#### FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088949 3 COMMITTEE NAME **OFFICE USE ONLY** Promoting Inclusive Leadership, Legislation, Accountability, and Reform PAC Date Received **ELECTRONICALLY FILED** 10/27/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 10878 Westheimer Rd Date Hand-delivered or Date Postmarked Suite 191 Change of Address Houston, TX 77042 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Omar NAME NICKNAME LAST **SUFFIX** Kasani STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 10878 Westheimer Road STREET **ADDRESS** Suite 119 (Residence or Business) Houston, TX 77042 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 10878 Westheimer Road MAILING **ADDRESS** Suite 119 Houston, TX 77042 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 877-6207 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	Filer ID (Ethics Commission Filers)
Promoting Inclusive Leadership, Legislation, Accountability, and Reform PAC	00088949
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  A. Supported Andy Meyers County Commission A. Supported Andy Meyers County Commission	ner
(Attach lists on plain paper to complete this report if necessary.)  B. Opposed	
Measures     (Describe by date and location of election and nature of issue.)  A. Supported	
B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  check here if this report qualifies for the higher itemization threshold	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,975.91
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	Y \$ 6,369.27
OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT	1
I swear, or affirm, under penalty of perjurtrue and correct and includes all informat under Title 15, Election Code.	
Mr. Omar k	Kasani
Signature of Campa	aign Treasurer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this t	the day
of, 20, to certify which, witness my hand and seal of office.	
Signature of officer administering oath  Printed name of officer administering oath	Title of officer administering oath

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

#### FORM GPAC ADDENDUM

Page 3 of 10

'	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
F	Promoting Inclusive Lea	dership, Legislation,	Accountability	y, and Reform PAC	00088949
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carmen Turner Ft. Bend County	r Tax Assessor-Collector
ŗ	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tameika Carter Criminal District	Court Judge
ŗ	Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Quincy Patrick Constable Fort B	end County - Precinct 4
ŗ	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

			J V LI ( OI IL	4 of 10
17 COMMITTEE N		18 Filer ID	(Ethics Comm	ission Filers)
Promoting Inc	00088949			
19 SCHEDULE SU NAME OF SCH	SUBTOT	AL AMOUNT		
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	31,975.91
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	
1 / 1/1	CHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR RGANIZATION	R	\$	1,000.00
	CHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ABOR ORGANIZATION	TION OR	\$	
6. SC	CHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
	CHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR RGANIZATION		\$	
8. SC	CHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9. SC	CHEDULE E: LOANS		\$	
10. SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	
11. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
13. SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$	10,830.51
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	- 1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/10
2	FILER NAME Promoting Inclusive Leadership, Legislation, Accountability, and Reform PAC	- 1	Filer ID (Ethics Commission Filers) 00088949
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Carmen Turner 4 FT BEND CO  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$1,000.00
	Richmond, TX 77469		
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instruction	ns)	

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/10 3 Filer ID (Ethics Commission Filers) FILER NAME Promoting Inclusive Leadership, Legislation, Accountability, and Reform PAC 00088949 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 8 In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 10/11/2024 Andy Meyers Campaign \$25,399.89 | Campaign Fliers 7 Contributor address; City; State; Zip Code Stafford, TX 77477 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description

10/16/2024

Andy Meyers Campaign

Stafford, TX 77477

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (FOR JUDICIAL)

Contributor address; City; State; Zip Code

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

\$6,576.021 Signs

Employer (FOR NON-JUDICIAL)

Contributor's job title (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

(See instructions)

(See instructions)

## MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

#### SCHEDULE C1

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C1: Sch: 1/1 Rpt: 7/10		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Promoting In	clu	usive Leadership, Legislation, Accountability, and Reform PAC		00088949	
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)	
ı	10/25/2024		Dibrell & Associates		\$1,000.00	
		6	Corporation / Labor Organization address; City; State; Zip Code			
			Katy, TX 77494			

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule I: Sch: 1/3 Rpt: 8/10	2 FILER NAME Promoting Inclusive Leadership, Legislation, 3 Filer ID (Ethics Commis 00088949)	sion Filers)
4 Date	5 Payee name	
10/09/2024	A&N's Halal Kitchen	
6 Amount (\$)	7 Payee Address; City; State; Zip	
500.00	12925 W Bellfort Ave	
Expenditure from corporate funds	Sugar Land, TX 77478	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information of the control of the	on required.)
OF EXPENDITURE	Food/Beverage Expense Food	
Date	Payee name	
10/04/2024	AA Jump	
Amount (\$)	Payee Address; City; State; Zip	
296.61	4611 S Main St. Ste 1	
Expenditure from corporate funds	Stafford, TX 77477	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information of the control of the	ion required.)
OF EXPENDITURE	Event Expense Tables & Chairs	
EXPENDITORE		
Date	Payee name	
10/09/2024	AA Jump	
Amount (\$)	Payee Address; City; State; Zip	
274.96	4611 S Main St.	
Expenditure from	Ste. 1 Stafford, TX 77477	
corporate funds  PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instructions regarding type of information of the category (See instruction	ion required.)
OF	Event Expense Tables & Chairs	,
EXPENDITURE		
Date	Payee name	
10/18/2024	AA Jump	
Amount (\$)	Payee Address; City; State; Zip	
238.15	4611 S Main St. Ste. 1	
Expenditure from corporate funds	Stafford, TX 77477	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information)	on required.)
OF EXPENDITURE	Event Expense Tables & Chairs	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

The Instruction Guide explains how to complete this form.  1 Total pages Schedule I: Sch: 2/3 Rpt: 9/10  4 Date 10/24/2024 5 Peyee name AA Jump 6 Amount (8) 7 Pagee Address; Expenditure from corporate funds 10/18/2024 A Rahmat Sweets Amount (9) Pagee Address; City: State: Zip 10/18/2024 A Rahmat Sweets A Rahmat Sweet					
Sch: 2/3 Rpt: 9/10 Promoting Inclusive Leadership, Legislation, 00088949  4 Date 10/24/2024 A Jump 5 Payee name A/3 Jump 6  6 Amount (\$) 7 Payee Address; City; State; Zip 4611 S Main St. Ste 1 Stafford, TX 77477  8 PURPOSE OF EVENDTURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions requiring type of information required.) Tables & Chairs  Date 10/18/2024 Al Rahmat Sweets City; State; Zip 15550 W Airport Blvd Suite C Sugar Land, TX 77498  PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (c) City; State; Zip 1600 (C) Description (See instructions requiring type of information required.) Food/Beverage Expense (c) City; State; Zip 1600 (C) Description (See instructions requiring type of information required.) Food/Beverage Expense (c) City; State; Zip 1600 (C) Description (C) Desc	The Instruction Guide explains how to complete this form.				
Sch: 2/3 Rpt: 9/10 Promoting Inclusive Leadership, Legislation, 00088949  4 Date 10/24/2024 A Jump 5 Payee name A/3 Jump 6  6 Amount (\$) 7 Payee Address; City; State; Zip 4611 S Main St. Ste 1 Stafford, TX 77477  8 PURPOSE OF EVENDTURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions requiring type of information required.) Tables & Chairs  Date 10/18/2024 Al Rahmat Sweets City; State; Zip 15550 W Airport Blvd Suite C Sugar Land, TX 77498  PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (b) Description (See instructions requiring type of information required.) Food/Beverage Expense (c) City; State; Zip 1600 (C) Description (See instructions requiring type of information required.) Food/Beverage Expense (c) City; State; Zip 1600 (C) Description (See instructions requiring type of information required.) Food/Beverage Expense (c) City; State; Zip 1600 (C) Description (C) Desc	1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
AÁ Jump 6 Amount (\$) 348.57 Ste 1 Stafford, T.X.77477  8 PURPOSE OF EXPENDITURE  Payee name 10/18/2024  Af Category See instructions for examples of acceptable categories)  Amount (\$) Payee Address; City, State; Zip 15550 W Airport Blvd Suite C Sugar Land, T.X.77498  PURPOSE OF EXPENDITURE  Date 10/18/2024  Amount (\$) Payee name 4 Rahmat Sweets  Amount (\$) Payee Address; City, State; Zip 15550 W Airport Blvd Suite C Sugar Land, T.X.77498  Date 10/18/2024  Amount (\$) Payee name 4 (\$) Category See instructions for examples of acceptable categories)  Food/Beverage Expense  Date 10/18/2024  Amount (\$) Payee name 4 (\$) Category See instructions for examples of acceptable categories)  Food/Beverage Expense  Date 10/18/2024  Amount (\$) Payee Address; City, State; Zip 15803 W Airport Blvd Suite 20 Richmond, T.X.77407  PURPOSE OF EXPENDITURE  Amount (\$) Payee Address; City, State; Zip 15803 W Airport Blvd Suite 20 Richmond, T.X.77407  PURPOSE OF EXPENDITURE  Amount (\$) Payee Address; City, State; Zip 15803 W Airport Blvd Suite 20 Richmond, T.X.77407  PURPOSE OF EXPENDITURE  Amount (\$) Payee Address; City, State; Zip Category See instructions for examples of acceptable categories)  Amount (\$) Payee name 10/21/2024  MSK Signs & Print  Amount (\$) Payee name 10/21/2024  MSK Signs & Print  Amount (\$) Payee Address; City, State; Zip Category See instructions for examples of acceptable categories)  Amount (\$) Payee Address; City, State; Zip Category See instructions for examples of acceptable categories)  Amount (\$) Payee Address; City, State; Zip Category See instructions for examples of acceptable categories)  Amount (\$) Payee Address; City, State; Zip Category See instructions for examples of acceptable categories)  Amount (\$) Payee Address; City, State; Zip Category See instructions requiring Spee of information required.)  Amount (\$) Payee Address; City, State; Zip Category See instructions requiring Spee of information required.)  Amount (\$) Category See instructions requiring Spee of information required.)  Amount (\$) C		[- · ··· · · · · · · · · · · · · · · ·			
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A611 S Main St. Ste 1	10/24/2024	AA Jump			
Size 1   Stafford, TX 77477	6 Amount (\$)	7 Payee Address; City; State; Zip			
Expenditure from Corporate funds  8 PURPOSE OF EXPENDITURE  Calcagory (See instructions for examples of acceptable categories)  Date 10/18/2024	348.57	4611 S Main St.			
Corporate funds		Ste 1			
Date 10/18/2024 Al Rahmat Sweets  Amount (\$)		Stafford, TX 77477			
Date   Payee name   Al Rahmat Sweets   Suite C   Sugar Land, TX 77498   Suite C   Sugar Land, TX 77498   Payee name   Al Rahmat Sweets   Sugar Land, TX 77498   Suite C   Sugar Land, TX 77497   Suite C   Sugar Land, TX 77407   Suite C   Suite C   Sugar Land, TX 77407   Suite C   Suite C   Sugar Land, TX 77407   Suite C		1 '			
Date 10/18/2024 Argain Al Rahmat Sweets  Amount (\$) Payee Address; City; State; Zip 15550 W Airport Blvd Suite C Sugar Land, TX 77498  PURPOSE OF EXPENDITURE  Date 10/18/2024 Rwality  Amount (\$) Payee Address; City; State; Zip 15550 W Airport Blvd Suite C Sugar Land, TX 77498  (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)  Food/Beverage Expense  Date 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024 Assessing City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024 Assessing City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024 Assessing City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024 Assessing City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF Assessing City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF Assessing City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF Assessing City; State; Zip 16804 Required City State; Zip 16804 Required Cit		Event Expense Tables & Chairs			
Amount (\$)  70.36 Expenditure from corporate funds  Payee Address; City; State; Zip 15550 W Airport Blvd Suite C Sugar Land, TX 77498  PURPOSE OF EXPENDITURE  Date 10/18/2024  Amount (\$) Payee name 10/18/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$) Payee name 10/21/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  Date 10/21/2024  Amount (\$) Payee name 10/21/2024  Amount (\$) Payee Address; City; State; Zip 433.00 Expenditure from corporate funds  Payee Address; City; State; Zip 433.00 Again Gaze instructions regarding type of information required.) Expenditure from Corporate funds  Purpose OF  (a) Category (See instructions for examples of acceptable categories) Adventising Expense  (b) Description (See instructions regarding type of information required.) Ranners  (See instructions regarding type of information required.) Ranners  (See instructions regarding type of information required.) Ranners	LA LIBITORE				
Amount (\$)  70.36 Expenditure from corporate funds  Payee Address; City; State; Zip 15550 W Airport Blvd Suite C Sugar Land, TX 77498  PURPOSE OF EXPENDITURE  Date 10/18/2024  Amount (\$) Payee name 10/18/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$) Payee name 10/21/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  Date 10/21/2024  Amount (\$) Payee name 10/21/2024  Amount (\$) Payee Address; City; State; Zip 433.00 Expenditure from corporate funds  Payee Address; City; State; Zip 433.00 Again Gaze instructions regarding type of information required.) Expenditure from Corporate funds  Purpose OF  (a) Category (See instructions for examples of acceptable categories) Adventising Expense  (b) Description (See instructions regarding type of information required.) Ranners  (See instructions regarding type of information required.) Ranners  (See instructions regarding type of information required.) Ranners					
Amount (\$)  70,36  Expenditure from corporate funds  PURPOSE OF EXPENDITURE    Category (See instructions for examples of acceptable categories)	Date	Payee name			
Total	10/18/2024	Al Rahmat Sweets			
Expenditure from corporate funds  PURPOSE OF EXPENDITURE    Category (See instructions for examples of acceptable categories)   (b) Description   (See instructions regarding type of information required.)	Amount (\$)	Payee Address; City; State; Zip			
Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Date 10/18/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/18/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$) Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$) Payee name MSK Signs & Print  Amount (\$) Payee Address; City; State; Zip 66121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF Cappenditure from Corporate funds  PURPOSE OF Expenditure from Corporate f	70.36	15550 W Airport Blvd			
Corporate funds   Sugar Land, TX 77498		Suite C			
Date 10/18/2024 Kwality Payee name Kwality Payee Address; City; State; Zip 16803 W Airport Blvd Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE  Date 10/21/2024 MSK Signs & Print  Amount (\$) Payee name (See instructions for examples of acceptable categories) (b) Description Food  Date 10/21/2024 MSK Signs & Print  Amount (\$) Payee Address; City; State; Zip (See instructions regarding type of information required.)  Date 10/21/2024 MSK Signs & Print  Amount (\$) Payee Address; City; State; Zip 6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)  PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)  Advertising Expense		Sugar Land, TX 77498			
Date 10/18/2024	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
Date 10/18/2024	_	l '			
Amount (\$) Payee Address; City; State; Zip  248.98	EXPENDITURE				
Amount (\$) Payee Address; City; State; Zip  248.98					
Amount (\$)  248.98  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$)  Payee Address; City; State; Zip  16803 W Airport Blvd Suite 200 Richmond, TX 77407  (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  Payee name MSK Signs & Print  Amount (\$)  Payee Address; City; State; Zip  6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) (b) Description Food  (See instructions regarding type of information required.)  Purpose OF  (a) Category (See instructions for examples of acceptable categories) Advertising Expense	Date	Payee name			
248.98 Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$) Payee Address; City; State; Zip 6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF Expenditure from corporate funds  Payee name (b) Description Food  Advertising Expense  (a) Category (See instructions for examples of acceptable categories) (b) Description Food  (See instructions regarding type of information required.)  Advertising Expense	10/18/2024	Kwality			
Suite 200 Richmond, TX 77407  PURPOSE OF EXPENDITURE    Category (See instructions for examples of acceptable categories)   Categories	Amount (\$)	Payee Address; City; State; Zip			
Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Date 10/21/2024  Amount (\$) Payee Address; City; State; Zip 6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF Expenditure from corporate funds  PURPOSE OF Expenditure from Corporate funds  PURPOSE OF	248 98	16803 W Airport Blvd			
PURPOSE OF EXPENDITURE  (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description Food  (See instructions regarding type of information required.) Food  Payee name MSK Signs & Print  Amount (\$) Payee Address; City; State; Zip 6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Food  (b) Description Food  (See instructions regarding type of information required.)  Advertising Expense		Suite 200			
Date 10/21/2024  Amount (\$)  Expenditure from corporate funds  Purpose OF  Advertising Expense  Food		Richmond, TX 77407			
Date 10/21/2024  Amount (\$)  Payee Address; City; State; Zip 6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Advertising Expense  POU  POU  POU  POU  POU  POU  (b) Description  Ranners		[( / 2 3 3 ii ) ii i			
Date 10/21/2024 Payee name MSK Signs & Print  Amount (\$) Payee Address; City; State; Zip 6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee Address; City; State; Zip 6121 Hillcroft St Suite T2 Houston, TX 77081  (See instructions regarding type of information required.)		Food/Beverage Expense Food			
MSK Signs & Print  Amount (\$) Payee Address; City; State; Zip  6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Advertising Expense  MSK Signs & Print  (b) Description (See instructions regarding type of information required.)	EXPENDITORE				
MSK Signs & Print  Amount (\$) Payee Address; City; State; Zip  6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Advertising Expense  MSK Signs & Print  (b) Description (See instructions regarding type of information required.)					
Amount (\$)  Payee Address; City; State; Zip  6121 Hillcroft St Suite T2 Houston, TX 77081  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee Address; City; State; Zip  (b) Description (See instructions regarding type of information required.)  Banners	Date	Payee name			
433.00  Expenditure from corporate funds  PURPOSE OF Advertising Expense  6121 Hillcroft St Suite T2 Houston, TX 77081  (See instructions regarding type of information required.)  Advertising Expense  Banners	10/21/2024	MSK Signs & Print			
Expenditure from corporate funds  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) Advertising Expense  Suite T2 Houston, TX 77081  (b) Description (See instructions regarding type of information required.)  Ranners	Amount (\$)	Payee Address; City; State; Zip			
Suite T2 Houston, TX 77081  PURPOSE OF Advertising Expense  Suite T2 Houston, TX 77081  (b) Description (See instructions regarding type of information required.)  Banners	433 DU	6121 Hillcroft St			
Light corporate funds  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) OF  (b) Description (See instructions regarding type of information required.)  Banners		Suite T2			
PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) OF Advertising Expense  (b) Description (See instructions regarding type of information required.)  Banners		Houston, TX 77081			
OF Advertising Expense Banners	·	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
EXPENDITURE	OF				
	EXPENDITURE				
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## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME
4 Date 10/05/2024	5 Payee name Mandi Cafe
6 Amount (\$)  494.00  Expenditure from corporate funds	7 Payee Address; City; State; Zip 14617 Beechnut St Suite C Houston, TX 77083
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description (See instructions regarding type of information required.) Food
Date 09/30/2024	Payee name SEL-FAST Print
Amount (\$)  4,525.88  Expenditure from corporate funds	Payee Address; City; State; Zip 10826 Westheimer Rd  Houston, TX 77042
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  (b) Description (See instructions regarding type of information required.)  Fliers
Date 10/25/2024	Payee name SEL-FAST Print
Amount (\$)  3,400.00  Expenditure from corporate funds	Payee Address; City; State; Zip 10826 Westheimer Rd  Houston, TX 77042
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  (b) Description (See instructions regarding type of information required.) Fliers
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