CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00083882		2 Total pages f	iled: 71
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Suleman			Date Received	
					ELECTRONIC	ALLY EILED
	NIO(4) A 4 5				10/07/2024	, , , , , , , , , , , , , , , , , , ,
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Lalani				
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	PO Box 6514					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77265					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER			20	IVII		
NAME	Mr.	Gordon Jinpoir	ıg			
	NICKNAME	LAST		SUFFIX		
		Quan				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY	/; ST.	ATE; ZIP CODE
TREASURER ADDRESS	5444 Westheimer Rd. Ste.	1700				
(Residence or Business)						
(residence of Business)	Houston, TX 77056					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(713) 625-9200					
8 REPORT TYPE	January 15	30th day before	election \square	Runoff	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ampaign transurar
	January 15 X	30th day before	election	Rulloll	appointment (off	ampaign treasurer iceholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Att	ach C/OH-FR)
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	09/26/20)24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	IT (if known)	
III OFFICE	State Representative Distr	ict 76			ntative District 76	
	State Representative Distr	101 70		State Represer	itative District 70	
		GO T	O PAGE 2			
ı						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 71

13 C / OH NAME	14 Filer ID (100083882	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a deficeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 49,762.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 18,838.29
CONTRIBUTION BALANCE	REPORTING PE			\$ 237,722.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 90,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Suleman Lalan	ni
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 71		
18 FILER NAN Lalani, Su	ME leman (The Honorable)	19 Filer ID 00083882	(Ethics Comm	ission Filers)		
20 SCHEDULI NAME OF	E SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	49,762.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	18,838.29		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 4/71	
2	FILER NAME Lalani, Suler	nan (The Honorable)				3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 09/15/2024	5 Full name of contributor Abbas, Asad (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77004						
8	Principal occu Physician	pation / Job title (See Instructions	(5)	9	Employer (See Instructions Self Employed	5)		
	Date 09/14/2024	Full name of contributor Abbasi, Sheraz Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Sugar Land, TX 77479 pation / Job title (See Instructions	2)		Employer (See Instructions	-/- 		
	Attorney	pation / Job title (See Instructions	5)		ABBASI Law Office	·)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:) Ahmad, Anwar Contributor address; City; State; Zip Code				•	Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77024						
	Principal occu Physician	pation / Job title (See Instructions	5)		Employer (See Instructions East Texas Cardiology	s)		
	Date 09/05/2024	Full name of contributor Ahmed, Farha Contributor address; City; S Sugar Land, TX 77479	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$100.00
	Principal occu Atty	pation / Job title (See Instructions	5)		Employer (See Instructions Self	s)		
	Date 09/10/2024	Full name of contributor Ahmed, Farha Contributor address; City; S Sugar Land, TX 77479	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self Employed	s)		
			1					

	MONET	ARY POLITICAL C	IS		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/71	
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 07/03/2024	6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Sugar Land, TX 77479 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Store manag	ger		In n out mart			
	Date 07/31/2024	Full name of contributor Amin, Aisha Contributor address; City; Sta)		Amount of Contribution (\$)	\$20.00
		Friendswood, TX 77546					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/13/2024	Full name of contributor Amin, Aisha Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$80.00
	Dringinal occu	Friendswood, TX 77546 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician Physician	pation / Job title (See Instructions)		Self	')		
	Date 09/14/2024	Full name of contributor Anwar, Syed Imtiaz Contributor address; City; Sta)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physican	pation / Job title (See Instructions)		Employer (See Instructions Steward healthcare	()		
	Date 09/14/2024	Full name of contributor Arif, Murtaza Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	()		
			-				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	otal pages Schedule A1: ch: 3/18 Rpt: 6/71	
2	FILER NAME Lalani, Suler	man (The Honorable)			1	iler ID (Ethics Commission 0083882	า Filers)
4	Date 07/03/2024	Full name of contributor Badarpura, AaijajContributor address; City; St	out-of-state PAC (ID#:		7 A	mount of Contribution (\$)	\$500.00
8		Austin, TX 78732	;) 9	Employer (See Instructions	S)		
	Date 09/07/2024	Full name of contributor Bajwa, Mohsin Contributor address; City; St	out-of-state PAC (ID#:	GAMA	. A	mount of Contribution (\$)	\$500.00
	Principal occu Physician	Houston, TX 77070 Ipation / Job title (See Instructions	<i>(</i>)	Employer (See Instructions Millennium Physician	<u> </u> s)		
	Date 08/14/2024	Full name of contributor Beaton, Douglas Contributor address; City; St	out-of-state PAC (ID#:)	. Ai	mount of Contribution (\$)	\$75.00
	•	Sugar Land, TX 77479 upation / Job title (See Instructions	;)	Employer (See Instructions	•		
	Date 09/14/2024	Full name of contributor Beaton, Douglas Contributor address; City; St Sugar Land, TX 77479	out-of-state PAC (ID#:	American Cargo Assura	_	mount of Contribution (\$)	\$75.00
	Principal occu Director of O	pation / Job title (See Instructions	;)	Employer (See Instructions American Cargo Assura		LLC	
	Date 07/01/2024	Full name of contributor Beaton, Douglas Contributor address; City; St Sugar Land, TX 77479	out-of-state PAC (ID#:		. Ai	mount of Contribution (\$)	\$100.00
	Principal occu Director of O	pation / Job title (See Instructions perations	:)	Employer (See Instructions American Cargo Assura		LLC	

	MONET	ARY POLITICAL C	NS		SCHEDU	LE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/71	
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 07/14/2024	5 Full name of contributor Blackridge6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	_	7	Amount of Contribution (\$)	\$1,500.00
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) Brown, Barbara Contributor address; City; State; Zip Code Sugar Land, TX 77498			Amount of Contribution (\$)	\$50.00		
	Principal occu	Sugar Land, TX 77498 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	<u>=,</u>		
	Retired	pation / Job title (See Instructions)	Retired))		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00	
		Plano, TX 75023					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/14/2024	Full name of contributor Cochinwala, Fuad Contributor address; City; St Sugarland, TX 77479			•	Amount of Contribution (\$)	\$2,000.00
	Principal occu Business	pation / Job title (See Instructions)	Employer (See Instructions One step	5)		
	Business One step Date Full name of contributor out-of-state PAC (ID#:) O9/14/2024 Cochinwala, Fuad Contributor address; City; State; Zip Code Sugarland, TX 77479			Amount of Contribution (\$)	\$2,000.00		
	Principal occu Business	pation / Job title (See Instructions)	Employer (See Instructions One step	<u>.</u> S)		

	MONET	ARY POLITICAL CON	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to c	complete this forn	n.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 8/71	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 09/06/2024	5 Full name of contributor o ellis, Donna6 Contributor address; City; State; Z)	7	Amount of Contribution (\$)	\$100.00
•	Dringing Loggy	Sugar Land, TX 77498	lo.	Employer (Coo Instructions			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/08/2024	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Sugar Land, TX 77498 pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired	•		
	Date 07/02/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Sugar Land, TX 77498					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 08/02/2024	Full name of contributor of contributor of contributor contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu attorney	pation / Job title (See Instructions)		Employer (See Instructions Foster LLP)		
	Date 09/08/2024	Full name of contributor of cardy Prestage Campaign Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONET	ARY POLITICAL (S		SCHEDUI	E A1		
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 9/71	
2	FILER NAME Lalani, Suler	nan (The Honorable)				3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 09/15/2024	6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Sugar Land, TX 77479 pation / Job title (See Instructions	5)	9	Employer (See Instructions	<u> </u> s)		
	Self employe				Heights FP PLLC	,		
	Date 09/14/2024	Full name of contributor Hasan, Yousuf (Dr.) Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
		Spring, TX 77379				<u> </u>		
	Principal occu Physician	pation / Job title (See Instructions	5)		Employer (See Instructions PMG	S)		
	Date 09/23/2024	Full name of contributor Hassan, Lutfi Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77057				<u>_</u>		
	Principal occu Business Ex	pation / Job title (See Instructionsec	5)		Employer (See Instructions Apex Group	5)		
	Date 08/12/2024	Full name of contributor Hillco Pac Contributor address; City; S Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Iftikhar, Irfan Contributor address; City; S Houston, TX 77084	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Doctor	pation / Job title (See Instructions	5)		Employer (See Instructions Self Employed	s)		

	MONET	ARY POLITICAL CON	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/71	
2	FILER NAME Lalani, Sulen	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 09/14/2024	Imam, Qaisar Q	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Sugar Land, TX 77479					
8	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Q Consulting Partners)		
	Date 08/31/2024	Full name of contributor out- Inayathullah, Mohammed Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)		Employer (See Instructions)		
	Technology I			Humana Inc	,		
	Date 08/29/2024	Full name of contributor out- Islam, Nadim Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77089-1900					
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions Envision)		
	Date 09/14/2024	Jafar, Aman	of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Medical Doc	pation / Job title (See Instructions) tor		Employer (See Instructions Self Employed)		
	Date 09/14/2024	Full name of contributor out- Jafri, Abbas Contributor address; City; State; Zip Spring, TX 77382	of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
			•				

	MONET	ARY POLITICAL (IS		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/71	
2	FILER NAME Lalani, Sulen	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 07/03/2024	5 Full name of contributor Karovaliya, Anif6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions	9	Employer (See Instructions	<u> </u> 5)		
	Self-employe		,	Anif Karovaliya	,		
	Date 07/30/2024	Full name of contributor Khan, Abdur Contributor address; City; St				Amount of Contribution (\$)	\$100.00
		Select, TX 77498					
	Principal occur Retired	pation / Job title (See Instructions	(i)	Employer (See Instructions Retired	5)		
	Date 09/14/2024	Full name of contributor Khan, Zaka Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Drive in all account	Sugar Land, TX 77479	, T	Empleyer (Cool Instructions	<u></u>		
	Doctor	pation / Job title (See Instructions	()	Employer (See Instructions CardioClinic	5)		
	Date 09/08/2024	Full name of contributor Ladha, Memoona Contributor address; City; St Sugar Land, TX 77498)		Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions Nurse)	Employer (See Instructions Memorial Hermann	5)		
	Date 09/24/2024	Full name of contributor Lakhany, M. Ali Contributor address; City; St Houston, TX 77043	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Executive	pation / Job title (See Instructions)	Employer (See Instructions CSM Group	5)		
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 12/71	
2	FILER NAME Lalani, Suler	man (The Honorable)				3	Filer ID (Ethics Commission 00083882	n Filers)
4	Date 07/03/2024	Full name of contributor Maknojia, RahemtullaContributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78717						
8	Principal occu GM	pation / Job title (See Instructions	5)	9	Employer (See Instructions Manor Express	5)		
	Date 07/03/2024	Full name of contributor Maknojiya, Aziz Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Owner	Austin, TX 78732 pation / Job title (See Instructions	s)		Employer (See Instructions Ruby Brothers Ip	<u> </u> s)		
	Date 09/06/2024	Full name of contributor Malik, Nasir Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Spring, TX 77379 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> S)		
	Date 09/16/2024	Full name of contributor Mangalji, Moez Contributor address; City; S Houston, TX 77057-3277	out-of-state PAC (ID#:		Retired		Amount of Contribution (\$)	\$500.00
	Principal occu Partner	pation / Job title (See Instructions	5)		Employer (See Instructions Westmont hospitality gr	-	р	
	Date 07/30/2024	Full name of contributor Marcell, Marvin Contributor address; City; S Sugar Land, TX 77478	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$250.00
	Principal occu Consultant	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)		
			,					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 13/71	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 09/15/2024			7	Amount of Contribution (\$)	\$1,000.00	
0	Dringing oggu	Sugar Land, TX 77479 ncipal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
8	Business	pation / Job title (See Instructions)	9	Meghani Capital)		
	Date 09/05/2024				Amount of Contribution (\$)	\$100.00	
	Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Civil Indus						
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 Merchant, Kamaluddin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Sugar Land, TX 77478					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
Date Full name of contributor out-of-state PAC (ID#:) 08/23/2024 Miller, Steven Contributor address; City; State; Zip Code Richardson, TX 75083-5098			Amount of Contribution (\$)	\$250.00			
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Steven Miller & CO LLC			
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 Miller, Steven Contributor address; City; State; Zip Code Richardson, TX 75083-5098			Amount of Contribution (\$)	\$100.00		
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Steven Miller & CO LLC			
			ı				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 14/71	
2	FILER NAME Lalani, Sulen	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	Filers)
4	Date 08/21/2024			7	Amount of Contribution (\$) \$	1,000.00	
_	Deinsinal	Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
8	Business Principal occupation / Job title (See instructions) Preclean		5)				
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 Momim, Jawed Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions		 				
Business Preclean							
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00		
		Arlington, TX 76018					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/15/2024 Nasim, Mohammed Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
	Principal occur Self-employe	Pearland, TX 77581 pation / Job title (See Instructions)		Employer (See Instructions Right Infotech	<u> </u> 5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/13/2024 Nath, Audrey Contributor address; City; State; Zip Code Houston, TX 77019			Amount of Contribution (\$)	\$100.00			
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions UTMB	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 15/71	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	n Filers)
4	Date 09/14/2024			7	Amount of Contribution (\$)	\$500.00	
0	Dringing con	Spring, TX 77379 Il occupation / Job title (See Instructions) 9 Employer (See Instructions)		,, 			
8	Physician Physician	pation / Job title (See Instructions)	9	Kelsey Seybold Clinic	5)		
	Date 09/05/2024				Amount of Contribution (\$)	\$100.00	
	Richmond, TX 77469-1893 Principal occupation / Job title (See Instructions) Employer (See Instructions		<u> </u> 5)				
	AVP - Audit PMFCU		•				
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2024 Phipps, Harriet Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Sugar Land, TX 77479					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date Full name of contributor out-of-state PAC (ID#:) 07/03/2024 Prasla, Shakil Contributor address; City; State; Zip Code Austin, TX 78729			Amount of Contribution (\$)	\$500.00			
	Principal occu Self employe	pation / Job title (See Instructions) red		Employer (See Instructions Sz ventures	5)		
Date O9/16/2024 Full name of contributor out-of-state PAC (ID#:) Punjwani, Nooruddin (Dr.) Contributor address; City; State; Zip Code Houston, TX 77042			Amount of Contribution (\$)	\$500.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			<u>.</u>				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 16/71	
2	FILER NAME Lalani, Sulen	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	n Filers)
4	Date 09/14/2024			7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Cypress, TX 77429 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
•	Business			Self	-,		
	Date 09/14/2024				Amount of Contribution (\$)	\$100.00	
	Principal occur	Houston, TX 77024 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	CPA			Zenith Urban Developm		t	
Date O9/23/2024 Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00		
		Richmond, TX 77407					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/09/2024 Raffoul, Paul Contributor address; City; State; Zip Code Richmond, TX 77407		•	Amount of Contribution (\$)	\$50.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/06/2024 Rajguru, Anil Contributor address; City; State; Zip Code Sugar Land, TX 77479			Amount of Contribution (\$)	\$25.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u> </u>				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 14/18 Rpt: 17/71		
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	n Filers)	
4	Date 08/13/2024			7	Amount of Contribution (\$)	\$250.00		
_		Tampa, FL 33635						
8	Accountant	pation / Job title (See Instructions)		Employer (See Instructions Rayani Associates PA	·)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/14/2024 Raza MD, Syed Arman Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Deinsinal assu	Humble, TX 77396		Franks von (Coo la structiona	_			
			Employer (See Instructions Texas Cardiology Associated)		es of Houston			
	Date O9/14/2024 Full name of contributor out-of-state PAC (ID#:) Riaz, Mohammad (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
		Houston, TX 77055						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)			
Date Full name of contributor out-of-state PAC (ID#:) 09/07/2024 Russell, Dylan Contributor address; City; State; Zip Code Missouri City, TX 77459			Amount of Contribution (\$)	\$100.00				
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Sorrels Law)			
Date Full name of contributor out-of-state PAC (ID#:) O9/25/2024 Shafi, Mehnaz Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$250.00				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions MD Anderson Cancer C		er		
			l					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 18/71	
2	FILER NAME Lalani, Suler	man (The Honorable)				3	Filer ID (Ethics Commission 00083882	on Filers)
4	Date 09/05/2024			7	Amount of Contribution (\$)	\$100.00		
•	Dringing oggu	Richmond, TX 77469 occupation / Job title (See Instructions) 9 Employer (See Instructions						
8	Retired	pation / Job title (See Instructions	,	9	Retired	·)		
	Date Full name of contributor out-of-state PAC (ID#:) Sher, Sarah Waheed Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Dringing aggr	Houston, TX 77024	\ \ \ \ \		Employer (Con Instructions	<u></u>		
Principal occupation / Job title (See Instructions) Executive Director Employer (See Instructions) SIUTNa		Employer (See Instructions SIUTNa	o)					
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00			
		Cypress, TX 77433						
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Siddiqiandassociates.co			
	Date Full name of contributor out-of-state PAC (ID#:) 09/14/2024 Siddiqui, Mohammad Contributor address; City; State; Zip Code Houston, TX 77274			Amount of Contribution (\$)	\$1,000.00			
	Principal occu Business	pation / Job title (See Instructions)		Employer (See Instructions Pidc	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/14/2024 Sidiq, Homayon Contributor address; City; State; Zip Code Houston, TX 77025			Amount of Contribution (\$)	\$1,000.00			
	Principal occu Doctor	pation / Job title (See Instructions			Employer (See Instructions Kelsey	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	EDULE A1	
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 16/18 Rpt: 19/71		
2	FILER NAME Lalani, Suler	man (The Honorable)			3	Filer ID (Ethics Commission 00083882	on Filers)	
4	Date 09/23/2024			7	Amount of Contribution (\$)	\$25.00		
8	Principal occu	Houston, TX 77062 pal occupation / Job title (See Instructions) 9 Employer (See Instructions)		;) 				
	Retired	pation 7 300 title (See Instructions)		Retired	"			
	Date Full name of contributor out-of-state PAC (ID#:) Sreshta, Dominic (Dr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,250.00			
	Principal occu	Sugar Land, TX 77479 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Physician Self		,					
	Date Full name of contributor out-of-state PAC (ID#:) 09/14/2024 Syed, Bilal Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
		Fulshear, TX 77441						
	Principal occu IT Executive	pation / Job title (See Instructions)		Employer (See Instructions Emerson	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/09/2024 TREPAC, Texas Association of Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768			Amount of Contribution (\$)	\$2,500.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 08/12/2024	Full name of contributor out-of-state PAC (IE Texas Ambulatory Surgery Center Society Contributor address; City; State; Zip Code Austin, TX 78750	D#:			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/71		
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	n Filers)	
4	Date 09/09/2024	_ `		7	Amount of Contribution (\$)	\$500.00		
	Dringing aggu	Houston, TX 77055	lo.	Employer (See Instructions				
0	Pilicipai occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2024 Wallace, Jeanne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00			
	Dringing agg	Richmond, TX 77406		Employer (See Instructions	<u>, </u>			
	Principal occupation / Job title (See Instructions) Social Worker			The Harris Center for M		al Health & IDD		
	Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Warner Jr, Frederic C Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00		
		Houston, TX 77098						
	Principal occu Healthcare	pation / Job title (See Instructions)		Employer (See Instructions) Memorial Hermann Health System				
Date Full name of contributor out-of-state PAC (ID#:) 09/08/2024 Willatt, Karen Contributor address; City; State; Zip Code Missouri City, TX 77459				Amount of Contribution (\$)	\$10.00			
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions Harris Health System	5)			
Date Full name of contributor out-of-state PAC (ID#:) 27/04/2024 Zaidi, Bilal Contributor address; City; State; Zip Code The Woodlands, TX 77382-1093			Amount of Contribution (\$)	\$100.00				
	Principal occu Consulting	pation / Job title (See Instructions)		Employer (See Instructions Accenture	s)			
			•					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/71	
2	FILER NAME Lalani, Suler	man (The Honorable)		3	Filer ID (Ethics Commissio 00083882	n Filers)
4	Date 07/30/2024	-		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Builder	Richmond, TX 77407 spation / Job title (See Instructions)	Employer (See Instructions Luxor Builders	<u> </u> s)		
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#:_ Zamir, Atif Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu Program	Houston, TX 77077 upation / Job title (See Instructions)	Employer (See Instructions Amazon	<u> </u> s)		
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#:_nathani, imran Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$250.00
	Principal occu Physician	Spring, TX 77379 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	Office Overhea Polling Expense Printing Expense Salaries/Wages	se s/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	now to comple	ete this form.		
1	Total pages Schedule F1: Sch: 2/47 Rpt: 23/71	2 FILER NAME Lalani, Suleman (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083882
4	Date	5 Payee name				
•	09/23/2024	Amy's Ice Cream				
6	Amount (\$) \$19.25	7 Payee address; City; State; 2901 S Lamar Blvd Austin, TX 78704	Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Food/Beverage Expense	edule) (b)	_	TX,	de of Texas. Complete Schedule T. , officeholder living expense nents
9	Complete ONLY if direct expenditure to benefit C/Oh		Office sought			Office held
	Date	Payee name				
	07/29/2024	Avenida South Garage				
	Amount (\$) Payee address; City; State; Zip Code					
	\$28.00 1710 Polk St					
		Houston, TX 77003				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho Travel Out of District	edule) (b)	<u></u>		de of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Office sought			Office held
	Date 08/27/2024	Payee name Broken Egg				
	Amount (\$) \$147.40	Payee address; City; State; 1912 Wescott Ave Ste. 250 Sugar Land, TX 77479	Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheel Food/Beverage Expense	edule) (b)		TX,	de of Texas. Complete Schedule T. officeholder living expense al
	Complete ONLY if direct expenditure to benefit C/OF		Office sought			Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries	Wage	es/Contract Labor		OTHER (enter a	strict a category not listed above)	
		_			iide explains how to c	ompi	iete this form.	_			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 4/47 Rpt: 25/71		Lalani, Sule	man (The Hono	rable)				00083882		
4	Date	5	Payee name								
	08/06/2024		Buffalo Wild	Wings							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
ľ	` '	 ′			State, Zip C	oue					
	\$37.33		1401 Highw	ay o							
			Bldg B								
			Sugar Land,	, TX 77478							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE			age Expense	,		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE						Check if Austin	, TX,	officeholder living	g expense	
							Constituents	Me	eting		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/O	Н									
	Date		Payee name								
	08/05/2024		Burger King								
	Amount (\$)	\vdash	Payee addres	ss; City;	State; Zip C	ode					
	\$22.28		12401 West		•						
			0	p 0							
				T) / TT 4T0							
			Sugar Land,	, IX //4/8							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense			<u> </u>			plete Schedule T.	
							ш		officeholder living	g expense	
							Constituents	ivie	aı		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	experialiture to benefit C/O										
	Date		Payee name								
	09/26/2024		Capitol Cafe)							
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$20.01		1001 Congr	-	, ,						
	Ψ20.01		_	C33 / WC.							
			#180								
			Austin, TX 7	'8701							
	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense						plete Schedule T.	
	LAFLINDITORL								officeholder living	g expense	
							Travel Meals				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/O	H									
I											

SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/47 Rpt: 26/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	09/23/2024	Capitol Giftshop Extension
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$168.87	1400 N. Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituents Gifts
		Constituents one
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/15/2024	Certified Motors Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,696.39	10729 W Bellfort St
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Maintenance for Main Campaign Vehicle
		mamoranoe isi mani campaign vemole
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/02/2024	Certified Motors Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$895.56	10729 W Bellfort St
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Maintenance for Campaign Vehicle
		Wallterlance for Campaign Verticie
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/47 Rpt: 27/71	Lalani, Suleman (The Honorable) Calling Commission Files) 00083882
4 Date	5 Payee name
08/16/2024	Chevron - Sugar Land
6 Amount (\$) \$58.57	7 Payee address; City; State; Zip Code 5823 New Territory Blvd Sugar Land, TX 77479
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/19/2024	Chevron Ellinger
Amount (\$)	Payee address; City; State; Zip Code
\$71.20	109 State Hwy 71
	Ellinger, TX 78938
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense Austin Commuting Fuel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Chevron
Amount (\$)	Payee address; City; State; Zip Code
\$53.79	7800 Hwy 90A
	Sugar Land, TX 77478
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fuel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 7/47 Rpt: 28/71	Lalani, Suleman (The Honorable) 00083882
4	Date 08/22/2024	5 Payee name
_		Corner Bakery
ь	Amount (\$) \$54.30	7 Payee address; City; State; Zip Code 140 S Dearborn St
	4555	
		Chicago, IL 60603
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Travel Meals
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/06/2024	Country Boy Brewing Louisville
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	400 S 2nd St
		Louisville, KY 40202
	PURPOSE	In .
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/16/2024	Country Cleaners #1
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.55	1478 Hwy 6
		Sugar Land TV 77479
	PURPOSE	Sugar Land, TX 77478
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dry Cleaning
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/47 Rpt: 30/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/07/2024	Delta Air Lines, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$288.97	1030 Delta Boulevard
		Atlanta, GA 30354
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight to Washington DC
		I significant destruition and the second sec
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/07/2024	Delta Air Lines, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1030 Delta Boulevard
	Ψ00.00	1000 Bella Boalevala
		Atlanta, GA 30354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Baggage Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	08/07/2024	Delta Air Lines, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1030 Delta Boulevard
		Atlanta, GA 30354
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Baggage Fee
		- Daggage 1 cc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/47 Rpt: 31/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	07/22/2024	Desi Delights
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$135.59	1912 Wescott Ave
		Suite 200
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituents Meeting
		Constituents weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/11/2024	Dunkin' Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.16	Ronald Reagan Airport
		Arlington, TX 22202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Refreshments
		Thaver temperature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/08/2024	Exxon- Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.36	16760 Southwest Frwy
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		Fue!
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/47 Rpt: 32/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	09/20/2024	Facilitron Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$501.98	485 Alberto Way
		Suite 220
		Los Gatos, CA 95032
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Event Expense Cry Description Cry Description Cry Description Cry Description Cry Description Cry Description
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rental of School Cafeteria
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/08/2024	Filli Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.03	11920 S Texas 6
		# 600
		Sugar Land, TX 77498
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Constituents Meal
	Opening the ONE Wife disease	Our distance (Office health as marries and Office health
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/09/2024	Fort Bend Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	445 Commerce Green Blvd
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Room Rental
		Noom Nemai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/47 Rpt: 33/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/23/2024	Fort Bend County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	13515 Southwest Fwy
		#204
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Cala Openiosnorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/25/2024	Gyro Hut
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.02	1914 Wescott Ave
		#150
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituents Meal
		Constituents wear
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/22/2024	HEB - Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.81	530 Hwy 6
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Supplies
		Ενεπι συμμιοσ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/47 Rpt: 34/71	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	·
	07/26/2024	HEB - Sugar Land	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$47.37	530 Hwy 6	
L		Sugar Land, TX 77478	
8	PURPOSE OF		Description
	EXPENDITURE	Event Expense L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ē	Event Refreshments
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialture to beriefft C/Oi	1	
	Date	Payee name	
L	09/10/2024	Half Moon Empanadas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.82	1 Aviation Cir	
		Arlington, DC 22202	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description
	EXPENDITURE	Food/Beverage Expense L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Travel Meal
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialiture to benefit C/Oi		
	Date	Payee name	
	08/05/2024	Haraz Coffee House	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.28	13582 University Blvd	
		Suite 100	
		Sugar Land, TX 77479	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Meeting Refreshments
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	Superiordical to belieff 6/01	•	
l			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/47 Rpt: 35/71	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	09/03/2024	Hilton Anatole	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$308.27	2201 N Stemmons Fwy	
		Dallas, TX 75207	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Traver out or District	travel outside of Texas. Complete Schedule T.
		Lodging	Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	09/03/2024	Hilton Anatole	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.33	2201 N Stemmons Fwy	
		,	
		Dallas, TX 75207	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
	EXPENDITORE	l	Austin, TX, officeholder living expense
		Travel M	eals
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office Held
	Date	Payee name	
	09/03/2024	Hilton Anatole	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2201 N Stemmons Fwy	
	7200.00		
		Dallas, TX 75207	
	PURPOSE	1	n
	OF	, ,	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	Austin, TX, officeholder living expense
		Travel Re	efreshments
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			egal Services		Salaries/Wa		e /Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
	Credit Card F dyment		-	The Instruction G	uide explains ho	ow to con	nple	te this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 15/47 Rpt: 36/71	L	alani, Sulen	nan (The Hond	rable)					00083882		
4	Date	5 P.	ayee name									
	08/12/2024	I		l Washington [OC .							
6	Amount (\$)	7 P	ayee addres:	s; City;	State:	Zip Cod	de					
	\$175.39	l	.001 16th St		,							
	, , , , , ,											
		١ ,,	Vashington,	DC 20026								
Ļ		-					<i>.</i>					
8	PURPOSE OF			Categories listed at t	he top of this sched	dule)	(b)	Description	outoi.	do of Toyon Con	poloto Cobodulo T	
	EXPENDITURE	'	ravel Out of	District				브		officeholder livin	nplete Schedule T. g expense	
								Lodging				
9	Complete ONLY if direct	Ca	ndidate/Offic	eholder name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
\vdash	Date	Р	ayee name									
	08/07/2024		•	l Washington [OC							
	Amount (\$)		ayee addres:			Zip Cod	de					
	\$167.97		.001 16th St		Otato,	Z.p 000	40					
	Ψ101.31	-	001 1011 01	. 1 4 4 4								
		١ ,,	Vashington,	DC 20026								
	DUDDOOF	_					/I- \					
	PURPOSE OF			Categories listed at t	he top of this sched	dule)	(a)	Description Check if travel (outei	de of Tevas Con	nplete Schedule T.	
	EXPENDITURE	'	ravel Out of	DISTRICT				-		officeholder livin		
								Lodging				
	Complete ONLY if direct		ndidate/Offic	eholder name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	P	ayee name									
	09/03/2024	н	lotels.com									
	Amount (\$)	P	ayee addres:	s; City;	State;	Zip Cod	de					
	\$15.00	5.	400 LBJ Fre	eeway								
		s	Suite 500									
		D	allas, TX 7	5240								
	PURPOSE			e Categories listed at t	ha tan af this ashad	dula)	(b)	Description				
	OF	l	ees (See	e Categories listed at t	ne top of this sched	uule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Booking Fee				
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	Off	fice soug	ght			Office h	eld	
	experiulture to beliefit C/OI	1										

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 16/47 Rpt: 37/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/26/2024	Insomnia Cookies
6	Amount (\$) \$15.09	7 Payee address; City; State; Zip Code 636 S Wabash Ave
		Chicago, IL 60605
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Refreshments
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Javed Nihari Restaurant
	Amount (\$) \$125.48	Payee address; City; State; Zip Code 14631 Beechnut St STE A Houston, TX 77083
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Meal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/30/2024	Payee name Karachi Restaurant
	Amount (\$) \$201.84	Payee address; City; State; Zip Code 11315 State Highway 6 S Ste H Sugar Land, TX 77498
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituents Meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 17/47 Rpt: 38/71	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	08/28/2024	Karahi Boys	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$104.56	16535 Lexington Blvd	
		Unit 100	
_	DUDDOGE	Sugar Land, TX 77479	
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) [b] Descrip [c] Chec	tion r if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 cod/Beverage Expense	a if Austin, TX, officeholder living expense
		Consti	uents Meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/08/2024	Kentucky Derby Museum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.20	704 Central Ave	
		Louisville, KY 40208	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	Citt/ Wards/ Werriorials Expense	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
		🗀	uents Gifts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitie to beliefft C/Of	1	
	Date	Payee name	
	08/07/2024	Kentucky International Convention Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	221 S. 4th St	
		Louisville, KY 40202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	OF EXPENDITURE	1 003	x if travel outside of Texas. Complete Schedule T.
		— —	rif Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 18/47 Rpt: 39/71	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		'
l	09/23/2024	L&L Valet Parking Services		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
l	\$21.25	21 Waterway Ave		
l				
l		Woodlands , TX 77380		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
l	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE			Check if Austin, TX, officeholder living expense
l				Parking
Ļ	Complete ONLY if disent	Condidate/Officeholder name	la 4	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nι	Office held
⊨				
l	Date	Payee name		
	09/16/2024	Marble Slab Creamery - SL		
l	Amount (\$)	Payee address; City; State; Zip Code	е	
l	\$58.86	15940 Lexington Blvd		
l				
L		Sugar Land, TX 77479		
l	PURPOSE OF	,	b)	Description
l	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Constituents Meeting
				5
┢	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	09/03/2024	McDonald's - Hutchins		
H	Amount (\$)	Payee address; City; State; Zip Code	e	
l	\$27.02	108 I-45		
l				
l		Hutchins, TX 75141		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
l	OF	Food/Beverage Expense	,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Travel Meal
L				200
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	nt	Office held
ldash				

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/47 Rpt: 41/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	09/23/2024	Minuti Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.05	1535 Texas 6
		Ste A
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Refreshments
		Wieeting Netrestiliterits
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/05/2024	Nationbuilder
	Amount (\$)	Payee address; City; State; Zip Code
	\$164.00	520 S Grand Ave
		Los Angeles, CA 90071
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Database and Website
		Campaign Databaco and Wobolic
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/05/2024	Nationbuilder
	Amount (\$)	Payee address; City; State; Zip Code
	\$164.00	520 S Grand Ave
		Los Angeles, CA 90071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign Database and Website
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 21/47 Rpt: 42/71	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	Date	5 Payee name
	09/05/2024	Nationbuilder
6	Amount (\$) \$164.00	7 Payee address; City; State; Zip Code 520 S Grand Ave
	42000	
		Los Angeles, CA 90071
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense
		Campaign Database and Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/06/2024	Omni Louisville
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.14	400 S 2nd St
		Louisville , KY 40202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Refreshments
		Traver Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/05/2024	Omni Louisville
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.20	400 S 2nd St
		Louisville , KY 40202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Travel Meals
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to d	-	ete this form.
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
_	Sch: 22/47 Rpt: 43/71	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		•
	07/16/2024	PF Chang's		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$252.83	2120 Lone Star Dr		
		Sugar Land, TX 77479		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Constituents Meal
_	0 1 0 0 1 1 0 1 1 1 1 1	0.51.40%	<u> </u>	05.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	09/13/2024	PF Chang's		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$97.72	2120 Lone Star Dr		
		Sugar Land, TX 77479		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Constituents Meal
				Constituente meai
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		ag	
-	Date	Payee name		
	07/01/2024	PNC Bank		
			odo	
	Amount (\$) \$3.00	Payee address; City; State; Zip C 300 Fifth Avenue	oue	
	Φ3.00	300 Filtil Avenue		
		D''		
		Pittsburgh, PA 15222		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office so	llaht Taht	Office held
	expenditure to benefit C/OI		agiii	Office Held
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/47 Rpt: 44/71		Lalani, Suleman (The Honorable)		00083882
4	Date	5	Payee name		•
	08/01/2024		PNC Bank		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$3.00		300 Fifth Avenue		
			Pittsburgh, PA 15222		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense Service Fee
					Service Fee
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
,	expenditure to benefit C/O		and date of the choice in the control of the contro	rugiit	. Office Held
_	Date	Г	Davis name		
	09/02/2024	ı	Payee name PNC Bank		
		┞		`odo	
	Amount (\$) \$3.00	ı	Payee address; City; State; Zip C 300 Fifth Avenue	oue	
	Φ3.00		300 Filtii Avenue		
			Dittala mala DA 15000		
		├	Pittsburgh, PA 15222		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Touce, Complete Schoolule T
	EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Service Fee
	Complete ONLY if direct		candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	08/19/2024		Pinks Pizza -IHA		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$41.47		2800 N Terminal Rd		
			Houston, TX 77032		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					Travel Meals
	Compulate ONLY if direct	<u> </u>	Canadidate /Office helder research		Office hold
	Complete ONLY if direct expenditure to benefit C/O		candidate/Officeholder name Office so	ugnt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

l	•	The Instruction Guide explains how to	omple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/47 Rpt: 45/71	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		
	09/23/2024	Plat Parking		
6	Amount (\$)	7 Payee address; City; State; Zip (Code	
	\$16.84	Plat Parking		
		311 Austin St		
L		Houston, TX 77002		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Parking
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought	Office held
	experialiture to benefit C/O	1		
	Date	Payee name		
	08/21/2024	Pot Belly		
	Amount (\$)	Payee address; City; State; Zip (code	
	\$29.86	200 S Michigan Ave		
		Ste 140		
		Chicago, IL 60604		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Travel Meals
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ought	Office held
L	- Composition to bostom Group			
	Date	Payee name		
	07/23/2024	Priceline.com LLC		
	Amount (\$)	Payee address; City; State; Zip (Code	
	\$113.97	800 Connecticut Avenue		
		Norwalk, CT 06854		
	DUDDOCE		(h)	Basadatia
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver eat or bloanet		Check if Austin, TX, officeholder living expense
				Lodging
L	Operation ON IV II II	Open Higher (Office helder)	<u></u>	0.65-1-1-1
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ught	Office held
L				
ĺ				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/47 Rpt: 46/71	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		
Ļ	08/05/2024	Q's Deli		
6	Amount (\$) \$143.43	7 Payee address; City; State; Zip C13134 Dairy Ashford Rd	oae	
	42.01.10	Suite 100		
		Sugar Land, TX 77478		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Event Catering
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ught	Office held
L	experialiture to benefit C/O	1		
	Date	Payee name		
L	07/01/2024	Q's Deli	- al a	
	Amount (\$) \$116.62	Payee address; City; State; Zip C 13134 Dairy Ashford Rd	oae	
	φ110.02	Suite 100		
l		Sugar Land, TX 77478		
⊢	PURPOSE		I _(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 odd/Beverage Expense		Check if Austin, TX, officeholder living expense
				Event Catering
┝	Complete ONLY if direct	Candidate/Officeholder name Office so	l uaht	Office held
	expenditure to benefit C/O		. 5	
	Date	Payee name		
	09/05/2024	QI Austin		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$208.61	835 W 6th St #114,		
		A		
_		Austin, TX 78703	la x	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Poou/beverage Expense		Check if Austin, TX, officeholder living expense
				Travel Meal
\vdash	Complete ONLY if direct	Candidata/Officeholder name Office co	ught	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sol	uyIII	Office held
-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
-	Sch: 26/47 Rpt: 47/71		- eman (The Honorable)			3	00083882	(Lance Commission Files)
4	Date	5 Payee name							
	09/03/2024	,	cation Fund						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
	\$104.42	11408 S Ha	arlem Ave						
		Worth, IL 6	0482						
8	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made B					de of Texas. Comp	
		Candidate/	Officeholder/Political	Committee		Charitable Do		officeholder living	expense
						Chantable De	Jiia	itiOii	
Ļ	Compulate ONLY if direct	Canadidata/Off		O#:				Office he	ıla
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	igni			Office he	eid
	Date	Payee name							
	08/12/2024	Reagan Na	tional Airport (DCA) F	ood Court					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$42.40	2401 Rona	d Reagan Airport Acc	cess Rd					
		Arlington, V	'A 22202						
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense			=		de of Texas. Comp	
						Travel Meals	, IX,	officeholder living	expense
						Traver Meais			
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	laht Iaht			Office he	ald
	expenditure to benefit C/OI		oonolaor name	200 000	·9···			000	
H	Date	Payee name							
	08/29/2024	Rice Parkin	α						
	Amount (\$)	Payee addre		State; Zip Co	ndo				
	\$12.00	6100 Main		State, Zip Ct	Jue				
	φ12.00	0100 Main	Ji,						
		Houston, T	X 77005						
	PURPOSE	(a) Category (s	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF	Travel Out		. uno concuano,			outsi	de of Texas. Comp	plete Schedule T.
	EXPENDITURE					ш	, TX,	officeholder living	expense
						Parking			
	Complete ONLY if direct		ceholder name	Office sou	ıght		_	Office he	eld
	expenditure to benefit C/O	1							

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/47 Rpt: 48/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/27/2024	Risala Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.22	5810 Song Ridge CT
		Houston, TX 77041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Charitable Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2024	Sarku Japan
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.64	16535 Southwest Fwy
	Ψ10.04	
		Space 427
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituents Meal
		Consultents ivieal
	Operation ONLY if allowed	One districts (Office healths are seen
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	07/31/2024	Shell -Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	3828 N Interstate 35
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Austin Commute Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
I		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contribution Population Made By Giff(Awards/Me)

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/47 Rpt: 50/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	07/22/2024	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.12	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/29/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.73	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/19/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.47	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
_	Sch: 30/47 Rpt: 51/71	Lalani, Suleman (The Honorable) 00083882	
4	Date	5 Payee name	_
	09/16/2024	Shipley Do-Nuts	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$13.99	6512 US-90 ALT	
		Sugar Land, TX 77498	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Constituents Meeting	
		Constituents Meeting	
_	Computate ONLL V if diseast	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI	and the state of t	
			_
	Date	Payee name	
	08/08/2024	Smoothie King - Sugar Land	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.81	5022 Hwy 90 Alt	
		Ste R	
		Sugar Land, TX 77498	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Meeting Refreshments	
	0 1: 0.11.7.7.1.		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	08/13/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$980.96	7800 Airport Blvd	
		Houston, TX 77061	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Return Flight to Houston	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	n 	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gif ee Le	od/Beverage Expensit/Awards/Memorials Egal Services ne Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:									Filer ID	(Ethics Commission Filers)
L	Sch: 31/47 Rpt: 52/71	Lal	lani, Sulema	an (The Honor	able)					00083882	
4	Date	5 Pay	yee name								
	08/12/2024	Sou	uthwest Air	lines							
6	Amount (\$)	7 Pay	yee address;	City;	State;	Zip Co	de				
	\$755.92	780	00 Airport E	Blvd							
		Ho	uston, TX 7	7061							
8	PURPOSE	(a) Cat	tegory (See (Categories listed at th	e ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE		avel Out of		c top or this some	,uuic)		X Check if travel of	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITORE							_		officeholder living	expense
								Flight to Chic	agc)	
Ļ		<u> </u>				•	<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/Oh		didate/Officel	holder name	С	ffice sou	ght			Office he	eld
	Date	Pay	yee name								
	08/26/2024	1 1	uthwest Air	lines							
	Amount (\$)	Pay	yee address;	City;	State;	Zip Co	ode				
	\$324.02		00 Airport E	-		•					
	•		•								
		Ho	uston, TX 7	77061							
	PURPOSE OF			Categories listed at th	e top of this sche	edule)	(b)	Description	_		
	EXPENDITURE	Tra	avel Out of I	District				Check if Austin		de of Texas. Com officeholder living	
								Return to Hou			, expense
	Complete ONLY if direct	Cano	didate/Officel	holder name		ffice sou	<u>l</u> ight			Office he	eld
	expenditure to benefit C/OF						-				
H	Date	Pav	yee name								
	08/14/2024	1 1	eedy Stop 2	25							
	Amount (\$)	·	yee address;		State:	Zip Co	ode				
	\$53.11	1 1	015 Southw	•	,	,- O					
	700.22			 y							
		Ros	senberg, T	X 77469							
	PURPOSE	(a) Cat	tegory (See C	Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Tra	avel Out of I	District				_		de of Texas. Com	•
								Check if Austin, Fuel for Austi		officeholder living	expense
								i dei ioi Austi	C	ommute.	
	Complete ONLY if direct	Cand	didate/Officel	holder name	0	ffice sou	laht Iaht			Office he	ald.
	expenditure to benefit C/O			iolaci name	O	300	Ailt			Cilico ne	J. G.

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 32/47 Rpt: 53/71	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	09/23/2024	Starbucks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.09	3613 South Main St	
		Stafford, TX 77477	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 1 000/Develage Expense	side of Texas. Complete Schedule T. K, officeholder living expense
		Meeting Refres	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
F	Date	Payee name	
	09/17/2024	TMC Valet Parking	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.00	6411 Fannin St	
		Houston, TX 77030	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel out	side of Texas. Complete Schedule T.
		Check if Austin, T	K, officeholder living expense
		T arking	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
H	Date	Payee name	
	08/26/2024	Tahoora Sweets & Bakery	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.61	2345 W Devon Ave	
		Chicago, IL 60659	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	side of Texas. Complete Schedule T.
	EXPENDITORE		K, officeholder living expense
		Travel Refreshi	пень
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
H			
ı			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Travel in District
Travel Out of District
OTHER (enter a cate

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		ers)
	Sch: 33/47 Rpt: 54/71	Lalani, Suleman (The Honorable) 00083882	
4	Date	5 Payee name	
L	07/31/2024	Telfair Spices	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$58.94	1219 Museum Square Dr	
		Suite 100	
		Sugar Land, TX 77479	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	_	Check if Austin, TX, officeholder living expense Meeting Refreshments	
		Weeting Refleshments	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Oh		
	Date	Payee name	
	09/03/2024	Telfair Spices	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.91	1219 Museum Square Dr	
		Suite 100	
		Sugar Land, TX 77479	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Meeting Refreshments	
		Meeting Refleshments	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	08/05/2024	Texas Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1107 Lavaca St	
		#101	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	, and a solution of or		
	rme provided by Tayas E	thics Commission Waywathics state tyrus Varsion V/A 1 0 48d	C147

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/47 Rpt: 55/71	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	08/26/2024	The Allegro Royal Sonesta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$380.98	171 W Randolph St	
		Chicago, IL 60601	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Travel Out of District \Box \Box	Check if travel outside of Texas. Complete Schedule T.
		·	Check if Austin, TX, officeholder living expense vel Lodging
		Trus	ver Loughig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		000
_	Date	Payee name	
	08/09/2024	The Allegro Royal Sonesta	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,498.04	171 W Randolph St	
	Ψ1, 100.0 1	111 W Kandolph GC	
		Chicago, IL 60601	
	PURPOSE	-	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Cription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Thaver out of District	Check if Austin, TX, officeholder living expense
		Lod	ging
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/31/2024	The Capital Grille	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$410.33	117 W 4th St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	1 000/Deverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense If Dinner
		Stat	ii Dillilei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	•	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

OTHER (enter a category not listed above)

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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Legal Services	:		ages	/Contract Labor		OTHER (enter	a category not listed abo	ve)
				The Instruction G	uide explains ho	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 36/47 Rpt: 57/71		Lalani, Suler	man (The Hond	orable)					00083882		
4	Date	5	Payee name									
	07/29/2024		The Spot									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$67.48		3204 Seawa	ıll Blvd								
			Galveston, T	TX 77550								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	lule)	(b)	Description				
	OF EXPENDITURE			age Expense				Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE							_	, TX,	officeholder livin	g expense	
								Travel Meals				
9	Complete ONLY if direct		andidate/Offic	eholder name	Off	fice souç	ght			Office h	eld	
	expenditure to benefit C/OI	п										
	Date		Payee name									
	09/20/2024		The Stepher	n F Austin Roya	al Sonesta Ho	otel						
	Amount (\$)		Payee addres	s; City;	State;	Zip Coo	de					
	\$238.97		701 Congres	ss Ave								
		.	Austin, TX 7	8701								
	PURPOSE	_					(h)	Description				
	OF		Travel Out o	e Categories listed at t	the top of this sched	lule)	(5)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Traver Out 0	ii District				=		officeholder livin		
								Lodging for H	IDC	CC Retreat		
	Complete ONLY if direct		andidate/Offic	ceholder name	Off	fice souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/23/2024	I	•	n F Austin Roya	al Sonesta Ho	otel						
	Amount (\$)	_	Payee addres			Zip Cod	de					
	\$81.77	I	701 Congres	-	State,	Zip Coo	uc					
	ΦΟΙ.77		701 Congres	55 AVC								
			>/-	0704								
			Austin, TX 7									
	PURPOSE OF			e Categories listed at t	the top of this sched	lule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				브		de of Texas. Cor officeholder livin	nplete Schedule T.	
								Room Service		officeriolder livin	y expense	
								Jei vilo	-			
\vdash	Complete ONLY if direct		`andidate/Offic	ceholder name	Off	fice soug	tdr			Office h	ماط	
	expenditure to benefit C/OI		unuale/OIII	CHOIDEI HAIHE	Oli	แคน อบน(gril			Onice	Ciu	
	•											

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 37/47 Rpt: 58/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	07/03/2024	Tim Hortons
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.97	11411 W Airport Blvd
		Meadows Place, TX 77477
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/19/2024	Top Golf
	Amount (\$)	Payee address; City; State; Zip Code
	\$249.83	1030 Memorial Brook Blvd
		Houston, TX 77084
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Constituents Macting
		Constituents Meeting
	Complete ONLY if direct	Condidate/Office helder notes Office accusity Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	08/12/2024	U.S. Capitol Visitor Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.28	15 Independence Ave SE
		Washington, DC 20515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Constituent Cifts
		Constituent Gifts
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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

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

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

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

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/47 Rpt: 60/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/19/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.92	1515 Third Street
		San Francisco, CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Commuting for Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	08/12/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.96	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Commuting for Conference
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/09/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.95	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Commuting for Conforance
		Commuting for Conference
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/47 Rpt: 61/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/09/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.99	1515 Third Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Commuting for Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/09/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.81	1515 Third Street
	,	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Commuting for Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/07/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.17	1515 Third Street
	•	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Commuting for Conference
		Continuing for Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

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

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/47 Rpt: 63/71	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	
	09/10/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.98	1515 Third Street	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		vel outside of Texas. Complete Schedule T.
		l — l —	stin, TX, officeholder living expense g Outside of District
		Community	, Galsiae of Bistriot
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	09/10/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.83	1515 Third Street	
	400.00	2020 11.11.4 01.001	
		San Francisco, CA 94158	
_	PURPOSE		
	OF		vel outside of Texas. Complete Schedule T.
	EXPENDITURE		stin, TX, officeholder living expense
		Commutin	Outside of District
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiantare to benefit Great		
	Date	Payee name	
	09/10/2024	United Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$718.95	233 South Wacker Drive	
		Chicago, IL 60606	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Have but of Blothet	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		l	ashington DC
			o de la companya de
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
1			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 43/47 Rpt: 64/71	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	1
	08/22/2024	United Center	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$41.76	1901 W Madison St	
		Chicago, IL 60612	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	rel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		Travel Refr	eshments
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	'		
	Date	Payee name	
	08/22/2024	United Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.79	1901 W Madison St	
		Chicago, IL 60612	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Travel Refr	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	08/21/2024	United Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$148.84	1901 W Madison St	
		Chicago, IL 60612	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		Travel Refr	eshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/47 Rpt: 65/71	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	08/26/2024	Usmania Fine Dining
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$127.49	2244 W Devon Ave
l		
		Chicago, IL 60659
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Meals
		Traver Meals
Ļ	0 1: 01:14 7 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
l	08/12/2024	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
l	\$100.00	11525 S Texas 6
		Sugar Land, TX 77498
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituents Gift Cards
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Data	
l	Date	Payee name
L	09/23/2024	Walgreens
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$302.70	11525 S Texas 6
l		
		Sugar Land, TX 77498
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l	LAFENDITORE	Check if Austin, TX, officeholder living expense
1		District Office Supplies
ldash		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Constitution Properties Mode Page 1

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica			Legal Services		llaries/Wa		e /Contract Labor		OTHER (enter	a category not listed a	bove)
Credit Card Payment				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 45/47 Rpt: 66/71		Lalani, Suler	man (The Hono	rable)					00083882		
4	Date	5	Payee name						_			
	09/23/2024		Waterstone	Ranch								
6	Amount (\$)	7	Payee addres	s; City;	State; Z	ip Cod	le					
	\$150.40] :	14614 Coun	ty Rd 820								
			Rosharon, T	X 77583								
8	PURPOSE	<u> </u>		e Categories listed at th	a top of this sehedul	<u>, (</u>	b)	Description				
ľ	OF			e Categories listed at tr age Expense	ie top of this schedule	e) `	.~,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			9				Check if Austin	, TX,	officeholder livir	ng expense	
								Constituents	Ме	al		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	
	experialitate to beliefit e/of											
	Date	ı	Payee name									
	07/24/2024	'	Wendy's - G	alveston								
	Amount (\$)		Payee addres	s; City;	State; Z	ip Cod	le					
	\$30.92	:	2328 Seawa	ll Blvd								
		(Galveston, T	X 77550								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				-			mplete Schedule T.	
								Travel Meals		officeholder livir	ig expense	
								Travel Meals				
	Complete ONLY if direct	C	andidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	
	expenditure to benefit C/OI					9						
_	Date		Pavee name									
	08/19/2024	l	Wendy's									
	Amount (\$)	_	Payee addres	s; City;	State; Z	in Cod	le					
	\$12.87	l	,	tate Hwy 35	State, Z	ip Cou	ic					
	412.01		010 11 111010	idio i iii y								
			Austin, TX 7	8702								
	DUDDOCE					1,	'b\	Description				
	PURPOSE OF		,	e Categories listed at th age Expense	ne top of this schedule	e) (D)	Description Check if travel	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE	'	roou/bever	age Expense				브		officeholder livir		
								Travel Meals				
	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	
L	expenditure to benefit C/OI											

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guid			/Contract Labor ete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)	_
	Sch: 46/47 Rpt: 67/71		eman (The Honora	ble)				00083882		
4	Date	5 Payee name	;							_
	09/05/2024	I	er - La Grange							
6	Amount (\$) \$39.47	7 Payee addre 1800 State La Grange	Hwy 71	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	I	See Categories listed at the rage Expense	top of this schedule)	(b)	<u>—</u>		de of Texas. Com officeholder living	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office h	eld	
	Date	Payee name								
	07/15/2024	X Corp.								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					_
	\$8.64	1355 Mark	et St							
		Suite 900								
		San Franci	sco, TX 94103							
	PURPOSE OF EXPENDITURE	I	See Categories listed at the rhead/Rental Expe		(b)	ш	, TX,	officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office he	eld	
	Date	Payee name)							_
	08/15/2024	X Corp.								
	Amount (\$) \$8.64	Payee addre 1355 Mark Suite 900 San Franci	•	State; Zip Co	ode					
	PURPOSE	(a) Category (S	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		ш	, TX,	officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gift/Awards/Memorials E Legal Services The Instruction Guid	Si		ages	Contract Labor		OTHER (enter	a category not listed above)	
1 Total pages Schedule F1: 2 FILER NAME					•		•		2	Filor ID	(Ethios Commission Filors)	
_	Sch: 47/47 Rpt: 68/71	2		man (The Honora	able)					Filer ID 00083882	(Ethics Commission Filers)	
4	Date	5	Payee name									
	09/13/2024		X Corp.									
6	Amount (\$)	7	Payee addres	s; City;	State; Z	Zip Cod	de					
	\$8.64		1355 Market	t St								
			Suite 900									
				T)/ 0.44.00								
			San Francis	co, TX 94103								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedu	le)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Expe	ense			<u> </u>			mplete Schedule T.	
	LAI LINDITORL							Check if Austin,			ng expense	
								Subscription I	Fee	es		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	neld	
_	Date		Payee name									
	09/10/2024		Zakat Found	lation								
					Ctata	7in Cod	J =					
	Amount (\$)		Payee addres		State; Z	21p C00	је					
	\$250.00		3949 Braxto	n Dr								
			Houston, TX	77063								
	PURPOSE	(a)	Category (Sa	e Categories listed at the	ton of this schedu	le) ((b)	Description				
	OF	l` <i>′</i>		s/Donations Mac			` ,	·	outsio	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Committee				Check if Austin, TX, officeholder living expense					
								Charitable Do	na	tion		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	neld	
	expenditure to benefit C/OI	+										

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

SCHEDULE T

The Insti	ruction (Guide explains	1 Total pages Schedule T: Sch: 1/3 Rpt: 69/71								
2 FILER NAME			•	mmission Filers)							
Lalani, Suleman	-	-	00083882								
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
Delta Air Lines, Inc.											
I `	on / Expenditure reported on:										
Schedule A2	브	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel		of person(s) travel	ing								
		, Zakia	•								
08/08/2024			f departure location								
08/08/2024	Louis										
00/00/2024			of destination location								
08/08/2024	Wash										
10 Means of transport Commercial Airp		· ·	evel (including name of c NCSL Conference to v								
Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Paye								
Delta Air Lines, I		.									
Contribution / Expe	enditure rep	oorted on:									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2	一片	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Name	of person(s) travel	ing								
Battos of Travel		M.D., Suleman									
			f departure location								
08/08/2024	Louis										
	Destina	ation city or name	of destination location								
08/08/2024	Wash										
Means of transpor	l		avel (including name of c	onference, seminar, or	other event)						
Commercial Airp			NCSL Conference to								
Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Paye	20							
Southwest Airlin		and real cases eng	amzadon / nougon / aye								
Contribution / Expe	enditure rei	oorted on:									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2	느	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Namo	of norcon(s) traval	ing								
Dates of Havel	Dates of Travel Name of person(s) traveling Lalalni M.D., Suleman (Rep.)										
Departure city or name of departure location											
08/22/2024											
	Destin	ation city or name	of destination location								
08/22/2024	Houst										
Means of transpor	tation	Purpose of tra	avel (including name of c	onference, seminar, or	other event)						
		Return to Ho	ouston, Charge for Fliq	ght Change							
I											

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule C2 Schedule B Schedule B(J) Schedule D Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H

6 Dates of Travel	7 Name of person(s) traveling Lalani, Zakia											
	8 Depart	8 Departure city or name of departure location										
08/19/2024	Houston											
	9 Destination city or name of destination location											
08/19/2024	Chica	go										
10 Means of transpor	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)											
Commercial Airp	Commercial Airplane Flight to Chicago for DNC											
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee												
Southwest Airlin	Southwest Airlines											
Contribution / Exp	enditure rep	oorted on:										
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1						
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC							
Dates of Travel	Name	of person(s) trave	ling									
	Lalani	, Zakia										
			of departure location									
09/10/2024	Wash											
00/40/0004			of destination location									
09/10/2024	Houst											
Means of transpor		1		conference, seminar, or								
Commercial Airp	nane ———	Return to H	ousion from Pakisian	Embassy Event in DO								
		ation or Labor Orç	ganization / Pledgor /Pay	/ee								
Southwest Airlin												
Contribution / Exp	_		Cohodulo D/1)	Cobodulo C2	Cabadula D	Cabadula F1						
Schedule A2 Schedule F2	브	Schedule B Schedule F4	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D Schedule COH-UC	X Schedule F1						
	<u> </u>			Scriedule H	Scriedule CON-OC							
Dates of Travel		of person(s) trave M.D., Suleman										
08/19/2024	Houst		of departure location									
00/10/2021			of destination location									
08/19/2024 Chicago												
Means of transportation Purpose of travel (including name of conference, seminar, or other event)												
Commercial Airplane Flight to DNC Convention												
Forms provided by 7	Texas Ethi	cs Commission	www.ethio	cs.state.tx.us	· 	Version V4.1.0.48da51f7						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H Dates of Travel Name of person(s) traveling Lalani M.D., Suleman (Rep.) Departure city or name of departure location 09/10/2024 Washington Destination city or name of destination location 09/10/2024 Houston 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Return to Houston from Pakistan Embassy Event in DC Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** Contribution / Expenditure reported on: Schedule A2 Schedule C2 Schedule B Schedule B(J) Schedule D X Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Lalani M.D., Suleman (Rep.) Departure city or name of departure location 09/09/2024 Houston Destination city or name of destination location 09/09/2024 Washington Means of transportation Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Pakistani Embassy Event in DC