Management			
			I			
1						
1						
1						
1						

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 33/106					
-	iman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085598					
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5 Date 01/01/2024	7 Contributor address; City; State; Zip Code	8 Amount of 9 In-kind contribution contribution (\$) description \$1,300.00 Campaign office space					
<b>10</b> Principal occu	Irving, TX 75063 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (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 contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 02/01/2024	Full name of contributor out-of-state PAC (ID#: 6301 ECC LLC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$1,300.00 Campaign office space				
	Irving, TX 75063		I Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 03/01/2024			Amount of In-kind contribution contribution (\$) description \$1,300.00   Campaign office space				
	Irving, TX 75063		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 34/106							
-	man (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085598							
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$							
5 Date 04/01/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>6301 ECC LLC</li> <li>7 Contributor address; City; State; Zip Code</li> <li>Irving, TX 75063</li> </ul>	<ul> <li>8 Amount of contribution (\$)</li> <li>9 In-kind contribution description</li> <li>\$1,300.00   Campaign office space</li> </ul>							
<b>10</b> Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (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 contribute	or's spouse (if any) (FOR JUDICIAL)						
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 05/01/2024	Full name of contributor out-of-state PAC (ID#: 6301 ECC LLC Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description \$1,300.00 I Campaign office space							
Dringinglass	Irving, TX 75063		Check if travel outside of Texas. Complete Schedule T.						
Principal occl	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)						
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 06/01/2024			Amount of In-kind contribution contribution (\$) description \$1,300.00   Campaign office space						
Principal occu	Irving, TX 75063 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributc	r's spouse (if any) (FOR JUDICIAL)						
If contributor	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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	head/R ense bense ages/Co	Reimbursement Rental Expense ontract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
1	Sch: 1/52 Rpt: 35/106		Bhojani, Salman (The Honora	able)					00085598	
4	Date	5	Payee name							
	01/31/2024		7-Eleven							
6	Amount (\$) \$22.51		Payee address; City; 1100 Fm 2181 Corinth, TX 76210	State;	; Zip Coo	le				
8	PURPOSE					(h) D	escription			
0	OF		Category (See Categories listed at the Travel Out of District	top of this sch	edule)		Check if travel o Check if Austin,	ΤX,	de of Texas. Compl officeholder living e I <b>ge reimburse</b>	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	lht			Office hel	d
	Date		Payee name							
	06/30/2024		ActBlue							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$894.05		PO Box 441146 Somerville, MA 02144							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Accounting/Banking	top of this sch	edule)		_	TX,	de of Texas. Compl officeholder living e Sing	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office souç	Iht			Office hel	d
	Date		Payee name							
	01/17/2024		Action Network							
	Amount (\$) \$12.00		Payee address; City; 1900 L Street NW Ste 900 Washington, DC 20036	State;	; Zip Coo	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Solicitation/Fundraising Expe	•	edule)		_	ΤX,	de of Texas. Compl officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	lht			Office hel	d

# 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/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 2/52 Rpt: 36/106	Bhojani, Salman (The Honorable)	00085598				
4	Date 02/20/2024	Payee name Action Network					
6	Amount (\$) \$16.00	Payee address; City; State; Zip Code 1900 L Street NW Ste 900 Washington, DC 20036					
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense Email database       Image: Check if Austin, TX, officeholder living expense Email database						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/18/2024	Action Network					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$10.00	1900 L Street NW					
		Ste 900 Washington, DC 20036					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense SE				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/17/2024	Action Network					
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1900 L Street NW Ste 900 Washington, DC 20036					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense SC				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           / -         Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 3/52 Rpt: 37/106		n (The Honorable)			00085598			
4	Date 05/17/2024	Payee name Action Network							
6	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1900 L Street NW Ste 900 Washington, DC 20036							
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office sou	ght	Office held			
	Date	Payee name							
	06/17/2024	Action Network							
	Amount (\$) \$10.00	Payee address; 1900 L Street N Ste 900		State; Zip Co	de				
		Washington, D	C 20036						
	PURPOSE OF EXPENDITURE		tegories listed at the top of draising Expense	this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense QSE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	older name	Office sou	ght	Office held			
	Date	Payee name							
	01/04/2024	Adobe							
	Amount (\$) \$21.64	Payee address; 345 Park Aveni		State; Zip Co	de				
		San Jose, CA S	95110						
	PURPOSE OF EXPENDITURE	Category <sub>(See Ca</sub> Advertising Exp	tegories listed at the top of OENSE	this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Dat			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeh	older name	Office sou	ght	Office held			

			E	EXPENDITURE	CATEGOR	RIES FOR	BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			t Expense /Beverage Expense wards/Memorials Ex I Services Instruction Guic		Office Over Polling Exp Printing Ex Salaries/W	head/ ense pense ages/0	Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total names Cabadula E1.			Instruction Guit		1000 10 001	iipiei		2	Filer ID	(Ethics Commission File)	ra)
T	Total pages Schedule F1: Sch: 4/52 Rpt: 38/106		Bhojani, Salma	n (The Honora	able)					Filer ID 00085598	(Ethics Commission File	15)
4			Payee name									
	02/05/2024		Adobe									
6	Amount (\$) \$21.64		Payee address; 345 Park Aveni San Jose, CA 9		State;	; Zip Coo	de					
8	PURPOSE	(a)		to an and the second second second	4		(b)	Description				
Ū	OF		Category <sub>(See Ca</sub> Advertising Exp		top of this sche	edule)	[ [	Check if travel o	TX,	de of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	03/06/2024		Adobe									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$21.64		345 Park Aven San Jose, CA S									
	PURPOSE OF EXPENDITURE		Category <sub>(See Ca</sub> Advertising Exp		top of this sche	edule)	[ [		TX,	de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	05/06/2024		Adobe									
	Amount (\$) \$21.54		Payee address; 345 Park Aveni	City; Je	State;	Zip Co	de					
			San Jose, CA 9	5110								
	PURPOSE OF EXPENDITURE		Category <sub>(See Ca</sub> Advertising Exp		top of this sche	edule)	I			de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	older name	C	Dffice sou	ght			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	aan Repayment/Reimbursement ffice Overhead/Rental Expense Jiling Expense alaries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 5/52 Rpt: 39/106	hojani, Salman (The Honorable)		00085598					
4	Date 06/05/2024	ayee name dobe							
6	Amount (\$) \$21.64	ayee address; City; State; Z 45 Park Avenue an Jose, CA 95110	lip Code						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedul dvertising Expense	Check if travel	outside of Texas. Complete Schedule T. I, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	ce sought	Office held					
	Date	ayee name							
	02/05/2024	lma Allen for Texas							
	Amount (\$)	ayee address; City; State; Z	lip Code						
	\$1,000.00	0101 Fondren Road							
		uite 500							
		louston, TX 77096							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedul contributions/Donations Made By candidate/Officeholder/Political Committee	Check if travel	outside of Texas. Complete Schedule T. I, TX, officeholder living expense Ontribution					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ce sought te Representative Distr	Office held ict 131 State Representative District					
╞	Date	ayee name							
	01/05/2024	mazon							
	Amount (\$) \$334.96	ayee address; City; State; Z 10 Terry Ave N	lip Code						
		eattle, WA 98109							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedul vent Expense	Check if travel	outside of Texas. Complete Schedule T. h, TX, officeholder living expense Supplies					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	ce sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Imittee Legal Services The Instruction Guide 6		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2						3	Filer ID (Ethics Commission Filers)
1	Sch: 6/52 Rpt: 40/106		Bhojani, Salman (The Honorabl	e)				3	00085598
4	Date	5	Payee name						
	01/10/2024		Amazon						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$10.80		410 Terry Ave N						
			Seattle, WA 98109						
8	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expens	se					de of Texas. Complete Schedule T. officeholder living expense
							Surge protect		uncerolder living expense
							Surge protect		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Dffice sou	ght			Office held
	Date		Payee name						
	01/23/2024		Amazon						
	Amount (\$)		Payee address; City;	State	; Zip Co				
	\$78.01			State,	, Zip Coi	ue			
	\$70.UI		410 Terry Ave N						
			Seattle, WA 98109						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expens		edule)			, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Dffice sou	ght			Office held
	Date		Payee name						
	01/29/2024		Amazon						
				Stata	; Zip Co	do			
	Amount (\$)		Payee address; City;	State,	, ZIP CO	ue			
	\$45.57		410 Terry Ave N						
			Seattle, WA 98109						
	PURPOSE	(a)	Category (See Categories listed at the top		iedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expens	se				, тх,	de of Texas. Complete Schedule T. officeholder living expense
-	Complete ONLY if direct		andidate/Officeholder name		Office soug	thr			Office held
	expenditure to benefit C/OF			C	2000 2000	JIII			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_		-		explains	now to co	mplete this form.	1-		
1	Total pages Schedule F1: Sch: 7/52 Rpt: 41/106	2	FILER NAME Bhojani, Salman (The Honorab	le)			3	Filer ID     (Ethics Commission Filers)       00085598	
4	Date	5	Payee name				-		
	02/05/2024		Amazon						
6	Amount (\$) \$49.78	7	Payee address; City;	State	; Zip Co	ode			
	Φ49.70		410 Terry Ave N						
			Seattle, WA 98109						
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Mic for event	L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ght		Office held	
	Date		Payee name						
	02/21/2024		Amazon						
	Amount (\$)	-	Payee address; City;	State	; Zip Co	ode			
	\$13.84		410 Terry Ave N	State	, zip co	Jue			
	φ13.04		410 Terry Ave N						
			Seattle, WA 98109						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Gift/Awards/Memorials Expens		nedule)	Check if Austin	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense er for resolutions	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ght		Office held	
⊨	Date		Payee name						
	01/02/2024		Anwar, Sophia						
-	Amount (\$)		Payee address; City;	State	; Zip Co	ode			
	\$500.00		5029 Amande Ave.	onno	, <u>    .</u> p    co				
			The Colony, TX 75056						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Salaries/Wages/Contract Labo		nedule)			ide of Texas. Complete Schedule T. , officeholder living expense	
-	Complete ONLY if direct	L	Candidate/Officeholder name		Office sou	l aht		Office held	
	expenditure to benefit C/OF			C	Surve Son	grit		Onice field	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overher           Food/Beverage Expense         Polling Exper           Gift/Awards/Memorials Expense         Printing Exper	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 8/52 Rpt: 42/106	hojani, Salman (The Honorable)	00085598						
4	Date 01/29/2024	ayee name nwar, Sophia							
6	Amount (\$) \$86.34	ayee address; City; State; Zip Code 029 Amande Ave. he Colony, TX 75056							
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) (the rinting Expense	<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Printing for fundraiser</li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sough	t Office held						
	Date	ayee name							
	02/01/2024	nwar, Sophia							
	Amount (\$)	ayee address; City; State; Zip Code							
	\$500.00	029 Amande Ave. he Colony, TX 75056							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) (balaries/Wages/Contract Labor	<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Staff</li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sough	t Office held						
	Date	ayee name							
	03/04/2024	nwar, Sophia							
	Amount (\$) \$500.00	ayee address; City; State; Zip Code 029 Amande Ave.							
		he Colony, TX 75056							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) (La alaries/Wages/Contract Labor	<ul> <li>Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Staff     </li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sough	t Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	office C nse Polling I s Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	LER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 9/52 Rpt: 43/106	hojani, Salman (The Hon	orable)		00085598				
4	Date 04/02/2024	ayee name nwar, Sophia							
6	Amount (\$) \$500.00	ayee address; City; D29 Amande Ave. he Colony, TX 75056	State; Zip C	Code					
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at alaries/Wages/Contract L			outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ought	Office held				
	Date	ayee name							
	04/07/2024	nwar, Sophia							
	Amount (\$) \$11.37	ayee address; City; 029 Amande Ave.	State; Zip C	Code					
	PURPOSE OF EXPENDITURE	he Colony, TX 75056 ategory <sub>(See Categories listed at</sub> vent Expense	the top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense <b>ES</b>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ought	Office held				
	Date	ayee name							
	05/03/2024	nwar, Sophia							
	Amount (\$) \$100.00	ayee address; City; D29 Amande Ave.	State; Zip C	Code					
		he Colony, TX 75056							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at alaries/Wages/Contract L			outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 10/52 Rpt:	Bhojani, Salman (The Honorable)	00085598						
4	Date 06/04/2024	Payee name Anwar, Sophia							
6	Amount (\$) \$100.00	Payee address;       City;       State;       Zip Code         5029 Amande Ave.							
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/09/2024	Arlington Chamber of Commerce							
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 505 E Border St Arlington, TX 76010							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense mbership						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/29/2024	Arwani, Ali							
	Amount (\$) \$200.00	Payee address;City;State;ZipCode13699 Marmolada Drive							
		Frisco, TX 75035							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 11/52 Rpt:	Bhojani, Salman (The Honorable)	00085598							
4	Date	Payee name								
	04/19/2024	Bhojani, Salman								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$782.40	401 E Whitener Rd								
		Euless, TX 76040								
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	al autoida of Touras, Complete Schedule T							
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense							
		Repayment								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/19/2024	Bhojani, Salman								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$279.94	401 E Whitener Rd								
		Euless, TX 76040								
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	el outside of Texas. Complete Schedule T.							
	EXPENDITURE		tin, TX, officeholder living expense							
		Reimburser	nent for hotel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/18/2024	Bhojani, Salman								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$400.00	401 E Whitener Rd								
		Euless, TX 76040								
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	al subside of Tourse Convolute Only this T							
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense							
			nent for photography							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Superiore to benefit 0/01									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				nead/Rental Expense ense ense ges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/52 Rpt:		Bhojani, Salman (The Honorable	e)				00085598	
4	Date	5	Payee name						
	01/03/2024		Blue Victory Communications						
6	Amount (\$)	7	Payee address; City;	State; Zi	ip Cod	e			
	\$1,000.00		1500 Crossing Pl						
			Austin, TX 78741						
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule	-) <b>(</b>	b) Description			
			Consulting Expense				outsi	ide of Texas. Compl	ete Schedule T.
	EXPENDITURE							, officeholder living e	expense
						Communicat	ion	S	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	e soug	ht		Office hel	d
	Date		Payee name						
	02/02/2024		Blue Victory Communications						
	Amount (\$)		Payee address; City;	State; Zi	ip Cod	e			
	\$1,000.00		1500 Crossing Pl						
			Austin, TX 78741						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Consulting Expense	of this schedule	e) (		n, TX	ide of Texas. Compl , officeholder living e S	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offic	e soug	ht		Office hel	d
	Date		Payee name						
	02/22/2024		Blue Victory Communications						
	Amount (\$)		Payee address; City;	State; Zi	ip Cod	e			
	\$6,204.31		1500 Crossing Pl						
	,		5						
			Austin, TX 78741						
	PURPOSE OF		Category (See Categories listed at the top of Drinting Expanse	of this schedule	e) (	b) Description Check if travel	OUtsi	ide of Texas. Compl	ete Schedule T.
	EXPENDITURE		Printing Expense				n, TX	, officeholder living e	
	Complete ONLY if direct	L(	andidate/Officeholder name	Offic	e soug	ht		Office hel	d
	expenditure to benefit C/Oł			00	o . g	-		2	-
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 13/52 Rpt:		Bhojani, Salman (The Honorable)					00085598	
4	Date	5	Payee name						
	03/04/2024		Blue Victory Communications						
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip	Code	9			
	\$1,000.00		1500 Crossing Pl						
			Austin, TX 78741						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(1	Description			
	EXPENDITURE		Consulting Expense					side of Texas. Complete Schedule T.	
						Communicat		Κ, officeholder living expense	
						Communicat	1011.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	sougł	nt		Office held	
	Date		Payee name						
	05/16/2024		Blue Victory Communications						
	Amount (\$)		Payee address; City; Sta	ate; Zip	Code	9			
	\$453.52		1500 Crossing Pl						
	+								
			Austin, TX 78741						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(1	Description	outoi	side of Texas. Complete Schedule T.	
	EXPENDITURE		Consulting Expense					(, officeholder living expense	
						Website crea			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	sougł	nt		Office held	_
		_							_
	Date		Payee name						
	01/22/2024		Bombay Photography						
	Amount (\$)		Payee address; City; Sta	ate; Zip	Code	Э			
	\$337.00		1825 W Walnut Hill Lane						
			Ste 120						
			Irving, TX 75038						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(1	) Description			
	OF EXPENDITURE		Event Expense	,				side of Texas. Complete Schedule T.	
	EXPENDITORE							K, officeholder living expense	
						Audio/Visual	tor	r Campaign Fundraiser	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sougł	nt		Office held	
									_

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Odfice Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 14/52 Rpt:	Bhojani, Salman (The Honorable)	00085598							
4	Date 01/30/2024	Payee name Buc-ee's								
6	Amount (\$) \$31.16	7 Payee address; City; State; Zip Code 3801 N 3rd St Temple, TX 76501								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nileage							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/30/2024	Buc-ee's								
	Amount (\$) \$27.37	Payee address; City; State; Zip Code 3801 N 3rd St Temple, TX 76501								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Iff meal							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/05/2024	Chevron								
	Amount (\$) \$10.81	Payee address; City; State; Zip Code 8600 N Macarthur Blvd								
		Irving, TX 75063								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ul van							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense	Office Ove Polling Ex Printing Ex Salaries/W	erhead/F pense xpense Vages/C	Reimbursement Rental Expense contract Labor e this form.		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 15/52 Rpt:		Bhojani, Salman (The Honor	rable)					00085598	``````````````````````````````````````
4	Date 02/12/2024		Payee name Chevron							
				Ctata	. 710 00	da				
6	Amount (\$) \$22.01	7	Payee address; City; 8600 N Macarthur Blvd	State	; Zip Co	ae				
	ΨΖΖ.01		0000 N Macartriar Diva							
			Irving, TX 75063							
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) [	Description			
	OF EXPENDITURE		Travel Out of District							plete Schedule T.
							L Check if Austin, Staff mileage		officeholder living	
							stan mileage	Ten	Induisemen	it.
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ight			Office he	əld
	Date		Payee name							
	02/05/2024		Christian Manuel for Texas I	House						
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$1,000.00		505 Orleans St.							
			Beaumont, TX 77701							
	PURPOSE OF		Category (See Categories listed at the		nedule)	(b) [	Description			
	EXPENDITURE		Contributions/Donations Mac Candidate/Officeholder/Polit		nittoo	╞			officeholder living	plete Schedule T.
			Candidate/Onicenoiden/Fonic		IIIIEE		Campaign co			,
					2.4%				011	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Manuel, Christian (Rep.)		Office sou	•	ntativo Dictri	ict 1	Office he	end epresentative District 22
						prese				
	Date		Payee name							
	02/23/2024		Citibank							
	Amount (\$)		Payee address; City;	State	; Zip Co	ode				
	\$210.01		6460 Las Colinas Blvd							
			Irving, TX 75039							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) 🛛	Description			
	OF EXPENDITURE		Credit Card Payment							plete Schedule T.
									officeholder living	) expense
							Credit card pa	ауп		
-	Complete ONLY if direct		Candidate/Officeholder name	(	Office sou	l Ight			Office he	eld
	expenditure to benefit C/OI					5			2	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reint Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense	bursement Solicitation/Fundraising Expense I Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ct Labor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 16/52 Rpt:	3hojani, Salman (The Honorable)	00085598		
4	Date 03/25/2024	Payee name Citibank			
6	Amount (\$) \$305.04	Payee address; City; State; Zip Code 5460 Las Colinas Blvd rving, TX 75039			
8	PURPOSE OF EXPENDITURE		ription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense dit Card Payment		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	05/23/2024	Citibank			
	Amount (\$) \$8,853.65	Payee address; City; State; Zip Code 6460 Las Colinas Blvd			
	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense <b>Jit card payment</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/22/2024	Citibank			
	Amount (\$) \$2,901.20	Payee address; City; State; Zip Code 5460 Las Colinas Blvd			
		rving, TX 75039			
	PURPOSE OF EXPENDITURE		rription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense <b>Jit card payment</b>		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Ex Fees Food/Be Gift/Awa mittee Legal Se	pense verage Expense rds/Memorials Expense	Loan Repayr Office Overh Polling Expe Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense nse ense jes/Contract Labor	Transportation Travel in Distri Travel Out of E	
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 17/52 Rpt:	3hojani, Salman (	The Honorable)			00085598	
4	Date 05/13/2024	Payee name Comerica Bank					
6	Amount (\$) \$13.00	Payee address; PO Box 650282 Dallas, TX 75265	City; State	; Zip Code	2		
8	PURPOSE OF EXPENDITURE	Category <sub>(See Catego</sub> Accounting/Bankin	ories listed at the top of this sch	nedule) (k		outside of Texas. Co n, TX, officeholder livi	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name (	Office sough	t	Office I	neld
	Date	Payee name					
	03/19/2024	Corsair Communi	cations				
	Amount (\$) \$1,000.00	<sup>P</sup> ayee address; 3244 Boone Trce Nashville, TN 372		; Zip Code	2		
	PURPOSE OF EXPENDITURE	Category <sub>(See Categor</sub> Advertising Exper	vries listed at the top of this sch	nedule) (k		outside of Texas. Co n, TX, officeholder livi	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name (	Office sough	t	Office I	neld
	Date	Payee name					
	04/07/2024	Davis, Derrick					
	Amount (\$) \$280.00	Payee address; 305 N O Connor F		; Zip Code	2		
		rving, TX 75061					
	PURPOSE OF EXPENDITURE	Category (See Catego Event Expense	pries listed at the top of this sch	nedule) (t		outside of Texas. Co n, TX, officeholder livi ng PD	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name (	Office sough	t	Office I	neld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 18/52 Rpt:		Bhojani, Salman (The Honorable)				00085598
4	Date 04/05/2024		Payee name Dollar Tree				
6	Amount (\$) \$17.59		Payee address; City; State; 3542 W Airport Fwy Irving, TX 75062	; Zip Co	de		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Event Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense or event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	04/04/2024		Dollar Tree				
	Amount (\$) \$16.24		Payee address; City; State; 3542 W Airport Fwy	Zip Co	de		
			Irving, TX 75062				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Event Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	04/04/2024		Dollar Tree				
	Amount (\$) \$41.95		Payee address; City; State; 3542 W Airport Fwy	; Zip Co	de		
			Irving, TX 75062				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Event Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME 3	B Filer ID (Ethics Commission Filers)	
	Sch: 19/52 Rpt:	Bhojani, Salman (The Honorable)	00085598	
4	Date	5 Payee name		
	06/30/2024	DonorBox		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$500.84	601 King St		
		Suite 200		
		Alexandria, VA 22314		
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense essing	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	02/08/2024	Dr. Lalani for Texas		
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 6514 Houston, TX 77265		
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By	itside of Texas. Complete Schedule T. 'X, officeholder living expense tribution	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OF	Lalani, Suleman (Dr.) State Representative Distric	t 76 State Representative District 76	
	Date	Payee name		
	02/02/2024	Erin Zwiener for Texas House		
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 184		
		Driftwood, TX 78619		
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense tribution	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
		Zwiener, Erin (Rep.)         State Representative Distric	t 45 State Representative District 45	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 20/52 Rpt:	Bhojani, Salman (The Honorable)	00085598		
4	Date	Payee name			
	01/02/2024	Eventbrite			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.99	95 Third Street			
		2nd Floor			
		San Francisco, CA 94103			
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Solicitation/Fundraising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/14/2024	FedEx Office			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$46.15	1301 W Glade Rd			
		Ste 168			
		Euless, TX 76039			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense apitol Office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/02/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$38.38	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Offit/Awards/Memorials Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 21/52 Rpt:	Bhojani, Salman (The Honorable)	00085598		
4	Date 01/02/2024	Payee name Google			
0	Amount (\$) \$39.69	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043			
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense nium		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/08/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$6.45	1600 Amphitheatre Pkwy Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense <b>ùl</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/01/2024	Google			
	Amount (\$) \$27.30	Payee address;City;State;ZipCode1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburgerse Office Overhead/Rental E Food/Beverage Expense Office Overhead/Rental E Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract I The Instruction Guide explains how to complete this for	rpense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           .abor         OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 22/52 Rpt:	3hojani, Salman (The Honorable)	00085598		
4	Date 02/01/2024	Payee name Google			
6	Amount (\$)	Payee address; City; State; Zip Code			
Ū	\$42.49	1600 Amphitheatre Pkwy Mountain View, CA 94043			
_	DUDDOCE				
8	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense e premium		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/06/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$6.40	1600 Amphitheatre Pkwy Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/04/2024	Google			
	Amount (\$) \$56.09	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 23/52 Rpt:	Bhojani, Salman (The Honorable)	00085598		
4	Date 03/04/2024	Payee name Google			
6	Amount (\$) \$25.76	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043			
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense nium		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/06/2024	Google			
	Amount (\$) \$6.40	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/01/2024	Google			
	Amount (\$) \$61.40	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 24/52 Rpt:	Bhojani, Salman (The Honorable)	00085598		
4	Date	Payee name	·		
	04/02/2024	Google			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$25.76	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		outside of Texas. Complete Schedule T.		
	EXPENDITORE		n, TX, officeholder living expense		
		Google Pren	nium		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/05/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$6.80	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
-	Date	Payee name			
	05/03/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$61.40	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.		
	EXPENDITURE		n, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhea           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense	se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	ILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 25/52 Rpt:	hojani, Salman (The Honorable)	00085598		
4	Date	ayee name			
	05/03/2024	Google			
6	Amount (\$) \$25.64	ayee address; City; State; Zip Code 600 Amphitheatre Pkwy 1ountain View, CA 94043			
0	DUDDOSE		<b>2</b>		
8	PURPOSE OF EXPENDITURE	(b) (See Categories listed at the top of this schedule) (b) ees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GSuite		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held		
	Date	ayee name			
	05/06/2024	Google			
	Amount (\$) \$7.68	ayee address; City; State; Zip Code 600 Amphitheatre Pkwy			
	PURPOSE OF EXPENDITURE	Iountain View, CA 94043         rategory (See Categories listed at the top of this schedule)         rees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gmail		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held		
	Date	ayee name			
	06/03/2024	Google			
	Amount (\$) \$61.40	ayee address; City; State; Zip Code 600 Amphitheatre Pkwy			
		Iountain View, CA 94043			
	PURPOSE OF EXPENDITURE	(b) (See Categories listed at the top of this schedule) (c)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Premium		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Re       Fees     Office Overhead/Re       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Gift/Awards/Memorials Expense     Salaries/Wages/Cor       The Instruction Guide explains how to complete to	ntal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	ILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
	Sch: 26/52 Rpt:	3hojani, Salman (The Honorable)	00085598	
4	Date 06/03/2024	Payee name Google		
0	Amount (\$) \$25.64	Payee address; City; State; Zip Code .600 Amphitheatre Pkwy Mountain View, CA 94043		
8	PURPOSE	Cotogony (b) Do	corintian	
0	OF	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Suite	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	06/05/2024	Google		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$7.68	.600 Amphitheatre Pkwy Nountain View, CA 94043		
	PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	02/15/2024	lome Depot		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$12.96	555 Home Depot Dr		
		rving, TX 75063		
	PURPOSE OF EXPENDITURE	Dffice Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fice supplies	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 27/52 Rpt:	Bhojani, Salman (The Honorable) 00085598						
4	Date 03/14/2024	Payee name Hurst Euless Bedford Chamber of Commerce						
6	Amount (\$) \$375.00							
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Membership fee</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/15/2024 Hussain Muhammad Photography							
	Amount (\$)     Payee address; City; State; Zip Code       \$400.00     3311 Regent Blvd							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/28/2024	India 101						
	Amount (\$) \$946.88	Payee address;       City;       State;       Zip Code         3311 Regent Blvd       Ste 101       Irving, TX 75063						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense THE for Iftar					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	head/Re ense pense ages/Cor	eimbursement ental Expense ntract Labor <b>this form.</b>		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 28/52 Rpt:		Bhojani, Salman (The Honorable) 00085598						
4	Date	5	Payee name						
	04/05/2024		India Bazaar						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$39.92		535 W Airport Fwy						
			Irving, TX 75062						
8	PURPOSE	(2)	-		(h) De				
°	OF	(a)	Category (See Categories listed at the top of this sch	edule)	(D) De	escription Check if travel o	nutsio	de of Texas. Comp	nlete Schedule T
	EXPENDITURE		Event Expense			4		officeholder living	
					Da	ates and su	ppli	ies for Iftar e	event
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	jht			Office he	ld
	Date		Payee name						
	02/05/2024		Ismaili Youth Basketball Association						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$150.00 2800 N. Interstate 35E								
	\$100.00								
			Carrollton, TX 75007						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) De	escription			
	EXPENDITURE		Contributions/Donations Made By			1		de of Texas. Comp officeholder living	
			Candidate/Officeholder/Political Comm	littee		haritable giv			expense
					CI	naniable giv	ing		
								0#144	1.1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int			Office he	10
		_							
	Date		Payee name						
	03/20/2024		Jordan for DCAD						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$1,000.00		5500 Del Rey Dr						
			Denton, TX 76208						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	<b>(b)</b> De	escription			
	OF EXPENDITURE		Contributions/Donations Made By			4		de of Texas. Comp	
	LAFENDITORE		Candidate/Officeholder/Political Comm	ittee		4		officeholder living	expense
					Ca	ampaign coi	ntri	bution	
	Complete ONLY if direct			Office soug	•			Office he	ld
	expenditure to benefit C/OF	H ۱	/illarreal, Jordan (Commissioner)	Denton C	entral	Appraisal			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense       Loan Repayment/Reinbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	P FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 29/52 Rpt:	Bhojani, Salman (The Honorable) 00085598							
4	Date 01/30/2024	Payee name Love's							
	Amount (\$) 7 Payee address; City; State; Zip Code \$29.77 1021 Dale Evans Dr Italy, TX 76651								
8	PURPOSE OF EXPENDITURE       (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. Check if Austin, TX, officeholder living expense Mileage reimbursement for Austin travel								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/08/2024	Michaels							
	Amount (\$) \$28.13	Payee address; City; State; Zip Code 2901 Rio Grande Blvd Ste 700 Euless, TX 76039							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense raiser						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/22/2024	Micropix Creations							
	Amount (\$) \$1,540.00	Payee address;City;State;Zip Code4003 Jasmine Fox Ln							
		Arlington, TX 76005							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Stickers, Shirts, banner						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food Gift// nmittee Lega	t Expense /Beverage Expense wards/Memorials Expense I Services Instruction Guide expl	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 30/52 Rpt:		n (The Honorable)			00085598		
4	Date 04/09/2024	Payee name     Micropix Creations						
6	Amount (\$)	Payee address;	City; S	State; Zip Co	le			
	Amount (\$) 7 Payee address; City; State; Zip Code \$1,143.12 4003 Jasmine Fox Ln Arlington, TX 76005							
8								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	blder name	Office sou	Iht	Office held		
	Date	Payee name						
	02/06/2024	NAACP Arlingto	on					
	Amount (\$)	Payee address;	City; S	State; Zip Co	le			
	\$30.00	1063 Evans Av Fort Worth, TX	-					
	PURPOSE OF EXPENDITURE	Contributions/D	tegories listed at the top of th onations Made By eholder/Political Co			outside of Texas. Complete Schedule T. , TX, officeholder living expense fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office sou	Jht	Office held		
	Date	Payee name						
	03/06/2024	Nothing Bundt	Cakes					
	Amount (\$) \$28.00	Payee address; 6450 N Macarth Ste 130 Irving, TX 7503	nur Blvd	state; Zip Co	ie			
	PURPOSE OF EXPENDITURE	Category <sub>(See Ca</sub> Food/Beverage	tegories listed at the top of th Expense	iis schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense Way Meeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office sou	Jht	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense (pens /ages	e /Contract Labor		Solicitation/Fundraising Expe Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics C	Commission Filers)
	Sch: 31/52 Rpt:		Bhojani, Salman (The Honorable)					00085598	
4	Date	5	Payee name				•		
	02/26/2024		Parking Middletown						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$9.49		2787 Harston St	•					
			Dallas, TX 75212						
8	PURPOSE	(a)			(h)	Description			
0	OF	(4)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(0)		outsi	de of Texas. Complete Sched	ule T.
	EXPENDITURE							officeholder living expense	
						Parking for s	pea	king opportunity	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	05/31/2024		Parveez, Nyra						
-	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$61.59		6113 Hunter Lane	- r	<b>C</b>				
	+								
			Colleyville, TX 76034						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Sched officeholder living expense	ule T.
						Staff	, 17,	UIILEIIUILEI IIVIIIY EXperiae	
						Stun			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office held	
	expenditure to benefit C/OF			JIII00 000	yn			Office field	
	Dete	—							
	Date		Payee name Plosa for Toyas						
	01/19/2024		Plesa for Texas						
	Amount (\$)			Zip Co	de				
	\$1,000.00		P.O. Box 796311						
			Dallas, TX 75248						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Sched	ule T.
			Candidate/Officeholder/Political Comm	ittee				officeholder living expense	
						Campaign do	mai	lion	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Office sou	•			Office held	
		'	Plesa, Mihaela (Rep.) S	state Re	ores	entative Distr	ict	70 State Represen	tative District 70

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEGOI Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2				3	Filer ID	(Ethics Commission Filers)
-	Sch: 32/52 Rpt:	2	Bhojani, Salman (The Honorable)			ľ	00085598	
4	Date	5	Payee name					
	01/24/2024		Porter & Company CPAs					
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de			
	\$230.00		5525 N MacArthur Blvd					
			Suite 135					
			Dallas, TX 75038					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	EXPENDITURE		Accounting/Banking				ide of Texas. Com	
					PFS assistar		, officeholder living	expense
					PFS assistat	ice		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office he	eld
	Date		Payee name					
	01/31/2024		Public Storage					
_	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$51.23 1520 W Irving Blvd							
	ψ01.20							
			Irving, TX 75061					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description			
	OF	Ľ	Office Overhead/Rental Expense	ieuuie)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin	, тх	, officeholder living	expense
					Storage renta	al		
	Complete ONLY if direct	(	Candidate/Officeholder name C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н			-			
	Data		<b>D</b>					
	Date		Payee name Public Storage					
	03/04/2024		<u> </u>					
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$51.23		1520 W Irving Blvd					
			Irving, TX 75061					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITORE					, TX	, officeholder living	expense
					Storage unit			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	H						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 33/52 Rpt:	Bhojani, Salman (The Honorable) 00085598							
4	Date	Payee name							
	04/03/2024	Public Storage							
6	Amount (\$) \$53.00								
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/03/2024	Public Storage							
	Amount (\$) Payee address; City; State; Zip Code \$53.00 I520 W Irving Blvd Irving, TX 75061								
	PURPOSE OF EXPENDITURE		tion : if travel outside of Texas. Complete Schedule T. : if Austin, TX, officeholder living expense e rental						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/03/2024	Public Storage							
	Amount (\$) \$53.00	Payee address; City; State; Zip Code 1520 W Irving Blvd							
		Irving, TX 75061							
	PURPOSE OF EXPENDITURE		tion c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense e rental						
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Lal The Instruction Guide explains how to complete this for	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 34/52 Rpt:	Bhojani, Salman (The Honorable) 00085598							
4	Date 06/13/2024	Payee name							
		Punjwani, Arish							
6	Amount (\$) \$300.00								
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descripti	n						
-	OF EXPENDITURE	OF Salaries/W/ages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/14/2024	Quick Trip							
Amount (\$) Payee address; City; State; Zip Code									
	\$33.78 1100 N Industrial Blvd Euless, TX 76039								
	PURPOSE OF EXPENDITURE		on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense eage reimbursement						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/16/2024	Quick Trip							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$10.01	1100 N Industrial Blvd							
		Euless, TX 76039							
	PURPOSE OF EXPENDITURE		n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense eage reimbursement						
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)					
1	Sch: 35/52 Rpt:	Bhojani, Salman (The Honorable)	00085598					
4	Date 02/02/2024	Payee name Scale to Win						
6	Amount (\$) \$336.80	Payee address; City; State; Zip Code 13742 Harper St Santa Anna, CA 92703						
8	B       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense Texts       Check if Austin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/04/2024	Scale to Win						
	Amount (\$) \$690.87	Payee address; City; State; Zip Code 13742 Harper St						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/04/2024	Scale to Win						
	Amount (\$) \$352.21	Payee address;City;State;Zip Code13742 Harper St						
		Santa Anna, CA 92703						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Sabadula E1:	· ·	3 Filer ID (Ethics Commission Filers)					
T	Total pages Schedule F1: Sch: 36/52 Rpt:	Bhojani, Salman (The Honorable)	00085598					
4	Date 06/05/2024	Payee name Scale to Win						
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$5.80       13742 Harper St       Santa Anna, CA 92703							
8	PURPOSE OF EXPENDITURE	OF Advertising Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/20/2024	Sophia for DCAD						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	5029 Amande Ave. The Colony, TX 75056						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtAnwar, SophiaDenton Central Appraisal	Office held					
	Date	Payee name						
	02/09/2024	Southwestern Blueprint Company Inc.						
	Amount (\$) \$3,112.19	Payee address;City;State;Zip Code4833 Cash Rd						
		Dallas, TX 75247						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Istallation					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense pens (ages	e /Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 37/52 Rpt:		Bhojani, Salman (The Honorable)					00085598	
4	Date	5	Payee name						
	02/15/2024		Southwestern Blueprint Company Inc.						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$75.78		4833 Cash Rd						
			Dallas, TX 75247						
8	PURPOSE	(a)			(h)	Description			
ľ	OF	(a)	Category (See Categories listed at the top of this sch Advertising Expense	edule)	(D)		outsi	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE							, officeholder living	
						Road sign re	mo	val	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office hel	d
	Date		Payee name						
	04/11/2024		Southwestern Blueprint Company Inc.						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$2,385.48		4833 Cash Rd						
	+_,000110								
			Dallas, TX 75247						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description	outsi	ide of Texas. Comp	lete Schedule T
	EXPENDITURE		Salaries/Wages/Contract Labor					, officeholder living	
						Road Sign Ro	em	oval	
	Complete ONLY if direct	. (	Candidate/Officeholder name C	Office sou	ght			Office hel	d
	expenditure to benefit C/OI	Н							
_	Date		Payee name						
	06/18/2024		State Preservation Board						
-	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$216.50		201 E 14th St	, zip 00	uc				
	\$210.00		Ste 950						
			Austin, TX 78701						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	EXPENDITURE		Event Expense					ide of Texas. Comp , officeholder living (	
						Capitol room			cxpense
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	ght			Office hel	d
	expenditure to benefit C/OI			2.1100 500	9.11				~

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			·	3	Filer ID (Ethics Commission Filers)	
-	Sch: 38/52 Rpt:		Bhojani, Salman (The Honorable)			ľ	00085598	
4	Date	5	Payee name					
	01/09/2024		Tarrant County Democratic Party					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$225.00		3130 Plumwood St					
			Fort Worth, TX 76111					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description			
-	OF		Contributions/Donations Made By	euule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austir	I, TX	, officeholder living expense	
					Fundraiser S	por	nsorship	
9	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	Jht		Office held	
	expenditure to benefit C/OI	H						
	Date		Payee name					
	01/29/2024		Tarrant County Democratic Party					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$150.00 3130 Plumwood St							
			Fort Worth, TX 76111					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Commi	ittee	Fundraiser ti		, officeholder living expense t	
						GRC	L	
	Complete ONLY if direct		candidate/Officeholder name O	)ffice sou	uht		Office held	
	expenditure to benefit C/Oł				jin			
_	Date	_	Payee name					
	02/01/2024		Tarrant County Democratic Party					
	Amount (\$)			Zip Co	10			
	\$150.00		Payee address; City; State; 3130 Plumwood St	Zip Cu	Je			
	\$100.00		SISO Fluinwood St					
			Fort Worth, TX 76111					
-	PURPOSE		Category (See Categories listed at the top of this sche		(b) Description			
	OF		Contributions/Donations Made By	edule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austir	, TX,	, officeholder living expense	
					Fundraiser ti	cke	t	
	Complete ONLY if direct		candidate/Officeholder name O	Office sou	Jht		Office held	
	expenditure to benefit C/OI	Η						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 39/52 Rpt:		Bhojani, Salman (The Honorable)					00085598
4	Date	5	Payee name					
	01/30/2024		Texas Capitol Parking					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode			
-	\$8.50		1400 Congress Ave Ste	, <u> </u>				
			3					
			Austin, TX 78701					
•	PURPOSE				(b)	Description		
8	OF	(a)	Category (See Categories listed at the top of this s Travel Out of District	schedule)	(D)	Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Travel Out of District					, officeholder living expense
						Austin parkin	g	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	01/23/2024		TextByChoice					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode			
	\$12.00		503 E Jackson St 109					
			Tampa, FL 33602					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF		Advertising Expense	soneduic)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		<b>.</b>				, TX,	, officeholder living expense
						Texting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	02/24/2024		TextByChoice					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode			
	\$12.00		503 E Jackson St 109					
			Tampa, FL 33602					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF		Advertising Expense	conocaloy			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		<b>.</b>				, TX,	, officeholder living expense
						Texts		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held
	expenditure to benefit C/Oł	1						
		_		_			_	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       -     Gift/Awards/Memorials Expense			Travel in District Travel Out of Distr	uipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 40/52 Rpt:		Bhojani, Salman (The Honorab	e)				00085598			
4	Date	5	Payee name								
	03/25/2024		TextByChoice								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de					
	\$12.00		503 E Jackson St 109								
			Tampa, FL 33602								
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	(aluba	(b) Description					
	OF		Advertising Expense	01 1113 3011	cuuc)		l outsi	ide of Texas. Compl	ete Schedule T.		
	EXPENDITURE		5				Check if Austin, TX, officeholder living expense				
						Texting					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ght		Office held	d		
	Date		Payee name								
	04/24/2024		TextByChoice								
	Amount (\$)		Payee address; City;	State;	Zip Coo	de					
	\$12.00		503 E Jackson St 109								
			Tampa, FL 33602								
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description					
	OF EXPENDITURE		Advertising Expense					ide of Texas. Compl			
							n, TX,	, officeholder living e	expense		
						Texting					
	Complete ONIL V if direct		Candidate/Officeholder name		Office souc	vh+		Office hel	4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluale/Onicenoluer name	C	Jince soug	JIIL		Office field	u		
	_	_									
	Date		Payee name								
	05/24/2024		TextByChoice								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de					
	\$12.00		503 E Jackson St 109								
			Tampa, FL 33602								
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description					
	OF EXPENDITURE		Advertising Expense		,	Check if trave	l outsi	ide of Texas. Compl	ete Schedule T.		
	EXPENDITORE						n, TX	, officeholder living e	expense		
						Texting					
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	ght		Office held	d		
	expenditure to benefit C/OI										

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District					quipment & Related Expense			
1	Total pages Schedule F1:	5							2	Filer ID	(Ethics Commission Filers)
1	Sch: 41/52 Rpt:	2		nan (The Honora	able)				3	00085598	
4	Date	5	Payee name						•		
-	01/30/2024		The Capitol G	Grill							
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	de				
	\$39.49		1400 Congres	ss Ave Ste							
			E1. 002								
				701							
			Austin, TX 78	701							
8	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Beverag							de of Texas. Com	
										officeholder living	j expense
								Food for staff	f tra	lining	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	05/03/2024		The Podium								
	Amount (\$)		Payee address	; City;	State	Zip Co	db				
	.,		-	-	State,	, zip co	uc				
	\$500.00		1441 N Beckl	ey Ave							
			Dallas, TX 75	203							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			Donations Mad						de of Texas. Com	
	_/		Candidate/Of	ficeholder/Politio	cal Comm	ittee				officeholder living	J expense
								Charitable giv	ving	9	
	Complete ONLY if direct	(	Candidate/Office	holder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	H									
	Date										
			Payee name								
	03/15/2024		Tiff's Treats								
	Amount (\$)		Payee address	; City;	State	; Zip Co	de				
	\$45.45		114 E John C	arpenter Fwy							
			#110								
			Irving, TX 750	162							
			inving, 1×750	J02							
	PURPOSE OF	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b)	Description			
	EXPENDITURE		Gift/Awards/M	lemorials Exper	ise						plete Schedule T.
	_/									officeholder living	j expense
								Gift for consti	itue	nt	
	Complete ONLY if direct		Candidate/Office	holder name	(	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	H									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 42/52 Rpt:	Bhojani, Salman (The Honorable)	00085598					
4	Date 02/05/2024	Payee name UHaul						
6	Amount (\$) \$78.08	Payee address; City; State; Zip Code 2729 N Collins St Arlington, TX 76006						
8	PURPOSE OF EXPENDITURE	Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Dr storage unit					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/16/2024	UHaul						
	Amount (\$) \$1.70	Payee address; City; State; Zip Code 2729 N Collins St Arlington, TX 76006						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/16/2024	USPS						
	Amount (\$) \$54.40	Payee address; City; State; Zip Code 2300 Story Rd W						
		Irving, TX 75038						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense hank you cards					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/F Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Co The Instruction Guide explains how to complete	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 43/52 Rpt:	Bhojani, Salman (The Honorable)	00085598					
4	Date 02/27/2024	Payee name USPS						
6	Amount (\$) \$17.25	Payee address; City; State; Zip Code 2300 Story Rd W Irving, TX 75038						
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cailing supplies to Capitol office					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/16/2024	USPS						
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2300 Story Rd W Irving, TX 75038						
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign PO Box					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/21/2024	USPS						
<u> </u>	Amount (\$) \$16.95	Payee address; City; State; Zip Code 2300 Story Rd W						
		Irving, TX 75038						
	PURPOSE OF EXPENDITURE	Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ostage for cards					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 44/52 Rpt:		Bhojani, Salman (The Honorable)				00085598	
4	Date	5	Payee name					
	05/21/2024		USPS					
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le			
	\$21.05		2300 Story Rd W					
			Irving, TX 75038					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. officeholder living expense	
					Mailing to Ca			
						1-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held	
	Date	Γ	Payee name					
	02/26/2024		Uber					
	Amount (\$)	╞	Payee address; City; State;	Zip Coo	le			
	\$14.85		1455 Market St					
		Ste 400						
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description			
	OF EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T.	
	<b>—</b>				Travel in Hou		officeholder living expense	
						1010		
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice soug	Iht		Office held	
	expenditure to benefit C/OF							
	Date	Γ	Payee name					
	02/02/2024		Venton Jones for Texas					
	Amount (\$)	┢	Payee address; City; State;	Zip Coo	le			
	\$1,000.00		1075 Griffin St,	•				
			West					
			Dallas, TX 75215					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Commit	ttee			officeholder living expense	
					Campaign co	nu	Ibution	
	Complete ONLY if direct	Ľ	Candidate/Officeholder name Of	ffice soug	.h+		Office held	
	expenditure to benefit C/OF					ict	100 State Representative District	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         Transportation Equipr           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 45/52 Rpt:		Bhojani, Salman (The Honorable	e)				00085598
4	Date	5	Payee name					
	01/18/2024	· ا	Villa Grande					
6	Amount (\$)	7	Payee address; City;	State; Z	Zip Cod	e		
	\$2,698.38		4120 Texas 360					
			Ste 101					
			Fort Worth, TX 76155					
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedu	ule) (	b) Description		
	OF EXPENDITURE		Food/Beverage Expense		,	Check if travel		ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Food/Bevera	ge	for Kickoff Fundraiser
				0.00				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Om	ce soug	nt		Office held
	Date		Payee name					
	01/16/2024	,	Villarreal, Jordan					
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	е		
	\$500.00		5500 Del Rey Dr					
			Denton, TX 76208					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Consulting Expense	of this schedu	ıle) (		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ce soug	ht		Office held
	Date		Payee name					
	01/29/2024	· ا	Villarreal, Jordan					
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	e		
	\$500.00		5500 Del Rey Dr					
			Denton, TX 76208					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Consulting Expense	of this schedu	ıle) (	Check if Austin	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense
						Campaign C	ons	sulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ce soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           / -         Gift/Awards/Memorials Expense         Printing Expense         Tr			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 46/52 Rpt:	Bhojani, Salman (The Hond	orable)		00085598			
4	Date 02/20/2024	Payee name /illarreal, Jordan						
	Amount (\$) \$500.00	Payee address; City; 500 Del Rey Dr Denton, TX 76208	State; Zip C	ode				
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at t Consulting Expense	he top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ıght	Office held			
	Date	Payee name						
	02/28/2024	/illarreal, Jordan						
	Amount (\$) \$500.00	Payee address; City; 500 Del Rey Dr Denton, TX 76208	State; Zip C	ode				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at t Consulting Expense	he top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ıght	Office held			
	Date	ayee name						
	03/19/2024	/illarreal, Jordan						
	Amount (\$) \$500.00	Payee address; City; 500 Del Rey Dr	State; Zip C	ode				
		Denton, TX 76208						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at t Consulting Expense	he top of this schedule)		outside of Texas. Complete Schedule T. h, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ıght	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 47/52 Rpt:	Bhojani, Salman (The Honorable)	00085598					
4	Date 04/16/2024	Payee name Villarreal, Jordan						
6	Amount (\$) \$525.00	Payee address; City; State; Zip Code 5500 Del Rey Dr Denton, TX 76208						
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/16/2024	Villarreal, Jordan						
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 5500 Del Rey Dr Denton, TX 76208						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/30/2024	Villarreal, Jordan						
	Amount (\$) \$200.00	Payee address;City;State;ZipCode5500 Del Rey Dr						
		Denton, TX 76208						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 48/52 Rpt:		Bhojani, Salman (The Honorable	e)				00085598		
4	Date	5	Payee name				<u> </u>			
	06/17/2024		Villarreal, Jordan							
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	е				
	\$100.00		5500 Del Rey Dr							
			Denton, TX 76208							
8	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)		b) Description				
			Consulting Expense				outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE						n, TX	, officeholder living	g expense	
			Consulting							
_	-									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offices	soug	ht		Office h	eld	
	Date		Payee name							
	01/16/2024		Vote America Fund							
	Amount (\$)		Payee address; City;	State; Zip	Cod	е				
	\$25.00		1270 Grove St							
			Apt 301							
			San Francisco, CA 94117							
	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(	b) Description				
	OF EXPENDITURE		Contributions/Donations Made B				outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE		Candidate/Officeholder/Political	Committee				, officeholder living	g expense	
						Charitable gi	ving	g		
			)	0.00		L 4		0.00	- 1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offices	soug	nt		Office h	eld	
	2	_								
	Date 01/18/2024		Payee name							
			Walmart Supercenter		-					
	Amount (\$)		Payee address; City;	State; Zip	Cod	e				
	\$33.10		1635 Market PI Blvd							
			Irving, TX 75063							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	f this schedule)	0	b) Description				
	EXPENDITURE		Event Expense					ide of Texas. Com , officeholder living		
						Easels for fu			j expense	
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office	soug	ht		Office h	eld	
	expenditure to benefit C/OI				5					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gitfu/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
_	Sch: 49/52 Rpt:	Bhojani, Salman (The Honorable)	00085598					
4	Date 01/19/2024	Payee name Walmart Supercenter						
6	Amount (\$) \$23.69	Payee address; City; State; Zip Code 1635 Market PI Blvd Irving, TX 75063						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense esolutions					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/19/2024	Walmart Supercenter						
	Amount (\$) \$26.90	Payee address; City; State; Zip Code 1635 Market PI Blvd Irving, TX 75063						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense .K Parade					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/04/2024	Walmart Supercenter						
	Amount (\$) \$114.66	Payee address;     City;     State;     Zip     Code       1635 Market PI Blvd						
		Irving, TX 75063						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense es for lftar					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

Advertising Expense     Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Accounting/Banking     Fees     Office Overhead/Rental Expense     Transportation Equipment & Related       Consulting Expense     Food/Reverage Expense     Polling Expense     Travel Out of District       Contributions/ Donations Made By -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       Candidate/Officeholder/Political Committee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed a       Credit Card Payment     The Instruction Guide explains how to complete this form.     Travel Out of District     Travel Out of District							
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	sion Filers)						
Sch: 50/52 Rpt: Bhojani, Salman (The Honorable) 00085598							
4 Date 5 Payee name							
04/08/2024 Walmart Supercenter							
6 Amount (\$) 7 Payee address; City; State; Zip Code							
\$27.40 1635 Market PI Blvd							
Irving, TX 75063							
OF Event Expense							
EXPENDITURE							
Supplies for Iftar event	Supplies for Iftar event						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
Date Payee name							
04/23/2024 Walmart Supercenter							
Amount (\$) Payee address; City; State; Zip Code							
\$14.33 1635 Market PI Blvd							
Irving, TX 75063							
PURPOSE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description							
OF Ciff/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.							
Check if Austin, TX, officeholder living expense							
Resolution frames							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
Date Payee name							
05/21/2024 Walmart Supercenter							
Amount (\$) Payee address; City; State; Zip Code							
\$157.12 1635 Market PI Blvd							
Irving, TX 75063							
PURPOSE         (a) Category         (See Categories listed at the top of this schedule)         (b) Description							
OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
Check if Austin, 1X, officenoider living expense							
Office supplies							
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held							

			EXPENDITURE CATEG	ORIES F	OR E	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explain	Office Pollin Printir Salari	Overhe g Exper ig Expe es/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Relate Travel in District Travel Out of District OTHER (enter a category not listed	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Comm	ission Filers)
	Sch: 51/52 Rpt:		Bhojani, Salman (The Honorable)					00085598	
4	Date 03/06/2024		Payee name Wix.com						
6	Amount (\$) \$29.49		Payee address; City; Sta 500 Terry A. Francois Blvd San Francisco, CA 94158	te; Zip	Code				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Advertising Expense	chedule)	(b		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sough	t		Office held	
	Date		Payee name						
	05/13/2024		Wix.com						
	Amount (\$) \$350.73		Payee address; City; Sta 500 Terry A. Francois Blvd San Francisco, CA 94158	te; Zip	Code				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Advertising Expense	chedule)	(b		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sough	t		Office held	
	Date		Payee name						
	01/10/2024		Yahfouf, Maya						
	Amount (\$) \$850.00		Payee address; City; Sta 920 Blue Jay Ln	te; Zip	Code				
			Coppell, TX 75019						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this a Advertising Expense	chedule)	(b		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense oshoot	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sough	t		Office held	

				EXPENDITURE CATE					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	C F F	Office Over Polling Expe Printing Exp			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 expl					
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID (Ethics Commission Filers)
	Sch: 52/52 Rpt:			alman (The Honorable)					00085598
4	Date	5	Payee name					<u> </u>	
	01/24/2024			dri for Austin City Counc	cil				
6	Amount (\$)	7	Payee addre	ess; City; S	State;	Zip Cod	le		
	\$450.00		PO Box 35						
			Austin, TX	78701					
8	PURPOSE	(a)		See Categories listed at the top of th	nia ashadu	(a)	(b) Description		
	OF			ns/Donations Made By	lis scheut	uie)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE			Officeholder/Political Co	ommitt	ee			, officeholder living expense
							Campaign do	onat	tion
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			iceholder name b (The Honorable)		ice soug	int y Council District	+ Q	Office held Austin City Council District 9
					Au				Austin City Council District 9

	EXPENDITORES MADE BY CREDIT CARD							
Advertising Evennes				Colisitation/Fundraising Fundras				
Advertising Expense Accounting/Banking Consulting Expense	Event Expe Fees Food/Beve		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District				
Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	s/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)				
	-		ow to complete this form.	, , , , , , , , , , , , , , , , , , ,				
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 1/18 Rpt: 87/106	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES	D <b>\$</b>				
ISSUER	Citi	bank	CHARGED TO A CRED					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	CARD (c) Date(s) Credit Card Iss	uer Paid				
	\$210.01	01/17/2024	02/23/2024					
	\$210.01	01/17/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	P.F. Chang's		650 W Hwy 114					
	F.F. Changs							
8 PURPOSE OF	(a) Category		Grapevine, TX 76051 (b) Description					
EXPENDITURE	(See Categories listed at the top		Staff/volunteer lunch					
X Political	Food/Beverage Expe	nse						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 05/22/2024	uer Paid				
	\$128.74	04/05/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	<b>.</b>		410 Terry Ave N					
	Amazon							
	(a) Catagony		Seattle, WA 98109					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Easels and event suppl	ies				
X Political	Event Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held				
expenditure to benefit C/OH		1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$67.09	04/05/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	<b>.</b>		410 Terry Ave N					
	Amazon							
	(a) Catagony		Seattle, WA 98109					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Donor goodie bags					
X Political	Event Expense							
Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	•	ffice sought	Office held				
expenditure to benefit C/OH								

	SCH	IEDUL	e <b>F4</b>				
		ENDITURE CATEGOR	• •				
Advertising Expense Accounting/Banking	Event Expe Fees		Loan Repayment/Reimbursement Office Overhead/Rental Expense	Trai	citation/Fundraising Ex nsportation Equipment		Expense
Consulting Expense Contributions/ Donations Made By		rage Expense s/Memorials Expense	Polling Expense Printing Expense		vel in District vel Out of District		
Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTH	HER (enter a category	not listed at	ove)
	The Inst	ruction Guide explains h	now to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	s Commiss	ion Filers)
Sch: 2/18 Rpt: 88/106	Bhojani, Salman (T	he Honorable)			00085598		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEM				
ISSUER	see pr	revious	EXPENDITURES CHARGED TO A CF		\$		
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
	\$54.10 03/18/2024		03/22/2024				
	\$54.10	03/16/2024					
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	(u) r uyee name		410 Terry Ave N		ony,	Otato,	Lip Couo
	Amazon						
			Seattle, WA 98109				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	Fundraiser supplies					
X Political	Event Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule					
		stin, TX, o	officeholder living experience	nse			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Onice neiu		
	(a) Amount Chargod	(b) Data of Charge	(a) Data(a) Cradit Card	loouar	Doid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 05/22/2024	Issuer	Palu		
	\$28.13	04/11/2024					
PAYEE						<u>.</u>	7. 0. 1
PATEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	Amazon		410 Terry Ave N				
	(a) Category		Seattle, WA 98109				
PURPOSE OF EXPENDITURE	(a) Categories listed at the top	of this schedule)	(b) Description Frames for resolutio	ne			
	Gift/Awards/Memorial	s Expense		115			
X Political							
Non-Political		of Texas. Complete Schedule		stin, TX, o	officeholder living experience	nse	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 05/22/2024	Issuer	Paid		
	\$697.21	04/12/2024	03/22/2024				
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	American Airlines		PO Box 619616	PO Box 619616			
				004			
	(a) Catagor <i>i</i>		DFW Airport, TX 752	201			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Flight to Austin for s	noalin	a opportunity		
	Travel Out of District			ροακίη	g opportunity		
	<u> </u>						
Non-Political		of Texas. Complete Schedule		stin, TX, o	officeholder living experience	nse	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought		Office held		
expenditure to benefit C/OH							

	Advertising Expense	Event Expe		oan Repayment/R	Reimbursement Sc	licitation/Fundraising E			
	Accounting/Banking Consulting Expense		erage Expense P	office Overhead/Re olling Expense		Transportation Equipment & Related Expense Travel in District			
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense P rices S	rinting Expense alaries/Wages/Co	ntract Labor O	avel Out of District THER (enter a category	/ not listed at	oove)	
		The Inst	ruction Guide explains ho						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 3/18 Rpt: 89/106	Bhojani, Salman (T	he Honorable)			00085598			
4	CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED	•			
	ISSUER	see pi	revious		IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issue	r Paid			
		\$18.95	04/05/2024	05/22/20	)24				
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				3542 W /	Airport Fwy				
		Dollar Tree							
				Irving, TX 75062					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descri	•				
		Event Expense	Vases for event						
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct Candidate/Officeholder name Of					Office held			
e	xpenditure to benefit C/OH		(b) Date of Charge						
	PAYMENT	(a) Amount Charged	(c) Date(s 05/22/20	) Credit Card Issue	r Paid				
		\$257.64	04/10/2024	03/22/20	)24				
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Original ChanChan		2101 E S	Southlake Blvd				
		Original ChopShop		Ste 100					
				Southlake, TX 76092					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
	_	Food/Beverage Exper		Food for staff/volunteers					
	X Political								
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offi	ce sought		Office held			
e.	xpenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issue	r Doid			
	PATMENT			05/22/20		raiu			
		\$56.40	04/17/2024						
-	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				410 Terr		-			
		Amazon			-				
L				Seattle,	WA 98109				
	PURPOSE OF	(a) Category		(b) Descri	ption				
		EXPENDITURE         (See Categories listed at the top of this schedule)           Printing Expense		Labels fo	or letters				
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held			
e	xpenditure to benefit C/OH								

EXPENDITURES MADE BY CREDIT CARD
----------------------------------

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking	Event Expe Fees	ense		Repayment/Reimb Overhead/Rental		Solicitation/Fundraising E Fransportation Equipmer		Evnense	
	Consulting Expense	Food/Beve	rage Expense	Polling	g Expense	т	Travel in District	it de reclateur	Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Serv	s/Memorials Expense ices		ng Expense es/Wages/Contrac		Fravel Out of District OTHER (enter a category	y not listed a	bove)	
		The Inst	ruction Guide explains h	how to	complete this	form.				
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 4/18 Rpt: 90/106	Bhojani, Salman (T	he Honorable)				00085598			
4	CREDIT CARD	Name of final	ncial institution	į	5 TOTAL OF UNITEMIZED					
	ISSUER	see n	revious		EXPENDIT		_ \$			
					CHARGED	TO A CREDI	1			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		-	edit Card Issue	 er Paid			
ľ					05/22/2024					
		\$1,000.00	05/03/2024							
7	PAYEE	(a) Payee name			(b) Payee add	troce.	City,	State.	Zip Code	
Ľ		(d) Fayee hame			PO Box 166		City,	State,		
		Jarvis Johnson for	Texas Senate							
					Houston, TX	( 77000				
8	8 PURPOSE OF (a) Category				(b) Description					
ľ	EXPENDITURE	(See Categories listed at the top			Campaign c					
	X Political	Contributions/Donatio			e camp cagar e					
	Non-Political         (c)         Check if travel outside of Texas. Complete Schedule T.           9         Complete ONLY if direct         Candidate/Officeholder name         Offi					Check if Austin, TX	K, officeholder living expe	ense		
					sought	wist 1 F	Office held	o voto tiv co	District	
e	xpenditure to benefit C/OH	Johnson, Jarvis (Rep	-		Senator Dist		State Repres	entative	District	
	PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s) Cr 03/22/2024	edit Card Issue	er Paid			
		\$254.10	02/20/2024		00/22/2024					
	PAYEE	(a) Payee name			(b) Payee add		City,	State,	Zip Code	
		Thai Riverside			2100 W Northwest Hwy #210					
					Grapevine, TX 76051					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		(b) Description Staff/volunteer lunch					
		Food/Beverage Expe			Stan/volunteer lunch					
	X Political									
	Non-Political		of Texas. Complete Schedule			Check if Austin, TX	K, officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name O	Office s	sought		Office held			
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s) Cr 05/22/2024	edit Card Issue	er Paid			
		\$6,669.04	04/06/2024		03/22/2024					
	PAYEE	(a) Payee name			(b) Payee add	,	City,	State,	Zip Code	
		India 101			3311 Regen	nt Blvd				
					Ste 101					
					Irving, TX 7					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		(b) Description					
		Food/Beverage Expen			Hood for lita	r event and s	stage setup			
	X Political									
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.		Check if Austin, TX	K, officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name O	Office s	sought		Office held			
e	xpenditure to benefit C/OH									

	EXPENDITORES MADE BY CREDIT CARD						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Award I Committee Legal Serv	rage Expense s/Memorials Expense ices	IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 5/18 Rpt: 91/106	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZ				
ISSUER		revious	EXPENDITURES CHARGED TO A CRE CARD	\$			
6 PAYMENT	(a) Amount Charged \$94.84	(b) Date of Charge 04/07/2024	(c) Date(s) Credit Card Is 05/22/2024	ssuer Paid			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
			7777 N MacArthur Blv	rd			
	Office Depot						
			Irving, TX 75063				
8 PURPOSE OF	(a) Category	of this schoolule)	(b) Description				
	(See Categories listed at the top Printing Expense	of this schedule)	Printing, Styrofoam bo	pard and posters			
X Political							
Non-Political				n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$19.85	(b) Date of Charge 04/13/2024	(c) Date(s) Credit Card Is 05/22/2024	suer Paid			
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code			
			PO Box 619616				
	American Airlines		DFW Airport, TX 7526	1			
PURPOSE OF	(a) Category		(b) Description	·•			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Flight insurance				
X Political	Travel Out of District						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought	Office held			
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$175.10	04/15/2024	05/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
			PO Box 619616				
	American Airlines						
			DFW Airport, TX 7526	1			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schoduls)	(b) Description				
	Travel Out of District	or this schedule)	Spouse travel to Hous	ton for campaign event			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held			

			ENDITURE CATEGORIE		.,					
	Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees Food/Beve	0	oan Repayment/Rein iffice Overhead/Rent olling Expense	al Expense Tra	licitation/Fundraising I ansportation Equipme avel in District		Expense		
	Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award I Committee Legal Serv	ls/Memorials Expense P	rinting Expense alaries/Wages/Contr		avel Out of District THER (enter a categor	y not listed al	bove)		
		The Inst	ruction Guide explains how	w to complete thi	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 6/18 Rpt: 92/106	Bhojani, Salman (T	he Honorable)			00085598				
4	CREDIT CARD	Name of fina	ncial institution			¢				
	ISSUER	see p	revious	EXPEND CHARGE CARD	D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid				
		\$218.63	04/17/2024	05/22/2024	4					
7	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
		On the Border		2400 N Belt Line Rd						
		On the Dorder								
8	PURPOSE OF	(a) Category		Irving, TX (b) Descripti						
l°	EXPENDITURE	URE (See Categories listed at the top of this schedule)			teer meal					
	X Political	Food/Beverage Expe	nse							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	 Г	Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	name Offi	ce sought	-	Office held					
e	xpenditure to benefit C/OH									
PAYMENT (a) Amount Charge			(b) Date of Charge		Credit Card Issuer	r Paid				
		\$1,360.00	04/18/2024	05/22/2024	4					
⊢	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
		USPS		2300 Story Rd W						
		03-3								
		(a) Catagony		Irving, TX 75038 (b) Description						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Postage	on					
	X Political	Printing Expense								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought		Office held				
e	xpenditure to benefit C/OH		1							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C 05/22/2024	Credit Card Issuer	r Paid				
		\$58.50	04/19/2024	00/22/202	•					
⊢	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code		
				8181 Airpo	ort Blvd					
		DOUBLETREE HC	IBB I							
⊢		(a) Catagoni		Houston, T						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Hotel for ca	on ampaign event					
	X Political	Travel Out of District			ampaign event					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
⊢	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder		ce sought		Office held	0100			
e	xpenditure to benefit C/OH			J.						

	SCHEDULE F4					
Adventision Frances			.,			
Advertising Expense Accounting/Banking	Event Expe Fees		Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense Contributions/ Donations Made By	- Gift/Award	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District		
Candidate/Officeholder/Politica	5		Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)		
		ruction Guide explains n	low to complete this form.			
1 Total pages Schedule F4:				<b>3</b> Filer ID (Ethics Commission Filers)		
Sch: 7/18 Rpt: 93/106	Bhojani, Salman (T	-		00085598		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES			
ISSUER	see pi	revious	CHARGED TO A CRED	IT 🗳		
			CARD			
6 PAYMENT	(a) Amount Charged (b) Date of Charge		(c) Date(s) Credit Card Issu	uer Paid		
	\$175.10 04/15/2024		05/22/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			PO Box 619616			
	American Airlines					
			DFW Airport, TX 75261			
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Travel Out of District	of this schedule)	Travel to Houston for ca	ampaign event		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, 1	rX, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$175.10	04/15/2024	05/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	American Airlines		PO Box 619616			
	American Ainines					
			DFW Airport, TX 75261			
PURPOSE OF	(a) Category	of this schoolule)	(b) Description			
	(See Categories listed at the top Travel Out of District	of this schedule)	Travel from Houston to	Dallas		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	rX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$107.56	04/16/2024	05/22/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	A		410 Terry Ave N			
	Amazon					
			Seattle, WA 98109			
PURPOSE OF	(a) Category	of this schoolule)	(b) Description			
	(See Categories listed at the top Printing Expense	of this schedule) Envelopes for precinct		chair letters		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	rX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

	SCHEDULE F4							
Adventision Frances		ENDITURE CATEGOR	••					
Advertising Expense Accounting/Banking	Event Expe Fees		Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense				
Consulting Expense Contributions/ Donations Made By	/ - Gift/Awards	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District				
Candidate/Officeholder/Politica	5		Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)				
1 Total pages Cabadula E4.	i	fuction Guide explains in		2 Filer ID (Ethics Commission Filers)				
1 Total pages Schedule F4:		h - 11		3 Filer ID (Ethics Commission Filers)				
Sch: 8/18 Rpt: 94/106	Bhojani, Salman (T	· · · · · · · · · · · · · · · · · · ·		00085598				
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES	ED <b>s</b>				
	see pi	revious	CHARGED TO A CRE					
			CARD					
6 PAYMENT	(a) Amount Charged (b) Date of Charge		(c) Date(s) Credit Card Is 05/22/2024	suer Paid				
	\$42.56	04/17/2024	03/22/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Nothing Bundt Cake	es	6450 N Macarthur Blvd					
			Ste 130					
	(a) Catagony		Irving, TX 75039					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gift for volunteer birthday					
V Dolitical	Gift/Awards/Memorial	s Expense		July				
X Political								
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	(a) Amount Charged	(b) Data of Charge	(a) Data(a) Cradit Card la	over Deid				
		(b) Date of Charge	(c) Date(s) Credit Card Is 05/22/2024	Suel Palu				
	\$42.56	04/26/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	(a) Fayee name		6450 N Macarthur Blv					
	Nothing Bundt Cake	es	Ste 130	u .				
			Irving, TX 75039					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Gift for departing staff					
X Political	Gift/Awards/Memorial	s Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	n, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held				
expenditure to benefit C/OH			J.					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$46.94	04/29/2024	05/22/2024					
	¢ TOTO T	0 1/20/2021						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			410 Terry Ave N					
	Amazon		-					
			Seattle, WA 98109					
PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top Gift/Awards/Memorial		Parchment paper					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	ı, TX, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held				
expenditure to benefit C/OH								

	A duantizian European									
	Advertising Expense Accounting/Banking	Event Expe	C	oan Repayment/R office Overhead/R	ental Expense T	olicitation/Fundraising ransportation Equipme		Expense		
	Consulting Expense Contributions/ Donations Made By		s/Memorials Expense P	olling Expense rinting Expense	Т	ravel in District ravel Out of District				
	Candidate/Officeholder/Politica	5		alaries/Wages/Co		THER (enter a categor	y not listed al	oove)		
			ruction Guide explains ho	w to complete	this form.	1				
1	Total pages Schedule F4:					3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 9/18 Rpt: 95/106	Bhojani, Salman (T	he Honorable)			00085598				
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED					
	ISSUER	see previous			IDITURES GED TO A CREDIT	, <b>\$</b>				
				CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	er Paid				
		\$25.71	05/08/2024	05/22/20	)24					
		\$20.11	00/00/2024							
7	PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code		
				1200 N N						
		Family Dollar								
			Euless, TX 76039							
8	8 PURPOSE OF (a) Category			(b) Descri						
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	. /	Diffice Opening su	upplies				
	X Political	Event Expense			e epering ee					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 05/22/20	) Credit Card Issue	er Paid				
		\$42.84	05/19/2024	05/22/20	)24					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Amazon		410 Terr	y Ave N					
		Amazon								
				Seattle, WA 98109						
	PURPOSE OF	(a) Category		(b) Descri	•					
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	,	Parchme	ent paper					
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	er Paid				
		\$150.00	05/29/2024	06/22/20	)24					
		+200.00								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
				PO Box				·		
		Texas Democratic I	Party							
				Austin, T	X 78761					
	PURPOSE OF	(a) Category		(b) Descri						
	EXPENDITURE	(See Categories listed at the top		Event tic	ket					
	X Political	Contributions/Donatio								
					Check if Austin TV	officoboldor living cur	0050			
-		(C) Check if travel outside Candidate/Officeholder		ce sought		, officeholder living exp Office held	ense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Canuluale/Onicendider	name Om	ce souyiii						
L e	Apenulture to benefit C/OH									

Forms provided by Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I		
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 10/18 Rpt:	Bhojani, Salman (T	Bhojani, Salman (The Honorable) 00085598					
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$9.89	05/03/2024	05/22/2024				
7 PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
			2300 Story Rd W				
	USPS						
			Irving, TX 75038				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Printing Expense	of this schedule)	Postage				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$82.91	05/11/2024	05/11/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			7845 N MacArthur Blvo	b			
	Target						
			Irving, TX 75062				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	District supplies				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living exp	pense		
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$216.50	05/11/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
			2326 IDLEWOOD DR				
	A&L Balloons						
			ARLINGTON, TX 760	)14-1747			
PURPOSE OF	(a) Category	of this school (1-)	(b) Description				
	(See Categories listed at the top Event Expense	ui inis schedule)	Ballons for district offic	e opening			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living exp	pense		
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held			
expenditure to benefit C/OH							

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense			
Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense Is/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District		
Candidate/Officeholder/Politica	al Committee Legal Serv		Salaries/Wages/Contract Labor	OTHER (enter a catego	ry not listed al	oove)
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 11/18 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ	ZED		
ISSUER	see p	revious	EXPENDITURES	-DIT <b>\$</b>		
	P		CHARGED TO A CRE CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
	\$11.37	05/11/2024	05/22/2024			
	ΦΙΙ.37	05/11/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(u) r uyee name		3542 W Airport Fwy	Oity,	Olule,	
	Dollar Tree					
			Irving, TX 75062			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Office supplies			
X Political	Office Overhead/Ren	tal Expense	e mee cappilee			
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held		
expenditure to benefit C/OH		(h) Data of Charge	(a) Data(a) Credit Card la	awar Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 05/22/2024	ssuer Paid		
	\$100.63	05/11/2024	00/22/2024			
DAVEE						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Amazon		410 Terry Ave N			
			Seattle, WA 98109			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description District office supplies			
	Office Overhead/Ren		District office supplies			
X Political						
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 05/22/2024	ssuer Paid		
	\$3.13	05/13/2024	03/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Quick Trip		1100 N Industrial Blvd	1		
			Euless, TX 76039			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Travel In District		Mileage reimburseme	nt		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austir	n, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related		
	The Instruction Guide explains how to complete this form.						
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 12/18 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREE CARD	эт \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$248.94	06/05/2024	06/22/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	On the Border		2400 N Belt Line Rd				
			Irving, TX 75062				
8 PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top Food/Beverage Expe		Staff/volunteer lunch				
X Political	- coa, zorolago zapo						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$245.43	06/09/2024	06/22/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
			6505 Convair Rd				
	Alamo Car Rental		Ste 430				
			El Paso, TX 79925				
PURPOSE OF	(a) Category (See Categories listed at the top	of this school (10)	(b) Description				
	Travel Out of District	of this schedule)	Car rental for Democra	tic convention			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 05/22/2024	uer Paid			
	\$52.00	05/09/2024	03/22/2024				
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code	
			1717 N Akard Street	-			
	Fairmont Dallas						
			DALLAS, TX 75201				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Parking for event				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related	
	The Inst	ruction Guide explains h	ow to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 13/18 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD	STIC		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$21.62	05/21/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1060 N Main St			
	KeyMeLocksmith					
			Euless, TX 76039			
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Office Overhead/Ren		Key duplicates			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 06/22/2024	suer Paid		
	\$15.00	06/06/2024	00/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			4220 Gurley Avenue			
	Parking System of	America				
			Dallas, TX 75223			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Parking for Democratic	convention		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$24.95	06/20/2024	06/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Uber		1455 Market St			
	Obei		Ste 400			
			San Francisco, CA 941	.03		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Travel Out of District	,	Trip for event			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense T Polling Expense T Printing Expense T	Solicitation/Fundraising Expense ransportation Equipment & Related ravel in District ravel Out of District DTHER (enter a category not listed	
	The Inst	ruction Guide explains h	ow to complete this form.		
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commi	ssion Filers)
Sch: 14/18 Rpt:	Bhojani, Salman (T	he Honorable)		00085598	
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED		
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDI CARD	т 	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$48.55	05/08/2024	05/22/2024		
7 PAYEE	(a) Payee name	I	(b) Payee address;	City, State,	Zip Code
	Dollar Tree		3542 W Airport Fwy		
			Irving, TX 75062		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	District Office Opening		
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	Generalized in the second sec second second sec	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$42.56	06/22/2024	06/22/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Nothing Bundt Cakes		6450 N Macarthur Blvd		
			Ste 130		
			Irving, TX 75039		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Gift for departing staff		
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	T. Check if Austin, TX	K, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$25.00	05/29/2024	06/22/2024		
PAYEE	(a) Payee name	I	(b) Payee address;	City, State,	Zip Code
			PO Box 15707		
	Asian American De	mocrats of			
			Austin, TX 78761		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Event ticket		
X Political	Candidate/Officeholde		e		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	(, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held	
expenditure to benefit C/OH					

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising B Transportation Equipmen Travel in District Travel Out of District OTHER (enter a categor	nt & Related I	
	The Instruction Guide explains how to complete this form.					
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 15/18 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$		
6 PAYMENT	(a) Amount Charged \$79.98	(b) Date of Charge 06/03/2024	(c) Date(s) Credit Card Issu 06/22/2024	uer Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Amazon		410 Terry Ave N			
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Office Overhead/Ren		Office supplies			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living exp	onso	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held	chiac	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$13.00	06/07/2024	06/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	SMG El Paso Parki	ng	400 W San Antonio Ave El Paso, TX 79901	2		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking for Democratic	convention		
X Political	Travel Out of District					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, 1	TX, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$13.14	06/09/2024	06/22/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	ALON Gas Station		4140 N Mesa St			
			El Paso, TX 79902			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Rental gas refill for Dem	ocratic convertio	n	
X Political	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	Rental gas renii for Den		חו	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense		Event Exp Fees Food/Beve		Office Overhead/Rental Expense T	olicitation/Fundraising ransportation Equipmer ravel in District		Expense		
Contrib	outions/ Donations Made By ididate/Officeholder/Politica	- Gift/Award	s/Memorials Expense	Printing Expense T	ravel Out of District	v not listed al	nove)		
	Candidate/Officeholder/Political 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 p	ages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 1	L6/18 Rpt:	Bhojani, Salman (T	he Honorable)		00085598				
4 CRED		Name of fina	ncial institution	5 TOTAL OF UNITEMIZED					
ISSUE	R	see p	revious	EXPENDITURES CHARGED TO A CREDIT CARD	\$ 「				
6 PAYM	ENT	(a) Amount Charged			er Paid				
		\$284.70	06/10/2024	06/22/2024					
\$204.70 00/10/2024									
7 PAYE	E	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
		Shawarma Press		411 E Royal Lane					
		Shawanna Piess		Ste 110					
				Irving, TX 75039					
	OSE OF NDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Staff/volunteer lunch					
	Political	Food/Beverage Expe		Stan/volunteer lunch					
	Ion-Political	(C) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office		T. Check if Austin, TX fice sought	, officeholder living exp	ense			
	ete <u>ONLY</u> if direct ure to benefit C/OH	Candidate/Onicenoider	name O	ice sought	Office field				
PAYM	ENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$56.00	06/20/2024	06/22/2024					
PAYE	E	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Nothing Bundt Cakes		6450 N Macarthur Blvd					
		Notining Buriet Cakes		Ste 130					
	OSE OF	(a) Category		Irving, TX 75039 (b) Description					
	NDITURE	(See Categories listed at the top of this schedule)		Cake for staff/volunteers					
X Political		Food/Beverage Expense							
	Ion-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin TX	, officeholder living exp	ense			
	ete ONLY if direct			fice sought					
· ·	ure to benefit C/OH			J. J					
PAYM	ENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$2.37	05/13/2024	05/22/2024					
PAYE	E	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
		Kroger		7505 N MacArthur Blvd					
	Irving, TX 75063								
PURPOSE OF         (a) Category           EXPENDITURE         (See Categories listed at the top of		of this schedule)	(b) Description Mileage reimbursement						
ХP	olitical	Travel Out of District		wineage reimbursement					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.									
Comple	ete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held				
expenditu	ure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipme Travel in District Travel Out of District				
The Instruction Guide explains how to complete this form.								
<b>1</b> Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 17/18 Rpt:	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE	D.				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREE CARD	эт \$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$3.88	06/29/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			1455 Market St					
	Uber		Ste 400					
			San Francisco, CA 941	.03				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Travel to event	Travel to event				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	oense			
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH		-						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$198.46	06/26/2024						
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
	United Airlines		233 South Wacker Dr					
			Chicago, IL 60606					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
	Travel Out of District		Spouse travel to National Democratic Convention					
X Political								
Non-Political	(C) X Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Data of Charge	(a) Data(a) Cradit Card Iaa	war Daid				
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss					
	\$16.96	06/22/2024						
PAYEE			(b) Davias address:	City,	State,	Zip Code		
	(a) Payee name		(b) Payee address; 1455 Market St	City,	Sidle,	Zip Coue		
	Uber		Ste 400					
Ste 400 San Francisco, CA 94103								
PURPOSE OF     (a) Category     (b) Description								
EXPENDITURE (See Categories listed at the top of this schedule)			Travel to event					
X Political Travel Out of District								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense T Polling Expense T Printing Expense T	iolicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District ITHER (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.								
1	1 Total pages Schedule F4: 2 FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 18/18 Rpt:	Bhojani, Salman (T	he Honorable)		00085598				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED					
	ISSUER	see previous		EXPENDITURES CHARGED TO A CREDIT CARD	Г Г				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$176.96	06/26/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
				233 South Wacker Dr					
		United Airlines							
				Chicago, IL 60606	Chicago, IL 60606				
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Flight for Rep to National	Flight for Rep to National Democratic Convention				
	X Political								
	Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name O	Office sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$28.00	06/29/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
		Nothing Bundt Cakes		6450 N Macarthur Blvd					
				Ste 130					
				Irving, TX 75039					
	PURPOSE OF	(a) Category	of this school (10)	(b) Description					
EXPENDITURE		(See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Gift for departing staffer					
	X Political		•						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expense				
		Candidate/Officeholder	name O	office sought	Office held				
e	xpenditure to benefit C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees     Office O       Food/Beverage Expense     Polling E       y -     Gift/Awards/Memorials Expense     Printing I       al Committee     Legal Services     Salaries	bayment/Reimbursement         Solicitation/Fundraising Ex           verhead/Rental Expense         Transportation Equipment           xpense         Travel in District           xpense         Travel Out of District           Wages/Contract Labor         OTHER (enter a category not contract)	& Related Expense			
1 Total pages Schedule G: Sch: 1/1 Rpt: 105/106	The Instruction Guide explains how to complete this form.         2       FILER NAME       3       Filer ID       (Ethics Commission Filer         Bhojani, Salman (The Honorable)       00085598					
4 Date 04/18/2024	5 Payee name American Airlines					
6 Amount (\$) \$782.40 X Reimbursement from political contributions intended	\$782.40 PO Box 619616 ursement from I contributions					
8 PURPOSE OF EXPENDITURE	OF Travel Out of District					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office he	ld			
Date 04/18/2024	Payee name Jindani, Pervez					
Amount (\$) \$400.00 X Reimbursement from political contributions intended						
PURPOSE       Category       (See Categories listed at the top of this schedule)       Description       Check if travel outside of Texas. Complete         OF       Event Expense       Iftar event photography						
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit       C/OH       Office sought       Office held						
Date     Payee name       04/18/2024     Marriott El Paso						
Amount (\$)Payee address;City;State;Zip Code\$279.741600 Airway Blvd						
X political contributions intended	El Paso, TX 79925					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texa Check if Austin, TX, officehold Hotel for democratic convention				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office he	ld			

### 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: 106/106				
2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
Bhojani, Salman (The Honorable)						00085598			
4 Name of Contribut	or / Corpora	ation or Labor Organ	ization / Pledgor /Pa	yee					
United Airlines									
5 Contribution / Exp	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)	Г	Schedule C2	Г	Schedule D	Schedule F1	
Schedule F2		Schedule F4	Schedule G		Schedule H		Schedule COH-UC		
6 Dates of Travel	7 Name	of person(s) traveling	g						
	Bhojai	ni, Nima (Mrs.)							
	8 Depart	ure city or name of d	leparture location						
08/19/2024	Dallas	;							
	9 Destina	ation city or name of	destination location						
08/19/2024	Chica	go							
<b>10</b> Means of transpor	<u>I</u> tation	<b>11</b> Purpose of trave	el (including name of	confer	ence, seminar, or	r other e	event)		
Commercial Airp		Political conve							
Name of Contribut	or / Corpora	ation or Labor Organ	ization / Pledgor /Pa	vee					
United Airlines				<b>)</b>					
Contribution / Exp	enditure rep	orted on:							
Schedule A2		Schedule B	Schedule B(J)	Г	Schedule C2	Г	Schedule D	Schedule F1	
Schedule F2		Schedule F4	Schedule G		Schedule H		Schedule COH-UC		
					Schedule H				
Dates of Travel		of person(s) traveling	g						
	Bhojai	ni, Salman (Rep.)							
	Depart	ure city or name of d	leparture location						
08/19/2024	Dallas	5							
	Destina	ation city or name of	destination location						
08/19/2024	Chica	go							
Means of transpor	tation	Purpose of trave	el (including name of	confer	ence, seminar, oi	r other e	event)		
Commercial Airp	olane	Political convention							