

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00083882	<b>2</b> Total pages filed: 71	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Suleman	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 10/07/2024
	NICKNAME	LAST Lalani	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 6514  Houston, TX 77265		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Gordon Jinpoing	MI	
	NICKNAME	LAST Quan	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 5444 Westheimer Rd. Ste. 1700  Houston, TX 77056		APT / SUITE #;	CITY; STATE; ZIP CODE
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 625-9200	EXTENSION	
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 07/01/2024	THROUGH	Month    Day    Year 09/26/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 76		<b>12</b> OFFICE SOUGHT (if known) State Representative District 76	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	49,762.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	18,838.29
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	237,722.51
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	90,000.00

**17 AFFIDAVIT**

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

\_\_\_\_\_  
 The Honorable Suleman Lalani  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Lalani, Suleman (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00083882
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49,762.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 18,838.29
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/18 Rpt: 4/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abbas, Asad (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77004	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abbasi, Sheraz	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) ABBASI Law Office
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahmad, Anwar	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) East Texas Cardiology
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahmed, Farha	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahmed, Farha	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/18 Rpt: 5/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ali, Yasmin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Store manager		<b>9</b> Employer (See Instructions) In n out mart
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amin, Aisha <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amin, Aisha <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anwar, Syed Imtiaz <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physican		Employer (See Instructions) Steward healthcare
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arif, Murtaza <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/18 Rpt: 6/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Badarpura, Aaijaj <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78732	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Self employed		<b>9</b> Employer (See Instructions) GAMA
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bajwa, Mohsin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Millennium Physician
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaton, Douglas <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) American Cargo Assurance, LLC
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaton, Douglas <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) American Cargo Assurance, LLC
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaton, Douglas <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) American Cargo Assurance, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/18 Rpt: 7/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackridge <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Barbara <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77498	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CPA-PAC <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cochinwala, Fuad <hr/> Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) One step
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cochinwala, Fuad <hr/> Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) One step

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/18 Rpt: 8/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Donna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77498	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Donna <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77498	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Donna <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77498	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Charles C <hr/> Contributor address; City; State; Zip Code  Houston, TX 77046	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Foster LLP
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grady Prestage Campaign <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/18 Rpt: 9/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haque, Riaz <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self employed		<b>9</b> Employer (See Instructions) Heights FP PLLC
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hasan, Yousuf (Dr.) <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) PMG
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hassan, Lutfi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Business Exec		Employer (See Instructions) Apex Group
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillco Pac <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iftikhar, Irfan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77084	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/18 Rpt: 10/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Imam, Qaisar Q <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) Q Consulting Partners
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inayathullah, Mohammed <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Technology Manager		Employer (See Instructions) Humana Inc
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Islam, Nadim <hr/> Contributor address; City; State; Zip Code  Houston, TX 77089-1900	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Envision
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jafar, Aman <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Self Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jafri, Abbas <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/18 Rpt: 11/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karovaliya, Anif <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Self-employed		<b>9</b> Employer (See Instructions) Anif Karovaliya
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Abdur <hr/> Contributor address; City; State; Zip Code  Select, TX 77498	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Zaka <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) CardioClinic
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ladha, Memoona <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77498	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Memorial Hermann
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lakhany, M. Ali <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) CSM Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/18 Rpt: 12/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maknojia, Rahemtulla <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) GM		<b>9</b> Employer (See Instructions) Manor Express
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maknojia, Aziz <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Ruby Brothers Ip
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malik, Nasir <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mangalji, Moez <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057-3277	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Westmont hospitality group
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcell, Marvin <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/18 Rpt: 13/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meghani, Javed	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479		
<b>8</b> Principal occupation / Job title (See Instructions) Business		<b>9</b> Employer (See Instructions) Meghani Capital
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Memon, Ghulam	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Civil		Employer (See Instructions) Indus
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Kamaluddin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Steven	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Richardson, TX 75083-5098		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Steven Miller & CO LLC
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Steven	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Richardson, TX 75083-5098		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Steven Miller & CO LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/18 Rpt: 14/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Momim, Jawed	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479		
<b>8</b> Principal occupation / Job title (See Instructions) Business		<b>9</b> Employer (See Instructions) Preclean
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Momim, Jawed	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Preclean
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muslim Democratic Caucus of Texas	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Arlington, TX 76018		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nasim, Mohammed	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Right Infotech
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nath, Audrey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77019		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) UTMB

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/18 Rpt: 15/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nathani, Muhammed <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Kelsey Seybold Clinic
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noorwani, Akhtar <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77469-1893	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) AVP - Audit		Employer (See Instructions) PMFCU
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phipps, Harriet <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prasla, Shakil <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Sz ventures
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Punjwani, Nooruddin (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/18 Rpt: 16/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Qamar, Noman <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Business		<b>9</b> Employer (See Instructions) Self
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Qazi, Saleem <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Zenith Urban Development
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Qureshi, Jalaluddin (Dr.) <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raffoul, Paul <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rajguru, Anil <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/18 Rpt: 17/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rayani, Karim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tampa, FL 33635	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Rayani Associates PA
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raza MD, Syed Arman <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Cardiology Associates of Houston
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riaz, Mohammad (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russell, Dylan <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sorrels Law
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shafi, Mehnaz <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson Cancer Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/18 Rpt: 18/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shaikh, Asad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77469	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sher, Sarah Waheed <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) SIUTNa
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siddiqi, Shoaib <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Siddiqiandassociates.com
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siddiqui, Mohammad <hr/> Contributor address; City; State; Zip Code  Houston, TX 77274	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Pidc
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sidiq, Homayon <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Kelsey

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/18 Rpt: 19/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sivaram, Swaraj	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77062		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sreshta, Dominic (Dr.)	Amount of Contribution (\$) \$1,250.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Syed, Bilal	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Fulshear, TX 77441		
Principal occupation / Job title (See Instructions) IT Executive		Employer (See Instructions) Emerson
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TREPAC, Texas Association of Realtors PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Austin, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Ambulatory Surgery Center Society	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/18 Rpt: 20/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadhwa, Mahesh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace, Jeanne <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) The Harris Center for Mental Health & IDD
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner Jr, Frederic C <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Memorial Hermann Health System
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willatt, Karen <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Harris Health System
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zaidi, Bilal <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382-1093	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Accenture

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/18 Rpt: 21/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zaka, Tariq <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77407	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Builder		<b>9</b> Employer (See Instructions) Luxor Builders
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamir, Atif <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Program		Employer (See Instructions) Amazon
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) nathani, imran <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/47 Rpt: 22/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 07/30/2024	<b>5</b> Payee name Access Valet Parking
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<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 41983  Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking in Austin
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/13/2024	Payee name Agha Juice & Cafe
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Amount (\$) \$29.49	Payee address; City; State; Zip Code 11920 S Texas 6 # 800 Sugar Land, TX 77498
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/15/2024	Payee name Agha Juice & Cafe
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Amount (\$) \$117.97	Payee address; City; State; Zip Code 11920 S Texas 6 # 800 Sugar Land, TX 77498
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/47 Rpt: 23/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/23/2024	<b>5</b> Payee name Amy's Ice Cream
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<b>6</b> Amount (\$) \$19.25	<b>7</b> Payee address; City; State; Zip Code 2901 S Lamar Blvd  Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/29/2024	Payee name Avenida South Garage
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Amount (\$) \$28.00	Payee address; City; State; Zip Code 1710 Polk St  Houston, TX 77003
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/27/2024	Payee name Broken Egg
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Amount (\$) \$147.40	Payee address; City; State; Zip Code 1912 Wescott Ave Ste. 250 Sugar Land, TX 77479
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/47 Rpt: 24/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/23/2024	<b>5</b> Payee name Buc-ee's - Bastrop	
<b>6</b> Amount (\$) \$62.40	<b>7</b> Payee address; City; State; Zip Code 1700 State Hwy 71 East  Bastrop, TX 78602	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Commute Fuel
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Buc-ee's - Madison	
Amount (\$) \$66.18	Payee address; City; State; Zip Code 205 I-45  Madisonville, TX 77864	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Buc-ee's - Madison	
Amount (\$) \$54.89	Payee address; City; State; Zip Code 205 I-45  Madisonville, TX 77864	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/47 Rpt: 25/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/06/2024	<b>5</b> Payee name Buffalo Wild Wings
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<b>6</b> Amount (\$) \$37.33	<b>7</b> Payee address; City; State; Zip Code 1401 Highway 6 Bldg B Sugar Land, TX 77478
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/05/2024	Payee name Burger King
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Amount (\$) \$22.28	Payee address; City; State; Zip Code 12401 West Airport  Sugar Land, TX 77478
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2024	Payee name Capitol Cafe
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Amount (\$) \$20.01	Payee address; City; State; Zip Code 1001 Congress Ave. #180 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/47 Rpt: 26/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/23/2024	<b>5</b> Payee name Capitol Giftshop Extension
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<b>6</b> Amount (\$) \$168.87	<b>7</b> Payee address; City; State; Zip Code 1400 N. Congress Ave  Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Gifts
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name Certified Motors Inc
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Amount (\$) \$1,696.39	Payee address; City; State; Zip Code 10729 W Bellfort St  Houston, TX 77099
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Maintenance for Main Campaign Vehicle
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/02/2024	Payee name Certified Motors Inc
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Amount (\$) \$895.56	Payee address; City; State; Zip Code 10729 W Bellfort St  Houston, TX 77099
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Maintenance for Campaign Vehicle
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/47 Rpt: 27/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 08/16/2024	<b>5</b> Payee name Chevron - Sugar Land	
<b>6</b> Amount (\$) \$58.57	<b>7</b> Payee address; City; State; Zip Code 5823 New Territory Blvd  Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Chevron Ellinger	
Amount (\$) \$71.20	Payee address; City; State; Zip Code 109 State Hwy 71  Ellinger, TX 78938	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Commuting Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2024	Payee name Chevron	
Amount (\$) \$53.79	Payee address; City; State; Zip Code 7800 Hwy 90A  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/47 Rpt: 28/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/22/2024	<b>5</b> Payee name Corner Bakery
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<b>6</b> Amount (\$) \$54.30	<b>7</b> Payee address; City; State; Zip Code 140 S Dearborn St  Chicago, IL 60603
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name Country Boy Brewing Louisville
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 400 S 2nd St  Louisville, KY 40202
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name Country Cleaners #1
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Amount (\$) \$50.55	Payee address; City; State; Zip Code 1478 Hwy 6  Sugar Land, TX 77478
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dry Cleaning
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/47 Rpt: 29/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 08/12/2024	<b>5</b> Payee name Dairy Queen - Sugar Land	
<b>6</b> Amount (\$) \$17.30	<b>7</b> Payee address; City; State; Zip Code 6520 Hwy 90 Alt  Sugar Land, TX 77498	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Dearborn Tavern	
Amount (\$) \$147.40	Payee address; City; State; Zip Code 145 N Dearborn St  Chicago, IL 60602	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Delta Air Lines, Inc.	
Amount (\$) \$288.97	Payee address; City; State; Zip Code 1030 Delta Boulevard  Atlanta, GA 30354	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Washington DC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/47 Rpt: 30/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/07/2024	<b>5</b> Payee name Delta Air Lines, Inc.
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<b>6</b> Amount (\$) \$288.97	<b>7</b> Payee address; City; State; Zip Code 1030 Delta Boulevard  Atlanta, GA 30354
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Washington DC
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name Delta Air Lines, Inc.
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 1030 Delta Boulevard  Atlanta, GA 30354
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Baggage Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name Delta Air Lines, Inc.
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 1030 Delta Boulevard  Atlanta, GA 30354
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Baggage Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/47 Rpt: 31/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/22/2024	<b>5</b> Payee name Desi Delights	
<b>6</b> Amount (\$) \$135.59	<b>7</b> Payee address; City; State; Zip Code 1912 Wescott Ave Suite 200 Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Dunkin' Donuts	
Amount (\$) \$11.16	Payee address; City; State; Zip Code Ronald Reagan Airport  Arlington, TX 22202	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name Exxon- Sugar Land	
Amount (\$) \$55.36	Payee address; City; State; Zip Code 16760 Southwest Frwy  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/47 Rpt: 32/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/20/2024	<b>5</b> Payee name Facilitron Inc
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<b>6</b> Amount (\$) \$501.98	<b>7</b> Payee address; City; State; Zip Code 485 Alberto Way Suite 220 Los Gatos, CA 95032
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental of School Cafeteria
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/08/2024	Payee name Filli Cafe
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Amount (\$) \$46.03	Payee address; City; State; Zip Code 11920 S Texas 6 # 600 Sugar Land, TX 77498
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/09/2024	Payee name Fort Bend Chamber of Commerce
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Amount (\$) \$450.00	Payee address; City; State; Zip Code 445 Commerce Green Blvd  Sugar Land, TX 77478
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 12/47 Rpt: 33/71	<b>2</b>	FILER NAME Lalani, Suleman (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00083882	
<b>4</b>	Date 08/23/2024	<b>5</b>	Payee name Fort Bend County Democratic Party			
<b>6</b>	Amount (\$) \$1,000.00	<b>7</b>	Payee address; City; State; Zip Code 13515 Southwest Fwy #204 Sugar Land, TX 77478			
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Sponoshorship			
<b>9</b>		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 09/25/2024		Payee name Gyro Hut			
	Amount (\$) \$44.02		Payee address; City; State; Zip Code 1914 Wescott Ave #150 Sugar Land, TX 77479			
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal			
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 07/22/2024		Payee name HEB - Sugar Land			
	Amount (\$) \$24.81		Payee address; City; State; Zip Code 530 Hwy 6  Sugar Land, TX 77478			
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies			
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 13/47 Rpt: 34/71	<b>2</b>	FILER NAME Lalani, Suleman (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00083882
<b>4</b>	Date 07/26/2024	<b>5</b>	Payee name HEB - Sugar Land		
<b>6</b>	Amount (\$) \$47.37	<b>7</b>	Payee address; City; State; Zip Code 530 Hwy 6  Sugar Land, TX 77478		
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Refreshments		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 09/10/2024		Candidate/Officeholder name Office sought Office held		
	Amount (\$) \$22.82		Payee name Half Moon Empanadas  Payee address; City; State; Zip Code 1 Aviation Cir  Arlington, DC 22202		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meal		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 08/05/2024		Candidate/Officeholder name Office sought Office held		
	Amount (\$) \$38.28		Payee name Haraz Coffee House  Payee address; City; State; Zip Code 13582 University Blvd Suite 100 Sugar Land, TX 77479		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/47 Rpt: 35/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name Hilton Anatole
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<b>6</b> Amount (\$) \$308.27	<b>7</b> Payee address; City; State; Zip Code 2201 N Stemmons Fwy  Dallas, TX 75207
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Hilton Anatole
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Amount (\$) \$86.33	Payee address; City; State; Zip Code 2201 N Stemmons Fwy  Dallas, TX 75207
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Hilton Anatole
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 2201 N Stemmons Fwy  Dallas, TX 75207
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/47 Rpt: 36/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/12/2024	<b>5</b> Payee name Hilton Capital Washington DC
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<b>6</b> Amount (\$) \$175.39	<b>7</b> Payee address; City; State; Zip Code 1001 16th St NW  Washington, DC 20036
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name Hilton Capital Washington DC
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Amount (\$) \$167.97	Payee address; City; State; Zip Code 1001 16th St NW  Washington, DC 20036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Hotels.com
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500 Dallas, TX 75240
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Booking Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/47 Rpt: 37/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/26/2024	<b>5</b> Payee name Insomnia Cookies
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<b>6</b> Amount (\$) \$15.09	<b>7</b> Payee address; City; State; Zip Code 636 S Wabash Ave  Chicago, IL 60605
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2024	Payee name Javed Nihari Restaurant
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Amount (\$) \$125.48	Payee address; City; State; Zip Code 14631 Beechnut St STE A Houston, TX 77083
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/30/2024	Payee name Karachi Restaurant
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Amount (\$) \$201.84	Payee address; City; State; Zip Code 11315 State Highway 6 S Ste H Sugar Land, TX 77498
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/47 Rpt: 38/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/28/2024	<b>5</b> Payee name Karahi Boys
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<b>6</b> Amount (\$) \$104.56	<b>7</b> Payee address; City; State; Zip Code 16535 Lexington Blvd Unit 100 Sugar Land, TX 77479
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/08/2024	Payee name Kentucky Derby Museum
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Amount (\$) \$127.20	Payee address; City; State; Zip Code 704 Central Ave  Louisville, KY 40208
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Gifts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name Kentucky International Convention Center
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 221 S. 4th St  Louisville, KY 40202
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention Hall Access
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/47 Rpt: 39/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/23/2024	<b>5</b> Payee name L&L Valet Parking Services	
<b>6</b> Amount (\$) \$21.25	<b>7</b> Payee address; City; State; Zip Code 21 Waterway Ave  Woodlands , TX 77380	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Marble Slab Creamery - SL	
Amount (\$) \$58.86	Payee address; City; State; Zip Code 15940 Lexington Blvd  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name McDonald's - Hutchins	
Amount (\$) \$27.02	Payee address; City; State; Zip Code 108 I-45  Hutchins, TX 75141	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/47 Rpt: 40/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/19/2024	<b>5</b> Payee name McDonald's
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<b>6</b> Amount (\$) \$12.15	<b>7</b> Payee address; City; State; Zip Code 2850 State Hwy 71  Cedar Creek, TX 78612
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/30/2024	Payee name McDonald's
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Amount (\$) \$17.59	Payee address; City; State; Zip Code 2850 State Hwy 71  Cedar Creek, TX 78612
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/13/2024	Payee name Meals on Wheels
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 1330 Band Road  Rosenberg, TX 77471
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/47 Rpt: 41/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/23/2024	<b>5</b> Payee name Minuti Coffee
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<b>6</b> Amount (\$) \$10.05	<b>7</b> Payee address; City; State; Zip Code 1535 Texas 6 Ste A Sugar Land, TX 77478
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/05/2024	Payee name Nationbuilder
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Amount (\$) \$164.00	Payee address; City; State; Zip Code 520 S Grand Ave  Los Angeles, CA 90071
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Database and Website
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/05/2024	Payee name Nationbuilder
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Amount (\$) \$164.00	Payee address; City; State; Zip Code 520 S Grand Ave  Los Angeles, CA 90071
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Database and Website
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/47 Rpt: 42/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/05/2024	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) \$164.00	<b>7</b> Payee address; City; State; Zip Code 520 S Grand Ave  Los Angeles, CA 90071	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Database and Website
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name Omni Louisville	
Amount (\$) \$6.14	Payee address; City; State; Zip Code 400 S 2nd St  Louisville , KY 40202	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Omni Louisville	
Amount (\$) \$56.20	Payee address; City; State; Zip Code 400 S 2nd St  Louisville , KY 40202	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/47 Rpt: 43/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 07/16/2024	<b>5</b> Payee name PF Chang's
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<b>6</b> Amount (\$) \$252.83	<b>7</b> Payee address; City; State; Zip Code 2120 Lone Star Dr  Sugar Land, TX 77479
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/13/2024	Payee name PF Chang's
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Amount (\$) \$97.72	Payee address; City; State; Zip Code 2120 Lone Star Dr  Sugar Land, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2024	Payee name PNC Bank
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Amount (\$) \$3.00	Payee address; City; State; Zip Code 300 Fifth Avenue  Pittsburgh, PA 15222
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/47 Rpt: 44/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/01/2024	<b>5</b> Payee name PNC Bank
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<b>6</b> Amount (\$) \$3.00	<b>7</b> Payee address; City; State; Zip Code 300 Fifth Avenue  Pittsburgh, PA 15222
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/02/2024	Payee name PNC Bank
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Amount (\$) \$3.00	Payee address; City; State; Zip Code 300 Fifth Avenue  Pittsburgh, PA 15222
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/19/2024	Payee name Pinks Pizza -IHA
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Amount (\$) \$41.47	Payee address; City; State; Zip Code 2800 N Terminal Rd  Houston, TX 77032
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/47 Rpt: 45/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/23/2024	<b>5</b> Payee name Plat Parking	
<b>6</b> Amount (\$) \$16.84	<b>7</b> Payee address; City; State; Zip Code Plat Parking 311 Austin St Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Pot Belly	
Amount (\$) \$29.86	Payee address; City; State; Zip Code 200 S Michigan Ave Ste 140 Chicago, IL 60604	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2024	Payee name Priceline.com LLC	
Amount (\$) \$113.97	Payee address; City; State; Zip Code 800 Connecticut Avenue  Norwalk, CT 06854	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/47 Rpt: 46/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/05/2024	<b>5</b> Payee name Q's Deli
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<b>6</b> Amount (\$) \$143.43	<b>7</b> Payee address; City; State; Zip Code 13134 Dairy Ashford Rd Suite 100 Sugar Land, TX 77478
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Catering
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2024	Payee name Q's Deli
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Amount (\$) \$116.62	Payee address; City; State; Zip Code 13134 Dairy Ashford Rd Suite 100 Sugar Land, TX 77478
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Catering
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name QI Austin
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Amount (\$) \$208.61	Payee address; City; State; Zip Code 835 W 6th St #114,  Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/47 Rpt: 47/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name Reach Education Fund
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<b>6</b> Amount (\$) \$104.42	<b>7</b> Payee address; City; State; Zip Code 11408 S Harlem Ave  Worth, IL 60482
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Donation
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2024	Payee name Reagan National Airport (DCA) Food Court
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Amount (\$) \$42.40	Payee address; City; State; Zip Code 2401 Ronald Reagan Airport Access Rd  Arlington, VA 22202
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/29/2024	Payee name Rice Parking
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Amount (\$) \$12.00	Payee address; City; State; Zip Code 6100 Main St,  Houston, TX 77005
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/47 Rpt: 48/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/27/2024	<b>5</b> Payee name Risala Foundation
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<b>6</b> Amount (\$) \$84.22	<b>7</b> Payee address; City; State; Zip Code 5810 Song Ridge CT  Houston, TX 77041
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Donation
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/05/2024	Payee name Sarku Japan
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Amount (\$) \$16.64	Payee address; City; State; Zip Code 16535 Southwest Fwy Space 427 Sugar Land, TX 77479
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2024	Payee name Shell -Austin
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 3828 N Interstate 35  Austin, TX 78751
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Commute Fuel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/47 Rpt: 49/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Shell -Austin	
<b>6</b> Amount (\$) \$69.90	<b>7</b> Payee address; City; State; Zip Code 3828 N Interstate 35  Austin, TX 78751	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Commute Fuel
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Shell Oil	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Shell Oil	
Amount (\$) \$63.28	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/47 Rpt: 50/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/22/2024	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$37.12	<b>7</b> Payee address; City; State; Zip Code 4720-A Sweetwater Blvd  Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/29/2024	Payee name Shell Oil	
Amount (\$) \$54.73	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/19/2024	Payee name Shell Oil	
Amount (\$) \$56.47	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/47 Rpt: 51/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/16/2024	<b>5</b> Payee name Shiplely Do-Nuts
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<b>6</b> Amount (\$) \$13.99	<b>7</b> Payee address; City; State; Zip Code 6512 US-90 ALT  Sugar Land, TX 77498
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/08/2024	Payee name Smoothie King - Sugar Land
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Amount (\$) \$25.81	Payee address; City; State; Zip Code 5022 Hwy 90 Alt Ste R Sugar Land, TX 77498
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/13/2024	Payee name Southwest Airlines
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Amount (\$) \$980.96	Payee address; City; State; Zip Code 7800 Airport Blvd  Houston, TX 77061
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return Flight to Houston
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/47 Rpt: 52/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 08/12/2024	<b>5</b> Payee name Southwest Airlines	
<b>6</b> Amount (\$) \$755.92	<b>7</b> Payee address; City; State; Zip Code 7800 Airport Blvd  Houston, TX 77061	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Chicago
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Southwest Airlines	
Amount (\$) \$324.02	Payee address; City; State; Zip Code 7800 Airport Blvd  Houston, TX 77061	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return to Houston
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2024	Payee name Speedy Stop 25	
Amount (\$) \$53.11	Payee address; City; State; Zip Code 28015 Southwest Fwy  Rosenberg, TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for Austin Commute
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/47 Rpt: 53/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/23/2024	<b>5</b> Payee name Starbucks	
<b>6</b> Amount (\$) \$25.09	<b>7</b> Payee address; City; State; Zip Code 3613 South Main St  Stafford, TX 77477	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name TMC Valet Parking	
Amount (\$) \$17.00	Payee address; City; State; Zip Code 6411 Fannin St  Houston, TX 77030	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Tahoora Sweets & Bakery	
Amount (\$) \$24.61	Payee address; City; State; Zip Code 2345 W Devon Ave  Chicago, IL 60659	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/47 Rpt: 54/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 07/31/2024	<b>5</b> Payee name Telfair Spices
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<b>6</b> Amount (\$) \$58.94	<b>7</b> Payee address; City; State; Zip Code 1219 Museum Square Dr Suite 100 Sugar Land, TX 77479
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Telfair Spices
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Amount (\$) \$43.91	Payee address; City; State; Zip Code 1219 Museum Square Dr Suite 100 Sugar Land, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/05/2024	Payee name Texas Democratic Party
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1107 Lavaca St #101 Austin, TX 78702
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/47 Rpt: 55/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/26/2024	<b>5</b> Payee name The Allegro Royal Sonesta
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<b>6</b> Amount (\$) \$380.98	<b>7</b> Payee address; City; State; Zip Code 171 W Randolph St  Chicago, IL 60601
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Lodging
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/09/2024	Payee name The Allegro Royal Sonesta
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Amount (\$) \$1,498.04	Payee address; City; State; Zip Code 171 W Randolph St  Chicago, IL 60601
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2024	Payee name The Capital Grille
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Amount (\$) \$410.33	Payee address; City; State; Zip Code 117 W 4th St  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Dinner
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/47 Rpt: 56/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/02/2024	<b>5</b> Payee name The Honey Hole
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<b>6</b> Amount (\$) \$51.51	<b>7</b> Payee address; City; State; Zip Code 2327 Post Oak Blvd  Houston, TX 77056
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/19/2024	Payee name The Post Oak at Uptown
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Amount (\$) \$23.80	Payee address; City; State; Zip Code 1600 W Loop S  Houston, TX 77027
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet Parking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/25/2024	Payee name The Spot
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Amount (\$) \$90.84	Payee address; City; State; Zip Code 3204 Seawall Blvd  Galveston, TX 77550
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 36/47 Rpt: 57/71	<b>2</b>	FILER NAME Lalani, Suleman (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00083882
<b>4</b>	Date 07/29/2024	<b>5</b>	Payee name The Spot		
<b>6</b>	Amount (\$) \$67.48	<b>7</b>	Payee address; City; State; Zip Code 3204 Seawall Blvd  Galveston, TX 77550		
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals		
<b>9</b>		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/20/2024		Payee name The Stephen F Austin Royal Sonesta Hotel		
	Amount (\$) \$238.97		Payee address; City; State; Zip Code 701 Congress Ave  Austin, TX 78701		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for HDCC Retreat		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/23/2024		Payee name The Stephen F Austin Royal Sonesta Hotel		
	Amount (\$) \$81.77		Payee address; City; State; Zip Code 701 Congress Ave  Austin, TX 78701		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Service		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/47 Rpt: 58/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 07/03/2024	<b>5</b> Payee name Tim Hortons	
<b>6</b> Amount (\$) \$14.97	<b>7</b> Payee address; City; State; Zip Code 11411 W Airport Blvd  Meadows Place, TX 77477	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name Top Golf	
Amount (\$) \$249.83	Payee address; City; State; Zip Code 1030 Memorial Brook Blvd  Houston, TX 77084	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name U.S. Capitol Visitor Center	
Amount (\$) \$40.28	Payee address; City; State; Zip Code 15 Independence Ave SE  Washington, DC 20515	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent Gifts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/47 Rpt: 59/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) \$47.43	<b>7</b> Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Uber	
Amount (\$) \$8.97	Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Uber	
Amount (\$) \$8.98	Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 39/47 Rpt: 60/71	<b>2</b>	FILER NAME Lalani, Suleman (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00083882
<b>4</b>	Date 08/19/2024	<b>5</b>	Payee name Uber		
<b>6</b>	Amount (\$) \$37.92	<b>7</b>	Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/12/2024		Payee name Uber		
	Amount (\$) \$21.96		Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/09/2024		Payee name Uber		
	Amount (\$) \$9.95		Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 40/47 Rpt: 61/71	<b>2</b>	FILER NAME Lalani, Suleman (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00083882
<b>4</b>	Date 08/09/2024	<b>5</b>	Payee name Uber		
<b>6</b>	Amount (\$) \$16.99	<b>7</b>	Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/09/2024		Payee name Uber		
	Amount (\$) \$20.81		Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/07/2024		Payee name Uber		
	Amount (\$) \$24.17		Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/47 Rpt: 62/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 08/07/2024	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) \$16.24	<b>7</b> Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Uber	
Amount (\$) \$11.09	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Uber	
Amount (\$) \$27.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting for Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/47 Rpt: 63/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/10/2024	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) \$25.98	<b>7</b> Payee address; City; State; Zip Code 1515 Third Street  San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting Outside of District
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name Uber	
Amount (\$) \$33.83	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commuting Outside of District
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name United Airlines	
Amount (\$) \$718.95	Payee address; City; State; Zip Code 233 South Wacker Drive  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Washington DC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/47 Rpt: 64/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/22/2024	<b>5</b> Payee name United Center
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<b>6</b> Amount (\$) \$41.76	<b>7</b> Payee address; City; State; Zip Code 1901 W Madison St  Chicago, IL 60612
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/22/2024	Payee name United Center
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Amount (\$) \$15.79	Payee address; City; State; Zip Code 1901 W Madison St  Chicago, IL 60612
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/21/2024	Payee name United Center
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Amount (\$) \$148.84	Payee address; City; State; Zip Code 1901 W Madison St  Chicago, IL 60612
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/47 Rpt: 65/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 08/26/2024	<b>5</b> Payee name Usmania Fine Dining
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<b>6</b> Amount (\$) \$127.49	<b>7</b> Payee address; City; State; Zip Code 2244 W Devon Ave  Chicago, IL 60659
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2024	Payee name Walgreens
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 11525 S Texas 6  Sugar Land, TX 77498
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Gift Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Walgreens
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Amount (\$) \$302.70	Payee address; City; State; Zip Code 11525 S Texas 6  Sugar Land, TX 77498
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/47 Rpt: 66/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Date 09/23/2024	<b>5</b> Payee name Waterstone Ranch	
<b>6</b> Amount (\$) \$150.40	<b>7</b> Payee address; City; State; Zip Code 14614 County Rd 820  Rosharon, TX 77583	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituents Meal
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/24/2024	Payee name Wendy's - Galveston	
Amount (\$) \$30.92	Payee address; City; State; Zip Code 2328 Seawall Blvd  Galveston, TX 77550	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/19/2024	Payee name Wendy's	
Amount (\$) \$12.87	Payee address; City; State; Zip Code 619 N Interstate Hwy 35  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 46/47 Rpt: 67/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/05/2024	<b>5</b> Payee name Whataburger - La Grange
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<b>6</b> Amount (\$) \$39.47	<b>7</b> Payee address; City; State; Zip Code 1800 State Hwy 71  La Grange, TX 78945
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Meal
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/15/2024	Payee name X Corp.
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Amount (\$) \$8.64	Payee address; City; State; Zip Code 1355 Market St Suite 900 San Francisco, TX 94103
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name X Corp.
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Amount (\$) \$8.64	Payee address; City; State; Zip Code 1355 Market St Suite 900 San Francisco, TX 94103
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 47/47 Rpt: 68/71	<b>2</b> FILER NAME Lalani, Suleman (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083882
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<b>4</b> Date 09/13/2024	<b>5</b> Payee name X Corp.
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<b>6</b> Amount (\$) \$8.64	<b>7</b> Payee address; City; State; Zip Code 1355 Market St Suite 900 San Francisco, TX 94103
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/10/2024	Payee name Zakat Foundation
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 3949 Braxton Dr  Houston, TX 77063
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: Sch: 1/3 Rpt: 69/71
<b>2</b> FILER NAME Lalani, Suleman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083882
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Delta Air Lines, Inc.		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
<b>6</b> Dates of Travel  08/08/2024  08/08/2024	<b>7</b> Name of person(s) traveling Lalani, Zakia	
	<b>8</b> Departure city or name of departure location Louisville	
	<b>9</b> Destination city or name of destination location Washington	
<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Travel from NCSL Conference to Washington DC Event	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Delta Air Lines, Inc.		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  08/08/2024  08/08/2024	Name of person(s) traveling Lalani M.D., Suleman (Rep.)	
	Departure city or name of departure location Louisville	
	Destination city or name of destination location Washington	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Travel from NCSL Conference to Washington DC Event	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  08/22/2024  08/22/2024	Name of person(s) traveling Lalalni M.D., Suleman (Rep.)	
	Departure city or name of departure location Chicago	
	Destination city or name of destination location Houston	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event) Return to Houston, Charge for Flight Change	

# 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

**5** Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

<b>6</b> Dates of Travel	<b>7</b> Name of person(s) traveling Lalani, Zakia
	<b>8</b> Departure city or name of departure location Houston
	<b>9</b> Destination city or name of destination location Chicago
08/19/2024	
08/19/2024	

<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Flight to Chicago for DNC
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Southwest Airlines

Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel	Name of person(s) traveling Lalani, Zakia
	Departure city or name of departure location Washington
	Destination city or name of destination location Houston
09/10/2024	
09/10/2024	

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Return to Houston from Pakistan Embassy Event in DC
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Southwest Airlines

Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel	Name of person(s) traveling Lalani M.D., Suleman (Rep.)
	Departure city or name of departure location Houston
	Destination city or name of destination location Chicago
08/19/2024	
08/19/2024	

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Flight to DNC Convention
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# 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

**5** Contribution / Expenditure reported on:

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

<b>6</b> Dates of Travel	<b>7</b> Name of person(s) traveling Lalani M.D., Suleman (Rep.)
	<b>8</b> Departure city or name of departure location Washington
	<b>9</b> Destination city or name of destination location Houston
09/10/2024	
09/10/2024	

<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Return to Houston from Pakistan Embassy Event in DC
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
United Airlines

Contribution / Expenditure reported on:

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

Dates of Travel	Name of person(s) traveling Lalani M.D., Suleman (Rep.)
	Departure city or name of departure location Houston
	Destination city or name of destination location Washington
09/09/2024	
09/09/2024	

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Pakistani Embassy Event in DC
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