# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	e this form.	Filer ID (Ethics Commis 00083882	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable S	Suleman			Date Received	
'"""					ELECTRONICA	I I V EII ED
					07/15/2024	LLI I ILLD
		AST 		SUFFIX	07/15/2024	
	_ L	_alani				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CITY	<b>Y</b> ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	PO Box 6514					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77265					
П п п п п п п п п п п п п п п п п п п п	Tiouston, 17, 77203				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		IRST		MI		
NAME	Mr. G	Gordon Jinpoin	ıg			
	NICKNAME L	AST		SUFFIX		
	Ç	)uan				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE);	APT	/ SUITE#; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	5444 Westheimer Rd. Ste. 1	700				
(Residence or Business)	Houston, TX 77056					
	Tiouston, 170 77000					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(713) 625-9200					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after can	
		Other beatings			appointment (offic	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	cn C/OH-FR)
<b>9</b> DEDICE	14 d 5					
9 PERIOD COVERED	Month Day Year	TU	DOLICII	Month Day	Year	
OOVERED	02/25/2024	IH	ROUGH	06/30/202	4	
		-				
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	l ∐ <sup>Pr</sup>	imary	Runoff	Other	
	11/05/2024	X Ge	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative District	t 76 Fort Bend	I	State Representa		
	·			·		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 80

13 C / OH NAME	Lalani, Suleman (The	<b>14</b> Filer ID 00083882	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politi These expenditures may have been n officeholders are required to report th	ade without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	ER NAME	
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ( ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
	S OF LOANS)	<b>\$</b> 114,788.70		
EXPENDITURE TOTALS	\$ 0.00			
	4. TOTAL POLITIC		\$ 100,078.61	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	\$ 228,960.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 90,000.00
<b>17</b> AFFIDAVIT			under penalty of perjury, that the ac Id includes all information required ction Code.	
			The Honorable Suleman Lala	แท่
			Signature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal	of office.	
Signature of office	cer administering	Printed name of officer administ	ering Title of office	er administering oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

				OVE	R SHEET PG 3 3 of 80
	ER NAN lani, Su	ME Ileman (The Honorable)	<b>19</b> Filer ID 00083882	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	113,876.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	912.70
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	100,078.61
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CO	DNIRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/80	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 06/30/2024	<ul><li>5 Full name of contributor Abbas, Huma</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Psychiatrist	Naperville, IL 60564 pation / Job title (See Instructions)	9	Employer (See Instructions Advocate medical group			
	Date 02/29/2024	Full name of contributor  Abid, Syed  Contributor address; City; State  Redington Shores, FL 33708	·			Amount of Contribution (\$)	\$500.00
	Principal occu Physican	pation / Job title (See Instructions)		Employer (See Instructions CHO	)		
	Date 03/10/2024	Full name of contributor  Ali, Rahim  Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
		Pflugerville, TX 78660 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 05/24/2024	Full name of contributor Ammons, Robert Contributor address; City; State Houston, TX 77006	out-of-state PAC (ID#:; Zip Code	One		Amount of Contribution (\$)	\$5,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Ammons Law Firm	)		
	Date 02/29/2024	Full name of contributor  Axis Consulting Partner LLC  Contributor address; City; State  St Pete Beach, FL 33706				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how	v to complete this fo	rm.	1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/80
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Lalani, Suler	nan (The Honorable)			00083882
4	Date 05/23/2024	<ul><li>5 Full name of contributor</li><li>Aziz, Muhammad</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$5,000.00
		Houston, TX 77002	iate, zip code		
8	Principal occu	pation / Job title (See Instruction	s) g	Employer (See Instructions	s)
	Lawyer			Abraham Watkins Nicho	ols Agosto Aziz & Stogner
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Amount of Contribution (\$)
	04/03/2024	Barker, Kevin	U out-of-state FAC (ID#		\$50.00
	04/03/2024		4-4 7'- O-4-		. 430.00
		Contributor address; City; S	rate; zip Code		
		Richmond, TX 77406			
	Princinal occu	pation / Job title (See Instruction	(2)	Employer (See Instructions	
	Director	pation / 300 title (See mandenom	3)	Texana Center	3)
			<u> </u>	Toxaria Comor	T
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	02/29/2024	Barmanwalla, Akbar			\$500.00
		Contributor address; City; S	tate; Zip Code		
		Oldsmar, FL 34677-4656			
	Dringinal accu	pation / Job title (See Instruction		Employer (See Instructions	
	Retail Busine		5)	786 AABAAD, INC.	5)
	Netali Dusilit			700 AABAAD, INC.	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/30/2024	Bornstein, Sue			\$500.00
		Contributor address; City; S	tate; Zip Code		
		B. II TV 75005 0000			
		Dallas, TX 75205-2922			
		pation / Job title (See Instruction	S)	Employer (See Instructions	5)
	physician			self	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/20/2024	Burgess, Aaron			\$1.00
		Contributor address; City; S	tate; Zip Code		]
		Houston, TX 77003			
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	
	District Direc	tor		Texas House of Repres	entatives
			•		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)N:	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/80	
2	FILER NAME Lalani, Suler	man (The Honorable)				3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 02/29/2024	<ul><li>5 Full name of contributor Chatoor, Hafeez</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$500.00
_	Dringing! aggs	Tampa, FL 33629	. I	١	Employer (See Instructions			
0	Oncologist	pation / Job title (See Instructions	) 		Employer (See Instructions Florida Cancer Specialis		& Research Institute	
	Date 02/28/2024	Full name of contributor Chevron Employees PAC Contributor address; City; St			)		Amount of Contribution (\$)	\$1,000.00
		San Ramon, CA 94583	· 1					
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	)		
	Date 02/26/2024	Full name of contributor Cumber, Salimah Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77024						
	Principal occu Physician	pation / Job title (See Instructions	s)		Employer (See Instructions Self	)		
	Date 02/27/2024	Full name of contributor Dhukka, Zul Contributor address; City; St Sugar Land, TX 77479	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu Business ow	pation / Job title (See Instructions ner	5)		Employer (See Instructions Jasmine Trading, Inc.	)		
	Date 05/28/2024	Full name of contributor Foley, Taft Contributor address; City; St Houston, TX 77054	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Attorney	pation / Job title (See Instructions	s)		Employer (See Instructions The Foley Law Firm	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/80	
2	FILER NAME Lalani, Suler	man (The Honorable)		3	Filer ID (Ethics Commission 00083882	Filers)
4	Date 02/29/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$	1,000.00
0	Principal occu	Houston, TX 77010-3095 pation / Job title (See Instructions)	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	) 		
	Date 03/16/2024	Full name of contributor X out-of-state PAC (ID#: Greenberg Traurig, P.A. PAC  Contributor address; City; State; Zip Code  Albany, NY 12207	C00266585 )		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ HOSPAC - State Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Hashim, Nizar Contributor address; City; State; Zip Code Sugar Land, TX 77479-5903	)		Amount of Contribution (\$) \$1	0,000.00
	Principal occu Business Ov	pation / Job title (See Instructions) vner	Employer (See Instructions Chotto Enterprises	)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Helfman, Alan Contributor address; City; State; Zip Code  Houston, TX 77024			Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Helfman Dodge Chrysle		eep Ram Fiat	

	MONET	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/80	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 02/29/2024	<ul><li>5 Full name of contributor Helfman, Alan</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
_		Houston, TX 77024					
8	Principal occu CEO	pation / Job title (See Instructions	) 9	Employer (See Instructions Helfman Dodge Chrysle		eep Ram Fiat	
	Date 06/05/2024	Full name of contributor Hillco Pac Contributor address; City; St		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	· ····o.pa. occa	panon, cos uno (cos monuono).	,		-,		
	Date 06/10/2024	Full name of contributor Hillco Pac Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Date 06/10/2024	Full name of contributor Hillco Pac Contributor address; City; St Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 02/29/2024	Full name of contributor Independent Bankers Ass Contributor address; City; St Austin, TX 78701		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>-</u> S)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/80	
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 03/05/2024	<ul><li>5 Full name of contributor</li><li>Indian American Impact</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5,000.00
_		Washington, DC 20003	1.		<u> </u>		
8	Principal occu	pation / Job title (See Instructions)	8	Employer (See Instructions	5)		
	Date 06/30/2024	Full name of contributor Isani, Imtyaz Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00
		Decatur, GA 30030			Ĺ		
	Principal occu Business	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/07/2024	Full name of contributor Javed, Muhammad Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
		Beaumont, TX 77707					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Riceland Senior Living,	′	.C.	
	Date 06/05/2024	Full name of contributor Jones, Neal (Mr.)  Contributor address; City; Sta  Austin, TX 78701		)		Amount of Contribution (\$)	\$500.00
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Hillco Partners	5)		
	Date 02/29/2024	Full name of contributor Kachhi, Nizarali Contributor address; City; Sta Tampa, FL 33626	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Noor 801 Inc	;)		
			<u> </u>				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/80	
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 03/07/2024	<ul><li>5 Full name of contributor Khan, Abdur</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
8	Principal occu retired	Sugar Land, TX 77498 pation / Job title (See Instructions	s)	Employer (See Instructions none	<u> </u> s)		
	Date 05/28/2024	Full name of contributor Khan, Ridwan Contributor address; City; S Richmond, TX 77406	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu Investor	pation / Job title (See Instructions	5)	Employer (See Instructions Self	<u>I</u> S)		
	Date 05/30/2024	Full name of contributor Khawaja, Omar Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	Dringing! goog	Houston, TX 77024 pation / Job title (See Instructions	s)	Employer (See Instructions	<u></u>		
	Attorney	pation 7 300 title (See Instructions	5)	Law office of Omar kha		a plic	
	Date 05/30/2024	Full name of contributor Kundi, Azam (Dr.) Contributor address; City; S Houston, TX 77030	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
	Principal occu Doctor	pation / Job title (See Instructions	5)	Employer (See Instructions Kelsey-Seybold Clinic	5)		
	Date 03/07/2024	Full name of contributor Lakhani, Ameer Contributor address; City; S Tampa, FL 33615	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions	5)	Employer (See Instructions Pinnacle Realty Group	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDU	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/80	
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 06/30/2024	<ul><li>5 Full name of contributor [Lakhani, Saleem</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
8		Sugar Land, TX 77479 pation / Job title (See Instructions) state Professional		Employer (See Instructions DML Capital LLC	5)		
	Date 03/07/2024	Full name of contributor  Lalani, Nooruddin  Contributor address; City; Sta  Sugar Land, TX 77479	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Gold Depot Inc.	5)		
	Date 05/30/2024	Full name of contributor Li, Kenneth  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77036 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	self-employe	ed		self			
	Date 05/30/2024	Full name of contributor Li, Kenneth  Contributor address; City; Sta  Houston, TX 77036	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu self-employe	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 05/30/2024	Full name of contributor Lowenberg, Michael Contributor address; City; Sta Katy, TX 77494	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/80	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 06/05/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
_		Sugar Land, TX 77479					
8	Principal occu Professor	pation / Job title (See Instructions)	9	Employer (See Instructions University of St. Thomas			
	Date 05/22/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Lobbyist			Hillco Partners			
	Date 02/29/2024	Full name of contributor  uut-of-state PA Minhas, Tariq  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Missouri City, TX 77459					
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	i) 		
	Date 05/21/2024	Full name of contributor out-of-state PA Moak Casey PAC  Contributor address; City; State; Zip Code  Austin, TX 78746				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 05/30/2024	Full name of contributor out-of-state PA Momin, Nasruddin Contributor address; City; State; Zip Code Spring, TX 77379	AC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Business	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/80			
2	FILER NAME Lalani, Suler	FILER NAME  Lalani, Suleman (The Honorable)				Filer ID (Ethics Commission 00083882	on Filers)		
4	Date 03/07/2024  5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00				
8	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	?) 				
•	Not Employe			Not Employed	-,				
	Date Full name of contributor out-of-state PAC (ID#:)  02/29/2024 Nensey, Yawer  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00				
	D: : 1	Tampa, FL 33647-2219	_	5 1 (0 1 ) ;	<u></u>				
	Principal occupation / Job title (See Instructions)  Gastroenterologist  Employer (See Instructions)  Gastro Florida		5)						
	Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Parekh, Jay  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00				
	Dringinal occu	Sugar Land, TX 77479-3650 pation / Job title (See Instructions)	_	Employer (See Instructions	·/-				
		Diagnostic Radiology		MD Anderson Cancer C	•	ter			
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID# Plumbers Local Union No. 68  Contributor address; City; State; Zip Code  Houston, TX 77249			•	Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)				
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID# Popatia, Amirali (Dr.)  Contributor address; City; State; Zip Code  Stafford, TX 77477	:	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	5)				
			•						

MONETARY POLITICAL CONTRIBUTIONS							SCHEDULE <b>A1</b>			
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/80				
2	FILER NAME Lalani, Suleman (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)				
4	Date 06/30/2024  5 Full name of contributor out-of-state PAC (ID#:) Rahim, Sania  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00						
_	Deignigal	Houston, TX 77030	<u>.</u>		Franks or (Cook batterations					
8	Rad	pation / Job title (See Instructions	5)	9	Employer (See Instructions Rp	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  05/22/2024 Ramirez, Rene (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00					
	Principal occu	Edinburg, TX 78539 pation / Job title (See Instructions	9		Employer (See Instructions	;) 				
	Lobbyist Self		•)							
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2024 Russell, Dylan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00					
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions			Employer (See Instructions	·/				
	Attorney	pation / Job title (Jee matractions	,		Hoover Slovacek LLP	•)				
	Date 06/05/2024	Full name of contributor Shipley, George Contributor address; City; S Austin, TX 78703			)		Amount of Contribution (\$)	\$500.00		
	Principal occu C.E.O.	pation / Job title (See Instructions	5)		Employer (See Instructions Shipley & Associates, Ir	•				
	Date Full name of contributor out-of-state PAC (ID#:)  05/29/2024 Sibrian, Hilda  Contributor address; City; State; Zip Code  Houston, TX 77018			Amount of Contribution (\$)	\$5,000.00					
	Principal occu Lawyer	pation / Job title (See Instructions	5)		Employer (See Instructions Self-employed	s)				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1				
	The Instru	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/80				
2	FILER NAME Lalani, Suleman (The Honorable)				3	Filer ID (Ethics Commission 00083882	on Filers)			
4	Date 03/07/2024			7	Amount of Contribution (\$)	\$200.00				
8	Principal occu	Sugarland, TX 77498 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>					
	Office Manag			Sugar Land Geriatrics						
	Date 03/07/2024	Full name of contributor out-of-state PAC TREPAC, Texas Association of Realtors PAC Contributor address; City; State; Zip Code	AC	)		Amount of Contribution (\$)	\$2,500.00			
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)		Employer (See Instructions	) 					
	· ····o.pa. oooa	pano, 002 and (000 menaged),		p.o/o/ (000o double	,					
	Date Full name of contributor out-of-state PAC (ID#:)  03/04/2024 TREPAC, Texas Association of Realtors PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00					
		Austin, TX 78768								
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)					
	Date 03/07/2024	Full name of contributor out-of-state PAC TSA PAC Contributor address; City; State; Zip Code Austin, TX 78701		)		Amount of Contribution (\$)	\$3,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()					
	Date 06/30/2024	Full name of contributor out-of-state PAC Tahir, Muhammad Contributor address; City; State; Zip Code Richmond, TX 77407-3272	(ID#:			Amount of Contribution (\$)	\$100.00			
	Principal occu Advisor	pation / Job title (See Instructions)		Employer (See Instructions	5)					
			•							

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/80			
2	FILER NAME Lalani, Suleman (The Honorable)				3	Filer ID (Ethics Commission 00083882	on Filers)		
4	Date 06/13/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$5,000.00			
8	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 				
	Managing Di			Outreach Strategists LL					
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2024 Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00				
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	;) 				
	i illicipai occu	pation 7 300 title (See Instructions)		Employer (See manuellons	"				
	Date Full name of contributor out-of-state PAC (ID#:)  02/29/2024 Texas AFL-CIO State Cope Fund  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00				
		Austin, TX 78711							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Business PAC Contributor address; City; State; Zip Code Austin, TX 78701		)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association, PAC Contributor address; City; State; Zip Code  Austin, TX 78701		)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 14/15 Rpt: 17/80			
2	FILER NAME Lalani, Suleman (The Honorable)				Filer ID (Ethics Commission 00083882	on Filers)		
4			7	Amount of Contribution (\$)	\$1,000.00			
_		Austin, TX 78701						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)				
	Date Full name of contributor out-of-state PAC (ID#:)  03/06/2024 Texas Craft Brewers Guild PAC - CraftPAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00		
	Principal occu	Austin, TX 78766 pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  03/16/2024 Texas Dental Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions	)				
				,				
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AGFUND  Contributor address; City; State; Zip Code  Waco, TX 76702	)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association Political Action Comr Contributor address; City; State; Zip Code  Austin, TX 78701	mittee -TEXPAC		Amount of Contribution (\$)	\$15,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 15/15 Rpt: 18/80			
2	FILER NAME Lalani, Suleman (The Honorable)				3	Filer ID (Ethics Commission 00083882	on Filers)		
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Texas Medical Association Political Action Committee -TEXPAC  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1,000.00			
_	Deinsinal assu	Austin, TX 78701	lo.	Frankrijer (Cookratii stere					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)				
	Date 03/06/2024	Full name of contributor out-of-state P. Texas Society of Architects Committee  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00		
	Delevie de la com	Austin, TX 78702		Faralassa (Osas kastaustisas					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 06/05/2024	Full name of contributor  out-of-state P. Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$2,500.00		
		Austin, TX 78701							
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 05/22/2024	Full name of contributor out-of-state P. Wholesale Beer Distributors of Texas PA Contributor address; City; State; Zip Code Austin, TX 78701	AC	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 06/17/2024	Full name of contributor out-of-state Pobustos, alberto  Contributor address; City; State; Zip Code  Richmond, TX 77407				Amount of Contribution (\$)	\$25.00		
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions TechnipFMC	)				
	<u> </u>			p					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 19/80						
2 FILER NAME	:		3 Filer ID (Ethics Commission Filers)					
	man (The Honorable)	00083882						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date 05/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of contribution (\$)   9 In-kind contribution description \$275.00   Fundraising Emails					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)					
		TI Employer (FOR NON	-JUDICIAL) (GGG IIISII GGGGIS)					
<b>12</b> 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 constalled to 1	in a shild law firm of naront/o\ /f are \ /EQD_3LID/Q(AL)							
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 05/21/2024	Full name of contributor		Amount of In-kind contribution contribution (\$) description \$280.99   Election Poll Staffing					
	Austin, TX 78746		i 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	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#: Texas Medical Association Political Action Comr Contributor address; City; State; Zip Code	nittee -TEXPAC	Amount of In-kind contribution contribution (\$) description \$356.71   Event Catering and Venue					
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / 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	or's spouse (if any) (FOR JUDICIAL)					
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
a. a	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/58 Rpt: 20/80	Lalani, Suleman (The Honorable) 00083882
4 Date	5 Payee name
05/20/2024	&pizza - Rayburn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.96	45 Independence Ave SW #2073, Washington, DC
	Washington, DC 20515
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Meal
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-</del>
Date	Payee name
05/20/2024	8th & Roast
Amount (\$)	Payee address; City; State; Zip Code
\$24.04	1 Terminal Dr Concourse C
	Nashville, TN 37214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel Refreshments
Complete CNII V if direct	Candidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name
06/24/2024	ARIA Patisserie
Amount (\$)	Payee address; City; State; Zip Code
\$12.01	3730 S Las Vegas Blvd
	Las Vegas, NV 89158
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel Refreshments
Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 2/58 Rpt: 21/80	FILER NAME     Lalani, Suleman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083882
4	Date 03/08/2024	5 Payee name Aceves Communications, LLC		
6	Amount (\$) \$15,921.00	7 Payee address; City; State; Zip Co PO Box 6514 Houston, TX 77265	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  General Consulting Digital and Mail Communications
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	Date 06/30/2024	Payee name ActBlue		
	Amount (\$) \$5,245.38	Payee address; City; State; Zip Co PO Box 441146  Somerville, MA 02144	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Processing Fees 01/01 -06/30/2024
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	Date 06/10/2024	Payee name Aga's Restaurant		
	Amount (\$) \$97.17	Payee address; City; State; Zip Co 11842 Wilcrest Dr	ode	
		Houston, TX 77031		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Constituents Meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/58 Rpt: 22/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	02/26/2024	Agha Juice & Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.62	11920 S Texas 6
		# 800
		Sugar Land, TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Poll Workers Meals
		1 oil workers wears
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	Agha Juice & Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.41	11920 S Texas 6
		# 800
		Sugar Land, TX 77498
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Poll Workers Meals
		T dii Wantela Made
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/28/2024	Alings Chinese Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.18	6542 US ALT-90
		Sugar Land, TX 77498
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Constituents Meal
		Sonsituents wear
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/58 Rpt: 23/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/08/2024	Another Broken Egg Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.67	1912 Wescott Ave
		Ste. 250
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Constituent Meeting
		Constituent Weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/06/2024	Another Broken Egg Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.09	1912 Wescott Ave
		Ste. 250
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituents Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/09/2024	Ashar's Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.65	11920 S Texas 6
		Sugar Land, TX 77498
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Constituents Meeting
		Constituents weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)			
	Sch: 5/58 Rpt: 24/80	Lalani, Sul	eman (The Honorab	le)				00083882				
4	Date	5 Payee name	!									
	04/22/2024	Asian Pacit	ic American Leader	ship Foundation	n							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode							
	\$108.55	3183 Wilsh	nire Blvd.									
		196N										
		Los Angele	es, CA 90010									
8	PURPOSE	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description						
	OF EXPENDITURE	Event Expe	ense			므		de of Texas. Com				
						AAIP Leaders		officeholder living				
						7 V III LCUUCI	ןוו וכ	o Connection	C			
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld			
	experientare to benefit 6/61	-										
	Date	Payee name										
	04/01/2024	Avenida So	outh Garage									
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode							
	\$45.00	1710 Polk	St									
		Houston, T	X 77003									
	PURPOSE OF		see Categories listed at the top	p of this schedule)	(b)	Description						
	EXPENDITURE	Travel Out	of District			<b>=</b>		de of Texas. Com officeholder living				
						Event Parking		omeenoider iiviing	CAPCING			
							9					
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld			
	expenditure to benefit C/OI	H										
	Date	Payee name										
	04/15/2024	Avenida So	outh Garage									
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode							
	\$19.00	1710 Polk	St									
		Houston, T	X 77003									
	PURPOSE	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description						
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com	•			
	ZA ZADITORZ					ш		officeholder living	expense			
						Event Parking	A					
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	lapt Lapt			Office he	eld			
	expenditure to benefit C/OI		.cc.roidor riamo	Jilioc 301	-gin			Omoc ne				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 6/58 Rpt: 25/80	Lalani, Suleman (The Honorable) 00083882				
4	Date	5 Payee name				
	03/28/2024	BBQ Boys				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$41.09	11836 S Texas 6				
		Sugar Land, TX 77498				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Constituents Meeting				
		Constituents weeting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
-	Date	Dougo nomo				
		Payee name				
	03/07/2024	BJs Restaurant				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$84.21	2231 Hwy 6				
		Sugar Land, TX 77478				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Constituents Meeting				
		Consulterns weeting				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·				
_	Data					
	Date	Payee name				
	06/07/2024	Barcellos Fusion				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$86.07	636 Hwy 6				
		#100				
		Sugar Land, TX 77478				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Constituents Meal				
		Consuluents iviedi				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/58 Rpt: 26/80	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	06/25/2024	Bellagio - Cafe Gelato	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.59	3600 S Las Vegas Blvd	
		Las Vegas, NV 89109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Meeting Refreshments
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_			
	Date	Payee name	
	06/25/2024	Bellagio - Jasmine	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$218.63	3600 S Las Vegas Blvd	
		Las Vegas, NV 89109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	-		Check if Austin, TX, officeholder living expense  Travel Meals
			Travel Meais
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
_	Date	Davisa sama	
	05/22/2024	Payee name Bellagio	
		-	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$248.30	3600 S Las Vegas Blvd	
		Las Vegas, NV 89109	
	PURPOSE OF	,	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Lodging for AAPI Leadership Conference
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 8/58 Rpt: 27/80	Lalani, Suleman (The Honorable) 00083882			
4	Date	5 Payee name			
	06/25/2024	Bellagio			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,485.34	3600 S Las Vegas Blvd			
		Las Vegas, NV 89109			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Lodging for AAPI Leadership Conference			
		Loughing for AAI 1 Leadership Connectine			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OH				
$\vdash$	Date	Payee name			
	06/20/2024	Blockhouse Coffee			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$8.04	611 Jackson St			
		Richmond, TX 77469			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Meeting Refreshments			
		Meeting Neirestinients			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	06/17/2024	Brandani's Restaurant			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$138.66	3340 FM 1092 Rd			
		Suite 160			
		Missouri City, TX 77459			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Constituents Model			
		Constituents Meal			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_					

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			pens ages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not lis	ted above)
1	Total pages Schedule F1:	2 FILER NAM						3	Filer ID (Ethics Con	nmission Filers)
	Sch: 9/58 Rpt: 28/80		– eman (The Honoral	ble)					00083882	,
4	Date	5 Payee name	9							
	05/29/2024	Bundu Kha	an Kabab House Su	ıgar Land						
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Co	de				
	\$189.14	11929 Uni	versity Blvd Suite							
		#1M								
		Sugar Lan	d, TX 77479							
8	PURPOSE	(a) Category 7	See Categories listed at the to	on of this cohor	dulo)	(b)	Description			
	OF		rage Expense	up or tries scriet	uuie)	` '		outsi	de of Texas. Complete Schedule	т.
	EXPENDITURE		J 1				Check if Austin	ı, TX	officeholder living expense	
l							Constituents	Me	al	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	fice sou	ght			Office held	
	Date	Payee name	9							
	04/24/2024	Burger Kin	g							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Co	de				
	\$11.99	12401 We	st Airport							
			·							
		Sugar Lan	d, TX 77478							
	PURPOSE OF		See Categories listed at the to	op of this sched	dule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense				<b>=</b>		de of Texas. Complete Schedule officeholder living expense	т.
							Meeting Mea		omeendaer hving expense	
							<b>3</b>			
_	Complete ONLY if direct	L Candidate/Of	ficeholder name	Of	fice sou	aht			Office held	
	expenditure to benefit C/O	Н			•	•				
	Date	Payee name								
	05/21/2024	Burgess, A								
	Amount (\$)	Payee addr		State:	Zip Co	dь				
	\$1,025.00	1413 Huss	•	State,	Zip Co	ue				
	Ψ1,023.00	1415 11055	ion St							
		Houston, 1	X 77003							
	PURPOSE	(a) Category	See Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE		ages/Contract Labo		,				de of Texas. Complete Schedule	т.
	EXPENDITURE		_						officeholder living expense	
							Campaign M	ana	aging	
	Computate ONLY if disport	Canalidate/Of	finale alder mana	0.5	···	a. la 4			Office hold	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	fice sou	ynt			Office held	
	•									
Fo	rms provided by Texas E	thics Commiss	sion www	v.ethics.st	ate.tx.u	S			Version V	4.1.0.d378aba0

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/58 Rpt: 29/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/22/2024	Burgess, Aaron (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,600.43	1413 Hussion St
		Houston, TX 77003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Managing
		Campaign Managing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/03/2024	Burgess, Aaron (Mr.)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$4,625.00	1413 Hussion St
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Management
		Campaign Management
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/17/2024	Chang Chang - Washington DC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$102.38	1200 19th St NW
		STE 110
		Washington, DC 20036
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Meal
L	Complete ONII V if direct	Candidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
$\vdash$		
1		

#### SCHEDULE F1

Advertising Expense Event Expense Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/58 Rpt: 30/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/03/2024	Chevron - Sugar Land
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.08	5823 New Territory Blvd
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		i uci
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	04/22/2024	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.15	7800 Hwy 90A
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		Fuci
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	05/10/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.29	21622 SH 249
		Houston, TX 77070
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting
1		Wiccurry
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	
1	Total pages Schedule F1: Sch: 12/58 Rpt: 31/80	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	Date	5 Payee name
	06/10/2024	Church of Christ's Heart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	13820 Westheimer Rd
		#101
		Houston, TX 77077
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Bonadon
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2024	Coco Crepes Waffles - SL
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.40	13533 University Blvd
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting Refreshments
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	Country Cleaners #1
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.37	1478 Hwy 6
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Dry Cleaning Campaign Materials  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Dry Cleaning Campaign Materials  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Cleaning Cloth Campaign Banner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<u> </u>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 13/58 Rpt: 32/80	Lalani, Suleman (The Honorable)  Callines Commission Files)  00083882
4	Date	5 Payee name
	06/28/2024	Creamery Teahouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.65	350 Promenade Wy
		#850
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting Refreshments
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payes name
	02/26/2024	Payee name Crypto Burger
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	11910 S Texas 6
		Sugar Land, TX 77498
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Poll Workers Meals
		Poli Workers Medis
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	05/20/2024	DCA Food Hall
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.20	2401 RRW Airport Access Rd
		Arlington, VA 22202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Travel Meal
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	OTIGICAL CONTROL OF OT	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this forn	m.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 14/58 Rpt: 33/80	Lalani, Suleman (The Honorable)			00083882	
4	Date	5 Payee name		·		
	05/14/2024	DCA Food Hall				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$44.15	2401 RRW Airport Access Rd				
		Arlington, VA 22202				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>)</b> Description	on		
	OF EXPENDITURE	Food/Beverage Expense				plete Schedule T.
			Travel M		officeholder living	expense
			Traveriv	icai		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	<u> </u>		Office he	eld .
	expenditure to benefit C/OI		•		000	
_	Date	Payee name				
	02/27/2024	DDK Kabab and Grill				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$159.13	11797 S Texas 6				
	4100.10	11101 0 10/40 0				
		Sugar Land, TX 77498				
	PURPOSE		) Description	on.		
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense			de of Texas. Com	plete Schedule T.
	EXPENDITURE	1 oda/2010.ago 2/polico			officeholder living	expense
			Campaig	gn Staff	Meal	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t		Office he	eld
	Date	Payee name				
	03/04/2024	DDK Kabab and Grill				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$76.32	11797 S Texas 6				
		Sugar Land, TX 77498				
	PURPOSE OF	, , ,	) Description			
	EXPENDITURE	Food/Beverage Expense			officeholder living	plete Schedule T.
			Campaig		_	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 15/58 Rpt: 34/80	Lalani, Suleman (The Honorable) 00083882			
4	Date	5 Payee name			
	06/11/2024	DDK Kabab and Grill			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$45.67	11797 S Texas 6			
		Sugar Land, TX 77498			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Constituents Meal			
		Consuluents wedi			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OH				
$\vdash$	Data				
	Date	Payee name			
	04/11/2024	Dar-us-Sakina			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$257.25	16000 Barkers Point Ln			
		Suite 226			
		Houston, TX 77079			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
	EXI ENDITORE	Candidate/Officeholder/Political Committee			
		Charity Sponsorship			
	Operation ONLY if alice at	Our didn't lotter had a grant of the country of the			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/15/2024	Doubletree Houston			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$51.96	400 Dallas St			
		Houston, TX 77002			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Meeting Refreshments			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 16/58 Rpt: 35/80	Lalani, Suleman (The Honorable)  Calculate Name  Calculate Commission Files)  00083882
4	Date	5 Payee name
	03/11/2024	Exchange club
6	Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 4800 Sugar Grove Blvd Stafford, TX 77477
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/16/2024	Exxon C-Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.46	2061 State Hwy 71
	DUDDOG	Cedar Creek, TX 78612
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Commute
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2024	Exxon- Sugar Land
	Amount (\$) \$63.38	Payee address; City; State; Zip Code 16760 Southwest Frwy
		Sugar Land, TX 77479
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/58 Rpt: 36/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/26/2024	Filli Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.65	11920 S Texas 6
		# 600
		Sugar Land, TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Constituents Meal
		Constituents wear
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	02/26/2024	Five Guys -Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.47	15810 Southwest Fwy
		#100
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Poll Workers Meals
		1 on Workers Wears
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/22/2024	Flower Cottage of Deer Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.14	4510 Center St
		Deer Park, TX 77536
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Constituent Funeral Flowers
		Constituent Funeral Flowers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/58 Rpt: 37/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	05/13/2024	Grill Kabob - Washington DC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.40	1028 19th St NW
		Washington
		DC, DC 20036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		That of those
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/11/2024	Hilton
	Amount (\$)	Payee address; City; State; Zip Code
	\$213.25	1600 Lamar St
	ΦΖ13.23	1000 Lamai St
		Houston, TV 77010
		Houston, TX 77010
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging for GHP meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/22/2024	Hobby Center Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	324 Walker St
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Parking
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Orange to bottom of or	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/58 Rpt: 38/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/06/2024	Hot Breads Bakers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.68	5700a Hillcroft St
		Houston, TX 77036
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/14/2024	Hotel Washington DC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,859.96	515 15TH ST NW
		Washington, DC 20004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging for White House Visit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/14/2024	IC Willard Washington D.C.,
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.08	1401 Pennsylvania Avenue NW
		Washington , DC 20004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel Meal
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/58 Rpt: 39/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/18/2024	Identity Plus, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,582.00	1120-B Hoover Avenue
		National City, CA 91950
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lapel Pins
		Εμροί Γιίο
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	06/11/2024	In N Out Burger
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.02	12611 S Kirkwood Rd
		Stafford, TX 77477
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		Traver wear
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/06/2024	Payee name
		Indian American Impact
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	499 S Capitol St SW
		Suite 407
		Washington, DC 20003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Dollation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/58 Rpt: 40/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	05/16/2024	Indian American Impact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	499 S Capitol St SW
		Suite 407
		Washington , DC 20003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/23/2024	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.04	15275 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Constituents Meals
		Constituente Metalo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/04/2024	Javed Nihari Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.79	14631 Beechnut St
		STE A
		Houston, TX 77083
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Staff Meal
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H		
1		
ı		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Legal Serv				/ages	e /Contract Labor ete this form.		Travel Out OTHER (e		strict category not listed above)
Ļ					action Guil	ac exhiaiiis		iiipie	te una ioiiii.	-			/=::
1	Total pages Schedule F1:	2								3	Filer ID		(Ethics Commission Filers)
_	Sch: 22/58 Rpt: 41/80	_	Lalani, Sule	man (Ti	he Honora	able)					000838	82	
4	Date	5	Payee name										
L	04/08/2024		Jupiter Pizz	a & Wa	ffles								
6	Amount (\$)	7	Payee addre	ss; C	City;	State	; Zip Co	de					
	\$55.47		16135 City	Walk									
			Sugar Land	, TX 77	479								
8	PURPOSE	(a)	Category (Si			top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever						Check if travel				plete Schedule T.
	EXPENDITURE			- '					Check if Austin			r living	gexpense
									Constituent M	/lee	eting		
L		L						_				_	
9	Complete ONLY if direct		Candidate/Offi	ceholder	name	(	Office sou	ght			Offic	ce he	eld
	expenditure to benefit C/OI	H 											
	Date		Payee name										
	04/29/2024		Kilwins Cho	colate									
	Amount (\$)		Payee addre	ss; C	City;	State	; Zip Co	de					
	\$18.89		16029 City	Walk									
			,										
			Sugar Land	, TX 77	479								
	PURPOSE OF	(a)	Category (S	ee Categori	es listed at the	top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Exp	oense				<b>-</b>				plete Schedule T.
									Check if Austin			ııvıng	j expense
									weening Reli	<del>U</del> SI	111101110		
$\vdash$	Complete ONLY if direct	Ц	Candidata /O#:	coholds:	nama		Office com	ab+			Offi	oo ba	old.
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	cenoider	паше	(	Office sou	yııl			Oille	ce he	aiu .
$\vdash$	Data	<u> </u>	Davis										
	Date		Payee name										
	03/22/2024		Kwik Kopy										
	Amount (\$)		Payee addre		City;	State	; Zip Co	de					
	\$238.15		1406 Waug	h Dr									
		L	Houston, T	X 77019	·								
	PURPOSE	(a)	Category (S	ee Categori	es listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Printing Exp	ense					ш				plete Schedule T.
									Check if Austin		officeholde	r living	gexpense
									Office Printing	g			
	Complete ONLY if direct	Ļ	Condidate /Off	oobelde:	nome		Office as:	ab+			Ott		old.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	cenoider	name	(	Office sou	ynt			Offic	ce he	eiu
	,												

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/58 Rpt: 42/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/15/2024	Lalani, Suleman (Dr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30,000.00	PO Box 6514
		Houston, TX 77265
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Partial Campaign Personal Loan Repayment
		r artial campaign i crochai zoan nopaymone
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	04/30/2024	Lalani, Suleman (Dr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	PO Box 6514
		Houston, TX 77265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Partial Campaign Personal Loan Repayment
		The same of the sa
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/31/2024	Laz Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	500 Jefferson St
	Ψ10.24	300 3CHC13011 3t
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Parking
_	Complete ONII V if allows:	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/58 Rpt: 43/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/13/2024	Mai Colachi Restaurant & Catering
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.02	15425 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Constituents Meal
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date	Payee name
	06/10/2024	Marble Slab Creamery - SL
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.03	15940 Lexington Blvd
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/01/2024	Maryam Islamic Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	504 Sartartia Rd
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Rental and Catering
	Operation Children	Overdildets (Office healther research
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/58 Rpt: 44/80		eman (The Honorabl	e)				00083882	
4	Date	5 Payee name	•						
L	03/07/2024	Masala Ra	dio						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$2,500.00	2721 Field:	stone Street						
		Sugar Land	d, TX 77478						
8	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description			alata Calcadala T
	EXPENDITURE	Advertising	Expense			_		de of Texas. Com officeholder living	
						Radio Ads	, ,		<sub>1</sub> <del>1</del>
9	Complete ONLY if direct expenditure to benefit C/OI		ïceholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	03/06/2024	Masala Ra	dio						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$1,000.00	2721 Fields	stone Street						
		Sugar Land	d, TX 77478						
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description	a	do of Toyler O	plata Cabadula T
	EXPENDITURE	Advertising	Expense			<u></u>		de of Texas. Com officeholder living	
						Radio Adverti			
	Complete ONLY if direct		ïceholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI	4							
	Date	Payee name							
	02/26/2024	McDonalds	3						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$33.71	345 Hwy 6							
		Sugar Land	d, TX 77478						
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com	
						Poll Workers		officeholder living	expense
						. On WOINCIS	1416		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/O		.cc.roidor riamo	Jilioc 300	~9·11			Cilioc III	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/58 Rpt: 45/80	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		·
	02/26/2024	McDonalds		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$17.04	345 Hwy 6		
		Sugar Land, TX 77478		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Poll Workers Meals
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	03/06/2024	McDonalds		
H	Amount (\$)	Payee address; City; State; Zip Cod	le	
l	\$9.19	345 Hwy 6		
		•		
		Sugar Land, TX 77478		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Constituents Meeting
┝	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	<b>9</b>	1110	Office field
⊨	Date	Payee name		
	03/21/2024	Metropolis Parking		
┝	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$13.90	1001 Texas St		
	,			
		Houston, TX 77002		
⊢	PURPOSE		(h)	Description
l	OF	Travel Out of District	,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Event Parking
L	Operated ONE VIII	On distant Office helder as	l- /	Office I I I
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 27/58 Rpt: 46/80	Lalani, Suleman (The Honorable)  00083882
4	Date	5 Payee name
	05/21/2024	Minuti Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.60	1535 Texas 6
		Ste A
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting Refreshments
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2024	Minuti Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.31	1535 Texas 6
		Ste A
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting Refreshments
		Weeting Neilestinients
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	04/08/2024	Morelia Gourmet Paletas
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.13	16155 City Walk
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting Refreshments
		Moduling Noticestiments
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

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 Credit Card Payment	/ - al Committe	-			ages/Contract Lab		Travel Out of Dis OTHER (enter a	strict category not listed above)
				Guide explains	how to con	nplete this forn	n. 		
1	Total pages Schedule F1:	2 FILE	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 28/58 Rpt: 47/80	-	ani, Suleman (The Ho	onorable)				00083882	
4	Date	1 1	ee name						
	03/05/2024	Nat	ionbuilder						
6	Amount (\$)	<b>7</b> Pay	ee address; City;	State	; Zip Coo	de			
	\$164.00	520	S Grand Ave						
		Los	Angeles, CA 90071						
8	PURPOSE	(a) Cat	egory (See Categories listed	at the ton of this sch	nedule)	(b) Descriptio	n		
	OF		ce Overhead/Rental		,	:		de of Texas. Com	plete Schedule T.
	EXPENDITURE			•		Check if	Austin, TX,	officeholder living	ı expense
						Campaig	gn Datal	base and We	ebsite
9	Complete ONLY if direct		idate/Officeholder name	) (	Office soug	jht		Office he	eld
	expenditure to benefit C/OI	H							
	Date	Pay	ee name						
	04/05/2024	Nat	ionbuilder						
	Amount (\$)	Pay	ee address; City;	State	; Zip Coo	de			
	\$164.00	520	S Grand Ave		-				
	, — · · · · · ·		- <del>-</del>						
		Los	Angeles, CA 90071						
	PURPOSE	(a) Cate	egory (See Categories listed	at the ton of this set	nedule)	(b) Descriptio	n		
	OF		ce Overhead/Rental			_		de of Texas. Com	plete Schedule T.
	EXPENDITURE			li		Check if	Austin, TX	officeholder living	g expense
						Campaig	gn Datal	base and We	ebsite
	Complete ONLY if direct		idate/Officeholder name	; (	Office soug	jht		Office he	eld
	expenditure to benefit C/OI	H 							
	Date	Pay	ee name						
	05/06/2024	Nat	ionbuilder						
	Amount (\$)	Pay	ee address; City;	State	; Zip Cod	de			
	\$164.00	520	S Grand Ave						
	, - 20		-						
		Los	Angeles, CA 90071						
	PURPOSE	(a) Cat	egory (See Categories listed	at the top of this sch	nedule)	(b) Descriptio	n		
	OF		ce Overhead/Rental		,			de of Texas. Com	plete Schedule T.
	EXPENDITURE			•				officeholder living	
						Campaig	gn Datal	base and We	ebsite
	Complete ONLY if direct		idate/Officeholder name	; (	Office souç	jht		Office he	eld
	expenditure to benefit C/OI	Н							

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cab - dist - E4	
1	Total pages Schedule F1: Sch: 29/58 Rpt: 48/80	2 FILER NAME 2 Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	Date	5 Payee name
	06/05/2024	Nationbuilder
	00/03/2024	
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$164.00	520 S Grand Ave
		Los Angeles, CA 90071
8	PURPOSE	
ľ	OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Database and Website
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	05/13/2024	Navy Mess
	Amount (\$)	Payee address; City; State; Zip Code
	\$171.00	1600 Pennsylvania Ave
	<del>+</del> 2.2.00	2000 / 0.1110/1.1011111111111111111111111
		West in the BO 00500
		Washington, DC 20500
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Travel Meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	05/02/2024	Nukkad Dhaba
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.11	10707 W Bellfort Ave
	Ψ10.11	25.5. 1. 255(7.05
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Constituents Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/58 Rpt: 49/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/22/2024	Omni Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	4 Riverway
		Houston, TX 77056
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event Valet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	05/24/2024	Payee name
		P.F. Chang's - Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.04	201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		Travel mea
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 03/01/2024	Payee name PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	300 Fifth Avenue
		Pittsburgh, PA 15222
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Fee
		Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

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

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

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

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

	Credit Cara r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/58 Rpt: 50/80	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	04/01/2024	PNC Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.00	300 Fifth Avenue	
		Pittsburgh, PA 15222	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ Accounting/Barking	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Service Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	05/01/2024	PNC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	300 Fifth Avenue	
		Pittsburgh, PA 15222	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/ Accounting/Banking	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Service Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	06/03/2024	PNC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	300 Fifth Avenue	
		Pittsburgh, PA 15222	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/ Accounting/Danking	rel outside of Texas. Complete Schedule T.
		Service Fee	stin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/58 Rpt: 51/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/21/2024	Pick Up Stix - Hobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.62	7800 Airport Blvd
		Houston, TX 77061
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel Meal
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Or	
	Date	Payee name
	03/04/2024	Popeyes
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.03	137 Citadel Wy Suite A
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Staff Meal
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/05/2024	Popeyes
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.23	137 Citadel Wy Suite A
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Staff Meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 33/58 Rpt: 52/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/13/2024	Priceline
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.95	800 Connecticut Ave
		Norwalk, CT 06854
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Processing Fee
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/22/2024	Print N Sign
	Amount (\$)	Payee address; City; State; Zip Code
	\$227.32	7350 Harwin Drive
		#316-A
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Pop-Up Signs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2024	Propark
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.50	1 Union Place
		Hartford, CT 06103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	<u> </u>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 34/58 Rpt: 53/80	Lalani, Sul	eman (The Honora	ble)				00083882	
4	Date	5 Payee name	!						
	06/28/2024	Q's Deli							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode				
	\$111.62	13134 Dair	y Ashford Rd						
		Suite 100							
		Sugar Land	d, TX 77478						
8	PURPOSE OF		see Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com officeholder living	plete Schedule T.
						Event Caterin		, onicendider livini	g expense
						Lveni Catem	ıy		
9	Complete ONLY if direct		iceholder name	Office so	<b>I</b> ught			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
	04/17/2024	QI Austin							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$155.98	835 W 6th	St #114,						
		Austin, TX	78703						
	PURPOSE OF	(a) Category (s	ee Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			<b>=</b>		de of Texas. Com officeholder living	nplete Schedule T.
						Travel Meal	, 17	omeendaer ming	у схренос
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	+							
	Date	Payee name							
	05/09/2024	Rayburn C	afe						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$16.28	45 Indeper	dence Ave SW.						
		Rayburn H	ouse						
		I -	n, DC 20515						
	PURPOSE	(a) Category (s	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE		rage Expense	,		Check if travel			plete Schedule T.
	LAFLINDITURE						, TX	officeholder living	g expense
						Travel Meal			
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	Hapt			Office he	eld
	expenditure to benefit C/O		.cc.ioidoi ildillo	Office 30	agiit			Omoc III	···

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/58 Rpt: 54/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	05/13/2024	Rumis Kitchen - Washington DC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$141.00	640 L St NW
		Washington, DC 20001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		Traver wear
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	03/05/2024	Sangeet Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	10503 Rockley Rd
	, ,	
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Radio Advertising
		Radio Advertising
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/06/2024	Shayona Café
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.97	1150 Brand Ln
	Ψ00.57	1100 Bland En
		Stafford, TX 77477
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituents Meeting
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•
1		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 36/58 Rpt: 55/80	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	02/28/2024	Shell Oil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$59.58	4720-A Sweetwater Blvd	
		Sugar Land, TX 77479	
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description	ON f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	I have in bistilet	f Austin, TX, officeholder living expense
		Fuel	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to benefit C/OI		
	Date	Payee name	
	03/07/2024	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.13	4720-A Sweetwater Blvd	
		Sugar Land, TX 77479	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Haver in District	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	03/15/2024	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.98	4720-A Sweetwater Blvd	
		Sugar Land, TX 77479	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	7	
L			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	nplete	e this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 37/58 Rpt: 56/80	Lalani, Suleman (The Honorable)		C	00083882	
4	Date	5 Payee name				
	03/22/2024	Shell Oil				
6	Amount (\$)	7 Payee address; City; State; Zip Code	le			
	\$60.10	4720-A Sweetwater Blvd				
		Sugar Land, TX 77479				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	(b) [	Description		
	OF EXPENDITURE	Travel In District	Ē	Check if travel outside		
			L	Check if Austin, TX, of	nicenolaer living	expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O				000	
=	Date	Payee name				
	04/01/2024	Shell Oil				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$64.10	4720-A Sweetwater Blvd				
	Ψ0 11.10	The Atomostivator Bird				
		Sugar Land, TX 77479				
	PURPOSE	<u> </u>	′h) г	Description		
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	, Γ	Check if travel outside	of Texas. Com	plete Schedule T.
	EXPENDITURE	Travol Gut of Biodiot	Ī	Check if Austin, TX, of		expense
			F	Fuel and Refreshi	ments	
			_			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht		Office he	eld
	Date	Payee name				
	04/12/2024	Shell Oil				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$63.44	4720-A Sweetwater Blvd				
		Sugar Land, TX 77479				
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) [	Description	<b>.</b> - 0	
	EXPENDITURE	Travel In District	F	Check if travel outside Check if Austin, TX, of		
			F	⊐ • • • • • • • • • • • • • • • • • • •	3	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	1				

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 38/58 Rpt: 57/80	Lalani, Suleman (The Honorable)  00083882
4 Date	5 Payee name
04/24/2024	Shell Oil
6 Amount (\$) \$54.49	7 Payee address; City; State; Zip Code 4720-A Sweetwater Blvd  Sugar Land, TX 77479
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense  Fuel
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/29/2024	Shell Oil
Amount (\$)	Payee address; City; State; Zip Code
\$65.31	4720-A Sweetwater Blvd
DUDDOST	Sugar Land, TX 77479
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/30/2024	Shell Oil
Amount (\$)	Payee address; City; State; Zip Code
\$54.97	4720-A Sweetwater Blvd
	Sugar Land, TX 77479
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fuel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/58 Rpt: 58/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	05/16/2024	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.42	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		T del
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	06/10/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.85	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
		1 331
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	05/30/2024	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.80	11750 Old Addicks-Howell Rd
		Sugar Land, TX 77498
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Fuel
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 40/58 Rpt: 59/80	2 FILER NAME  Lalani, Suleman (The Honorable)  3 Filer ID (Ethics Commission Filers)  00083882
4	Date	5 Payee name
	05/16/2024	Slim and Huskies - Nashville
6	Amount (\$) \$47.08	7 Payee address; City; State; Zip Code 1 Terminal Dr Concourse C
	411.00	2 Formilla: BY Contocured C
	DUDDOCE	Nashville, TN 37214
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel Meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/29/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$579.96	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel to Washington DC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/29/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$579.96	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Travel to Washington DC
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:		'
	Sch: 41/58 Rpt: 60/80	Lalani, Suleman (The Honorable) 00083882	
4	Date	5 Payee name	
	04/29/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$65.31	7800 Airport Blvd	
	Φ03.31	7000 Allport Biva	
		Houston, TX 77061	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Travel to Washington DC	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
H	Date	Payee name	_
	05/02/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$532.96	7800 Airport Blvd	
		Houston, TX 77061	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  X Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Travel to Washington DC	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
	Date	Payee name	
	05/02/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$532.96	7800 Airport Blvd	
		Houston, TX 77061	
_	DUDDOC-		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  (c) Check if top of categories listed at the top of this schedule T	
	EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Travel to Washington DC	
		Traver to Washington Do	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	,		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 42/58 Rpt: 61/80	Lalani, Suleman (The Honorable)  Cuitos Continussion Filers)  00083882
4	Date	5 Payee name
	05/29/2024	Southwest Airlines
6	Amount (\$) \$354.97	7 Payee address; City; State; Zip Code 7800 Airport Blvd  Houston, TX 77061
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  The AC A of Birchick Schedule Toyon Complete Schedule Toyon Complet
	EXPENDITURE	Travel Out of District    X   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Travel to Las Vegas
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/29/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$354.97	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel to Las Vegas
		Traverto Las vegas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2024	Spirit Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.09	McKaughan Rd
		Houston, TX 77032
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Orlando to Houston
		Chando to Flouston
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 43/58 Rpt: 62/80	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	Date	5 Payee name
	06/14/2024	Starbucks
6	Amount (\$) \$19.02	7 Payee address; City; State; Zip Code 3613 South Main St  Stafford, TX 77477
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meeting Refreshments
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/14/2024	Telfair Spices
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.90	1219 Museum Square Dr
		Suite 100
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event Refreshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/04/2024	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1107 Lavaca St
		#101
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	
	Sch: 44/58 Rpt: 63/80	Lalani, Suleman (The Honorable) 00083882	
4	Date	5 Payee name	
	03/21/2024	Texas Democrats with Disabilities	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	504 Kingscote Ct	
		Arlington, TX 76010	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LAI LINDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Donations	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
J	expenditure to benefit C/OI		
_	Date	Power name	
	03/22/2024	Payee name Texas Ethics Commission	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.45 P.O. Box 12070		
		Auglia TV 70744 2070	
		Austin, TX 78711-2070	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Late Filing Penalty Payment Fee	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/22/2024	Texas Ethics Commission	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P.O. Box 12070	
		Austin, TX 78711-2070	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Late Filing Penalty	
	Complete ONLY if alias -t	Condidate/Officeholder name Office county Office	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/58 Rpt: 64/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
l	05/23/2024	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$56.83	117 W 4th St
l		
l		Austin, TX 78701
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Travel Meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/OI	<u> </u>
Г	Date	Payee name
l	05/23/2024	The Capitol Grill
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$43.03	117 W 4th St
l		
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Travel Meal
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>U</b>
⊨	D-4-	
l	Date 05/09/2024	Payee name
L		The Creamery
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$5.68	1309 5th St NE
l		
		Washington, DC 20002
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Travel Refreshments
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 46/58 Rpt: 65/80	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882	
4	Date 05/07/2024	5 Payee name Tim Hortons	_
6	Amount (\$) \$12.75	7 Payee address; City; State; Zip Code 11411 W Airport Blvd  Meadows Place, TX 77477	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting Refreshments	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 03/08/2024	Payee name Uber	
	Amount (\$) \$17.09	Payee address; City; State; Zip Code  1515 Third Street  San Francisco, CA 94158	
	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  Commuting Outside of District	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 03/08/2024	Payee name Uber	
	Amount (\$) \$17.09	Payee address; City; State; Zip Code 1515 Third Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Commuting in District	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1: Sch: 47/58 Rpt: 66/80	FILER NAME     Lalani, Suleman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083882
4	Date 05/09/2024	5 Payee name Uber	<b>-</b>
6	Amount (\$) \$17.97	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Out of District Commuting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/09/2024	Payee name Uber	
	Amount (\$) \$15.90	Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Out of District Commuting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/09/2024	Payee name Uber	
	Amount (\$) \$40.48	Payee address; City; State; Zip Code 1515 Third Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Out of District Commuting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

	Credit Card Payment  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 48/58 Rpt: 67/80	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		
	05/09/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$26.98	1515 Third Street		
		San Francisco, CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Out of District Commuting
				Cut of Bloulot Communing
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			Cindo incid
_	Date	Payee name		
	05/13/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Cod	ام	
	\$36.95	1515 Third Street		
	400.00	1010 111110 011001		
		San Francisco, CA 94158		
	DUDDOCE	T.	(h)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Out of District Commuting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	experialiture to benefit C/Oi	1		
	Date	Payee name		
	05/13/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$29.97	1515 Third Street		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Out of District Commuting
				Out of Pistrict Communing
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			C55 11614

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

ion Filore)
sion Filers)

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/58 Rpt: 69/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	05/16/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.99	1515 Third Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Out of District Commuting
		Out of District Community
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<b>—</b>	Data	Para a same
	Date	Payee name
	05/16/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.94	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Out of District Commuting
		Out of District Community
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/17/2024	Payee name
		Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.98	1515 Third Street
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Out of District Commuting
		Out of District Community
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/58 Rpt: 70/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	05/20/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.98	1515 Third Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Out of District Commuting
		Out of District Community
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	05/20/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.94	1515 Third Street
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Out of District Commuting
		out of District Communing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/20/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Out of District Commuting
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 Credit Card Payment		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: 52/58 Rpt: 71/80	Lalani, Suleman (The Honorable)	00083882
4	•		
4	Date	5 Payee name	
	05/20/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.98	1515 Third Street	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Out of Distric	t Commuting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	ł	
	Date	Payee name	
	06/20/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.95	1515 Third Street	
	φου.σο	1010 111110 011001	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	LAFENDITORE	🗀	, TX, officeholder living expense
		Commuting C	Out of District
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/20/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1515 Third Street	
	,—		
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver out or District	outside of Texas. Complete Schedule T.
	LXI ENDITORE		, TX, officeholder living expense
		Commuting C	Dut ot district
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 53/58 Rpt: 72/80	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	06/24/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.93	1515 Third Street	
		San Francisco, CA 94158	
8	PURPOSE		) Description
	OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Commuting Out of District
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	06/24/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.96	1515 Third Street	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Commuting Out of District
			<b>3</b>
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/24/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.92	1515 Third Street	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description
	OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Commuting Out of District
	Operation ONE V. C. P.	On didn't 10ff a hald are as	Office I I I
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 54/58 Rpt: 73/80	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	•	5 Payee name Uber
6	Amount (\$) \$17.14	7 Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158
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  Commuting Out of District
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/24/2024	Payee name Uber
	Amount (\$) \$18.94	Payee address; City; State; Zip Code  1515 Third Street  San Francisco, CA 94158
	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  Commuting Out of District
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/24/2024	Payee name Uber
	Amount (\$) \$18.93	Payee address; City; State; Zip Code 1515 Third Street
		San Francisco, CA 94158
	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  Commuting Out of District
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/58 Rpt: 74/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/13/2024	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$360.61	233 South Wacker Drive
		Chicago, IL 60606
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Houston to Orlando
		riodstorr to Griding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	05/21/2024	V Lotus Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.78	4821 LJ Pkwy
	Ψ200.70	#8
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituents Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	05/20/2024	Washington Marriott Georgetown
	Amount (\$)	Payee address; City; State; Zip Code
	\$739.76	1221 22nd St NW
		Washington, DC 20037
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lodging for White House Visit
		Loughig for viville nouse visit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/58 Rpt: 75/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	02/26/2024	What The Philly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.43	11910 S Texas 6
		Sugar Land, TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Poll Workers Meals
		1 oil workers wears
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/13/2024	White House Gifts
	Amount (\$)	Payee address; City; State; Zip Code
	\$174.01	701 15th St NW
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gifts for Constituents
		Girls for Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 05/13/2024	Payee name White House History Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.55	1610 H St NW
L		Washington, DC 20006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Gifts for Constituents
		Gills for Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 57/58 Rpt: 76/80	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/15/2024	X Corp.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.64	1355 Market St
		Suite 900
		San Francisco, TX 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	04/15/2024	X Corp.
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.64	1355 Market St
		Suite 900
		San Francisco, TX 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription Fees
		Subscription rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/15/2024	X Corp.
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.64	1355 Market St
		Suite 900
		San Francisco, TX 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Subscription Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gif Committee Le	od/Beverage Expense ft/Awards/Memorials Expense gal Services he Instruction Guide explai		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)
	Sch: 58/58 Rpt: 77/80	Lalani, Sulema	an (The Honorable)				00083882	
4	Date	5 Payee name						
	06/17/2024	X Corp.						
6	Amount (\$)	7 Payee address;		ate; Zip Code				
	\$8.64	1355 Market S	ot					
		Suite 900	- TV 04400					
_		San Francisco		1				
8	PURPOSE OF		Categories listed at the top of this	schedule) (b	Description  Check if trave	l nutsi	de of Texas. Com	nlete Schedule T
	EXPENDITURE	Office Overne	ad/Rental Expense				officeholder living	
					Subscription	Fee	es	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	holder name	Office sough	t		Office he	eld

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCH		

The Inst	ruction (	Guide explain	1 Total pages Schedule T: Sch: 1/3 Rpt: 78/80						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
Lalani, Suleman	-				00083882				
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
Southwest Airlin	es								
5 Contribution / Expe	5 Contribution / Expenditure reported on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel 7 Name of person(s) traveling									
	Lalani	i, Suleman (Dr.)							
	8 Depart	ture city or name o	of departure location						
05/10/2024	Houst	on							
	9 Destin	ation city or name	of destination location						
05/10/2024	Wash	ington							
10 Means of transpor	tation	11 Purpose of tr	avel (including name of	conference, seminar, or	other event)				
Commercial Airp	olane	AAPI Victor	у						
Name of Contribut	or / Corpor	ation or Labor Org	ganization / Pledgor /Pay	/ee					
Southwest Airlin	es								
Contribution / Expe	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedule F1				
Schedule F2	一	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel									
		i, Suleman (Dr.)	J						
			of departure location						
05/10/2024	Houst		·						
	Destin	ation city or name	of destination location						
05/10/2024	Wash	ington							
Means of transpor	tation	Purpose of tr	avel (including name of	conference, seminar, or	other event)				
Baggage Fees		AAPI Victor	у						
Name of Contribut	or / Corpor	ation or Labor Ord	ganization / Pledgor /Pay	/ee					
Southwest Airlin			, ,						
Contribution / Expe	enditure rej	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedule F1				
Schedule F2	一片	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name	of person(s) trave	ling						
Dates of Travel		i, Suleman (Dr.)	iii ig						
Departure city or name of departure location									
05/16/2024									
Destination city or name of destination location									
05/16/2024 Washington									
Means of transpor	l		avel (including name of	conference, seminar, or	other event)				
Commercial Airp		IMPACT Su			2.2				
·									

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
Southwest Airlines										
l <u>—</u>	Contribution / Expenditure reported on:									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
6 Dates of Travel		of person(s) traveli	ng							
	Lalani	i, Suleman (Dr.)								
	8 Depart	ture city or name of	departure location							
06/20/2024	06/20/2024 Houston									
9 Destination city or name of destination location										
06/20/2024	06/20/2024 Las Vegas									
<b>10</b> Means of transpor				conference, seminar, or o	other event)					
Commercial Airp	olane	AAPI LEAD (	Conference							
Name of Contribut	or / Corpor	ation or Labor Orga	nization / Pledgor /Pay	/ee						
Southwest Airlin	es									
Contribution / Exp	enditure rej	oorted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Name	of person(s) traveli	ng							
	Lalani	i, Zakia								
	Depart	ture city or name of	departure location							
05/10/2024 Houston										
	Destination city or name of destination location									
	05/10/2024 Washington									
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Commercial Airp	olane ————	AAPI Victory								
		ation or Labor Orga	nization / Pledgor /Pay	/ee						
Southwest Airlin	es									
Contribution / Exp			_	_		_				
Schedule A2	느	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2	Ш	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel		of person(s) traveli	ng							
	Lalani	i, Zakia								
		ture city or name of	departure location							
05/16/2024	05/16/2024 Houston									
	Destination city or name of destination location									
05/16/2024 Washington										
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Commercial Airplane IMPACT Summit										

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Lalani, Zakia Departure city or name of departure location 06/20/2024 Houston Destination city or name of destination location 06/20/2024 Las Vegas 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) **AAPI LEAD Conference** Commercial Airplane Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Spirit Airlines Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Lalani, Nayal (Mr.) Departure city or name of departure location 03/18/2024 Orlando

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

Schedule C2

Schedule H

Schedule D

Schedule COH-UC

Schedule B(J)

Schedule G

Destination city or name of destination location

Leadership Conference

Departure city or name of departure location

Destination city or name of destination location

Leadership Conference

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

Schedule B

Schedule F4

Name of person(s) traveling Lalani, Nayal (Mr.)

Houston

Houston

Orlando

03/18/2024

**United Airlines** 

Schedule A2

Schedule F2

Dates of Travel

03/15/2024

03/15/2024

Means of transportation Commercial Airplane

Means of transportation Commercial Airplane

Contribution / Expenditure reported on:

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

X Schedule F1