CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	ete this form.	1 Filer ID (Ethics Commis 00083882	ssion Filers)	2 Total pages f	ïled: 35
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER	The Honorable	Suleman				
NAME					Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
		Lalani				
			->./.		Date Hand-delivered	or Data Restmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	of Date Postinarkeu
MAILING	PO Box 6514				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77265					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Gordon Jinpoi	na			
NAME						
	NICKNAME	LAST		SUFFIX		
		Quan				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC		AP	/ SUITE #; CITY;	ST	ATE; ZIP CODE
ADDRESS	5444 Westheimer Rd. Ste	. 1700				
(Desidence or Rusiness)						
(Residence or Business)	Houston, TX 77056					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER PHONE	(713) 625-9200					
FIIONE						
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		ampaign treasurer
		— —			appointment (off	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TH	HROUGH	10/26/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	F F	Primary	Runoff	Other	
	11/05/2024		General	Special		
			Seneral			
					(if known)	
11 OFFICE	OFFICE HELD (if any)	rict 76		12 OFFICE SOUGHT		
	State Representative Dist			State Representa		
		GO T	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	6	Vers	sion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 35

13 C / OH NAME	Lalani, Suleman (The	Honorable)	14 Filer ID (1 00083882	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without t officeholders are required to report this information	he 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	S					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	i)	\$ 29,042.18				
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 58,652.04				
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L/ RIOD	AST DAY OF THE	\$ 249,419.06				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP 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 al under Title 15, Election Code.						
		The Hono	orable Suleman Lalar	ni				
		Signature of	Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
Sworn to and subso	ribed before me, by the sa	aid	, this the	day				
		rtify which, witness my hand and seal of office.						
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath				
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 35 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Lalani, Suleman (The Honorable) 00083882 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 28,787.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 255.18 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 58,652.04 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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	The Instru	ction Guide explains how to	o complete this fe	orm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)				00083882	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)			
	10/05/2024	Abid, Syed					\$250.00
		6 Contributor address; City; State;					
		St. Petersburg, FL 33708					
8		ipation / Job title (See Instructions)		9 Employer (See Instructions	3)		
	Physician			СНО			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/13/2024	Aggarwal, Gopal K					\$1,000.00
		Contributor address; City; State;					
		Richmond, TX 77407					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Business			Gopal Aggarwal			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/02/2024	Ahmad, Umer					\$100.00
		Contributor address; City; State;					
	D 1 - size al anazi	Coppell, TX 75019			Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas health resources)		
L	-				_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	*500.00
	10/18/2024						\$500.00
		Contributor address; City; State;	; Zip Code				
		Pearland, TX 77581					
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP -Houston			CAIR	'		
╞		Full name of contributor	1	<u> </u>		Amount of Contribution (\$)	
	Date 10/02/2024	Amro, Moath	out-of-state PAC (ID#:)			\$500.00
	10/02/2024	Contributor address; City; State;					ψυυυ.υυ
			; ZIP Code				
		Houston, TX 77008					
	Principal occu	I upation / Job title (See Instructions)	1	Employer (See Instructions	;)		
	Physician			Moath Amro MD PLLC	,		
⊢			I				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 2/11 Rpt: 5/35 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lalani, Suleman (The Honorable) 00083882 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 Associated General Contractors of Texas-PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78768 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/22/2024 \$500.00 Autry Public Affairs LLC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Azimuddin, Khawaja \$750.00 Contributor address; City; State; Zip Code Spring, TX 77379 Principal occupation / Job title (See Instructions) Employer (See Instructions) NW general & Colon Rectal Surgery Doctor Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ 10/16/2024 \$100.00 Barker, Kevin Contributor address; City; State; Zip Code Richmond, TX 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Texana. Enter Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/18/2024 \$100.00 Bayou City Infection Disease, PLLC Contributor address; City; State; Zip Code League City, TX 77573 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/35
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Lalani, Suler	man (The Honorable)		00083882
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	10/14/2024	Beaton, Douglas		\$75.00
		6 Contributor address; City; State; Zip Code		
			ſ	
		Sugar Land, TX 77479		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Director of O	perations	American Cargo Assura	nce, LLC
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/01/2024	Daudi, Jamil		\$1,000.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77056		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
	Businessma	n	Self employed	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/18/2024	Dayawansa, Samantha		\$1,000.00
	1	Contributor address; City; State; Zip Code		
		Temple, TX 76502	1	
		upation / Job title (See Instructions)	Employer (See Instructions	
	Doctor		Baylor Scott & White Me	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/16/2024	Deshotel, Joseph		\$250.00
		Contributor address; City; State; Zip Code	ſ	
			ſ	
		Beaumont, TX 77707		
	Dringing ogg		Employer (See Instructions	
	Attorney	upation / Job title (See Instructions)	Employer (See Instructions Self	5)
	-			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/28/2024	Devarakonda, Maruthi		\$1,000.00
		Contributor address; City; State; Zip Code		
		Katy, TX 77494		
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Engineer		GE	<i>)</i>

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	The Instru	ction Guide explains how to complete	this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Ĺ		nan (The Honorable)			5	00083882	511111613)
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:_)	7	Amount of Contribution (\$)	
	10/18/2024	Elahi, Lubna					\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Beaumont, TX 77706					
ŀ	Dringing ago			9 Employer (See Instructions	<u> </u>		
Ů	Owner	pation / Job title (See Instructions)		Revivify Medical Spa PL		:	
	Date	Full name of contributor out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)	
	10/08/2024	Everytown for Gun Safety Action Fund, Ir	nc. PA	C			\$500.00
				-			
		Contributor address; City; State; Zip Code					
		New York, NY 10163					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Gardezi, Syed	· -				\$2,000.00
		Contributor address; City; State; Zip Code					. ,
		Contributor address, City, State, Zip Code					
		Dishmond TV 77406					
		Richmond, TX 77406					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Internal Med	icine Specialist		Memorial Hermann			
	Date	Full name of contributor out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)	
	10/18/2024	Ghosh, Sumita					\$101.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75244					
L	Dringinglassy			Employer (Coolingtwetters			
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Information I	Requested		Information Requested			
	Date	Full name of contributor 🛛 out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)	
	10/21/2024	Grady Prestage Campaign					\$1,000.00
		Contributor address; City; State; Zip Code					
		Missouri City, TX 77459					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)			00083882	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/22/2024	HS Law PAC				\$250.00
		6 Contributor address; City; State; Zip Code		ł		
		1				
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
			I			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/02/2024	Hayee, Abdul Ahad				\$1,000.00
				ł		
		1				
		Plano, TX 75074				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ໄ</u>		
	Physician		Self	<i>''</i>		
⊨				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Hillco Pac				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
			I			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Jafri, Uzma				\$100.00
		Contributor address; City; State; Zip Code		1		
		1				
		Naperville, IL 60564				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	none		non	'n		
╘				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Karim, Amin				\$500.00
		Contributor address; City; State; Zip Code		1		
		1				
		1				
		Houston, TX 77025				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Lalani, Suler	man (The Honorable)	ļ		00083882	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Khan, Muhammad	ļ			\$1,000.00
	1	6 Contributor address; City; State; Zip Code				ļ
	!		ļ			ļ
	!		ļ			
	1	Houston, TX 77089	ļ			ļ
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Doctor	ļ	Memorial Hermann			ļ
-	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/02/2024	Majeed, Tariq				\$1,000.00
			ļ			ļ
		1	ļ			
	1	Austin, TX 78746	ļ			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ட</u> ந)		
	Self employe		Bluff springs enterprise			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	10/06/2024	Malik, Muhammad Farrukh S	/		Amount of Contineation (+)	\$10.00
	10/00/2023	Contributor address; City; State; Zip Code				Ψ±0.0-
	,	Contributor address, City, State, Lip Coue	ļ			
	,	1	ļ			
	,	Chesterfield, MO 63005	ļ			
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ו</u> ג)		
	Medical doct		SSM health	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	09/30/2024	Nath, Audrey	/			\$250.00
	00,00,202					Ψ200.00
		Contributor address; City; State; Zip Code	ļ			
	1		ļ			
	1	Houston, TX 77019	ļ			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	L		
	physician	· · · · · · · · · · · · · · · · · · ·	UTMB	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/27/2024	National Association of Social Workers PAC	/			\$200.00
	0312112027					Ψ200.00
	1	Contributor address; City; State; Zip Code	ļ			
		1	ļ			
		Austin, TX 78701	ļ			
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ย		
	Fillopa 0000			ッ		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/35	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
	man (The Honorable)		00083882	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/02/2024	Naviwala, Aaqib			\$50.00
	6 Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479			
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/01/2024	Pathan, Mohammed A.			\$250.00
	Contributor address; City; State; Zip Code			
	Richmond, TX 77407-1882			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Business		Own business		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/16/2024	Pinto, John			\$51.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77031			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/26/2024	Popatia, Amirali			\$1,000.00
	Contributor address; City; State; Zip Code			
	Stafford, TX 77477			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Physician		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/06/2024	Rab, Syed			\$250.00
	Contributor address; City; State; Zip Code			
	Mandeville, LA 70471			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Physician		S T Rab llc		

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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/35	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		nan (The Honorable)			ľ	00083882	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/22/2024	Rammal, Karim					\$100.00
		6 Contributor address; City; Sta			1		
		Manhattan, NY 10016					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Business			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Raza, Asma					\$500.00
		Contributor address; City; Sta			1		
		Chesterfield, MO 63017					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist			BJC			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Sampson Public Affairs, LL					\$500.00
		Contributor address; City; Sta			1		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Schulz, Karl					\$100.00
		Contributor address; City; Sta					
		Sugar Land TV 77470					
	Dringinglage	Sugar Land, TX 77478		Freedower (Coo leastructions			
		pation / Job title (See Instructions)		Employer (See Instructions Cozen O'Connor	5)		
	Attorney	-			_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	+
	10/26/2024	Shekhani, Shahid					\$500.00
		Contributor address; City; Sta	te; Zip Code				
		Caladania II 61011					
	Dringinglas	Caledonia, IL 61011		Employer (Cas Instruction			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Mercy Health			

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)			00083882	,
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	10/18/2024	Soomro, Sohail				\$100.00
		6 Contributor address; City; State; Zip Code		"		
		Katy, TX 77450				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Software De	veloper	Solid Software Solution	s, L	LC	
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	10/09/2024	Stinson, Hawa				\$50.00
		Contributor address; City; State; Zip Code				
		Richmond, TX 77406				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	NP		Self			
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	10/24/2024	Stoecker, Daniel				\$100.00
		Contributor address; City; State; Zip Code				
		Sugar Land, TX 77479				
	•	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Consultant		GW Catalyst LLC			
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	10/22/2024	TSA PAC				\$1,000.00
		Contributor address; City; State; Zip Code		"		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	10/18/2024	Talpur, Talat				\$100.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77095		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Project Engi		FedEx Express			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		nan (The Honorable)			00083882	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/22/2024	Texans for Lawsuit Reform PAC				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/23/2024	Texas Construction Association PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	r meipai occu)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Texas Farm Bureau AGFUND				\$500.00
		Contributor address; City; State; Zip Code				
	Duin aire al an an	Waco, TX 76702		<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Texas Medical Association Political Action Com	mittee -TEXPAC			\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
_	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Texas Optometric PAC	/			\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/11 Rpt: 14/35 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lalani, Suleman (The Honorable) 00083882 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 10/22/2024 **Texas Trial Lawyers Association PAC** \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$100.00 Valliani, Rafique Contributor address; City; State; Zip Code Richmond, TX 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed **Business** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/07/2024 Woomer, Eric \$500.00 Contributor address; City; State; Zip Code Austin, TX 78723 Principal occupation / Job title (See Instructions) Employer (See Instructions) consultant **Policy Solutions**

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2:						
		Sch: 1/1 Rpt: 15/35							
2 FILER NAME Lalani, Sule	man (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083882						
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$							
5 Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description						
10/07/2024			\$250.00 Advertising for fundraising						
	7 Contributor address; City; State; Zip Code		event						
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.						
10 Principal occu	upation / 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) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution						
10/04/2024	Texas Farm Bureau AGFUND		contribution (\$) description \$5.18 I Digital Endorsement Ads						
	Contributor address; City; State; Zip Code								
	Waco, TX 76702		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	•						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra By - Gift/Awards/Memorials Expense Printing Expense Tra					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 16/35		Lalani, Suleman (The Honorable)					00083882
4	Date	5	Payee name					
	10/21/2024		80 Proof, LLC					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip (Code	9		
	\$24.45		211 East 7th Street					
			Suite 620					
			Austin, TX 78701-3218					
8	PURPOSE	(2)			0			
0	OF	(a)	Category (See Categories listed at the top of this s Food/Beverage Expense	schedule)	"	Description Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		r oourbeverage Expense			Check if Austir	ı, тх,	, officeholder living expense
						Catering		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ougł	nt		Office held
	Date		Payee name					
	09/30/2024		Aceves Communications, LLC					
	Amount (\$)		Payee address; City; Sta	te; Zip (Code	9		
	\$3,500.00 PO Box 6514							
	+ - ,							
			Houston, TX 77265					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(1	b) Description		
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						General Con		
							oun	
	Complete ONLY if direct		Candidate/Officeholder name	Office so		nt		Office held
	expenditure to benefit C/Oł			Office St	ougi	it.		
	Data							
	Date		Payee name					
	10/18/2024		Aceves Communications, LLC					
	Amount (\$)			te; Zip (Code	9		
	\$16,352.32		PO Box 6514					
			Houston, TX 77265					
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b) Description		
	OF EXPENDITURE		Printing Expense	,		Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						ı, ТХ,	, officeholder living expense
						Direct Mail		
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ougł	nt		Office held
	expenditure to benefit C/OI	1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 2/20 Rpt: 17/35	Lalani, Suleman (The Honorable)	00083882				
4	Date 10/24/2024	Payee name Aceves Communications, LLC					
6	Amount (\$) \$16,899.97						
		Houston, TX 77265					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/26/2024	ActBlue					
	Amount (\$) \$441.90	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144					
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Processing Fees 09/27 -10/26/2024				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/03/2024	Allens Boots					
	Amount (\$) \$18.39	Payee address;City;State;Zip Code1522 S Congress Ave					
		Austin, TX 78704					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Gifts				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpor Food/Beverage Expense Polling Expense Travel in - Gift/Awards/Memorials Expense Printing Expense Travel or					aising Expense quipment & Related Expense trict category not listed above)
1	Total pages Schedule F1:				3	Filer ID	(Ethics Commission Filers)
-	Sch: 3/20 Rpt: 18/35	alani, Suleman (The F	lonorable)		ľ	00083882	()
4	Date 10/23/2024	Payee name Brooklyn Pizzeria - Sug	gar Land				
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$48.11 13513 University Blvd Sugar Land, TX 77479						
8	 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 Campaign Staff Meal 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Office so	ought		Office he	ld
	Date	ayee name					
	10/22/2024	Buc-ee's - Bastrop					
	Amount (\$)	Payee address; City;	State; Zip (Code			
	\$13.49	700 State Hwy 71 Eas Bastrop, TX 78602	st				
	PURPOSE OF EXPENDITURE	Category (See Categories list Food/Beverage Expens				iside of Texas. Comp X, officeholder living ments	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Office so	ought		Office he	ld
	Date	ayee name					
	10/04/2024	Buc-ee's - Bastrop					
	Amount (\$) \$56.17	Payee address; City; 700 State Hwy 71 Eas	State; Zip (st	Code			
		Bastrop, TX 78602					
	PURPOSE OF EXPENDITURE	Category (See Categories list Travel Out of District	ed at the top of this schedule)			side of Texas. Comp X, officeholder living te Fuel	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Office so	ought		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 19/35		Lalani, Suleman (The Honorable)				00083882
4	Date	5	Payee name				
	10/23/2024		Bundu Khan Kabab House Sugar Land				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$12.99		11929 University Blvd Suite				
			#1M				
			Sugar Land, TX 77479				
8	PURPOSE	(a)	-		(b) Description		
Ŭ	OF	(~)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		rood/Develage Expense		Check if Austin,	тx,	officeholder living expense
					Constituent M	lee	eting Meal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ight		Office held
	Date		Payee name				
	10/23/2024		Bundu Khan Kabab House Sugar Land				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$102.21 11929 University Blvd Suite						
	+=0=-==		#1M				
			Sugar Land, TX 77479				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	utai	de ef Touce, Complete Cebedule T
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T. , officeholder living expense
					Constituent M		
							5
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	l Ight		Office held
	expenditure to benefit C/OI	H					
	Date		Payee name				
	10/17/2024		Burgess, Aaron (Mr.)				
	Amount (\$)			Zip Co	nde		
	\$1,453.76		1413 Hussion St	2.p 00			
	¢1,100110						
			Houston, TX 77003				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.
							officeholder living expense
					Campaign Ma	ai ic	ugement.
		L		(()	l		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ignt		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ittee Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 5/20 Rpt: 20/35		Lalani, Suleman (The Honorable) 00083882						
4	Date 10/15/2024		ayee name Chevron - Sugar Land						
6	Amount (\$) 7 Payee address; City; State; Zip Code 5823 New Territory Blvd Sugar Land, TX 77479								
8	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 Campaign Refreshments						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	yht		Office held		
	Date	F	ayee name						
10/08/2024 Chevron Ellinger									
	Amount (\$)Payee address; City;State; Zip Code\$33.32109 State Hwy 71								
			illinger, TX 78938						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this so food/Beverage Expense	hedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense nents		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	yht		Office held		
	Date	F	ayee name						
	10/08/2024		Chevron Ellinger						
	Amount (\$) \$30.65		ayee address; City; State 09 State Hwy 71	e; Zip Co	de				
		E	illinger, TX 78938						
	PURPOSE OF EXPENDITURE		category (See Categories listed at the top of this so iravel Out of District	hedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Commute		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	Ise Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 6/20 Rpt: 21/35	Lalani, Suleman (The Honorable)	00083882			
4	Date 10/08/2024	Payee name Chevron Ellinger				
6						
0	6 Amount (\$) \$5.84 7 Payee address; City; State; Zip Code 109 State Hwy 71 Ellinger, TX 78938					
8	PURPOSE	Category (can categories listed at the tap of this schedule) (b) Descriptio	n			
Ū	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. Check if Austin, TX, officeholder living expense Travel Refreshments					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/07/2024	Dutch Brothers				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$14.32	9003 S Texas 6 Houston, TX 77083				
	PURPOSE OF EXPENDITURE		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Refreshments			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/15/2024	Facilitron Inc				
	Amount (\$) \$160.00	Payee address; City; State; Zip Code 485 Alberto Way Suite 220 Los Gatos, CA 95032				
	PURPOSE OF EXPENDITURE		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ntal Fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overh Food/Beverage Expense Polling Exper Gift/Awards/Memorials Expense Printing Expe	nead/ ense ense ges/(e Travel Out of District /Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 7/20 Rpt: 22/35		Lalani, Suleman (The Honorable)		00083882	
4	Date	5	Payee name			
	10/25/2024		Finest and Bravest Foundation of Sugar Land			
6	Amount (\$)	7	Payee address; City; State; Zip Code	е		
	\$500.00		PO Box 2275			
			Sugar Land TV 77407			
			Sugar Land, TX 77487			
8	PURPOSE OF	(a)		b) -	Description	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			Candidate/Officenoide//Political Committee	L	Charitable Donation to Local First Responders	
					Organization	
9	Complete ONLV if direct		Candidate/Officeholder name Office sough	ht	Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sough	IL	Office field	
	Date		Payee name			
	10/16/2024		Fort Bend County Rainbow Room			
	Amount (\$)		Payee address; City; State; Zip Code	е		
	\$500.00		3150 BF Terry Blvd.			
			-			
			Richmond, TX 77471			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (k	b)	Description	
	OF EXPENDITURE		Contributions/Donations Made By	[Check if travel outside of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee	[Check if Austin, TX, officeholder living expense	
				(Charitable Donation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sough	ht	Office held	
	experialitie to benefit C/Of					
	Date		Payee name			
	10/21/2024		Friends Of Indus Hospital Houston Chapter			
	Amount (\$)		Payee address; City; State; Zip Code	е		
	\$250.00		155 Cedar Lane			
			Teaneck, NJ 07666			
	DUDDOCE		1	h) (Description	
	PURPOSE OF	(a)		ן (יי ד	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee	ł	Check if Austin, TX, officeholder living expense	
				L (Charitable Donation	
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ttee Legal Services The Instruction Guide explain	Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract s how to complete this f	xpense Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	LER NAME		3	Filer ID (Ethics Commission Filers)		
	Sch: 8/20 Rpt: 23/35	alani, Suleman (The Honorable)			00083882		
4	Date	ayee name					
	10/02/2024	yro Hut					
6	Amount (\$)	ayee address; City; Stat	e; Zip Code				
	\$41.99	914 Wescott Ave					
		150					
		ugar Land, TX 77479					
8	PURPOSE	ategory (See Categories listed at the top of this s	chedule) (b) Descri	otion			
	OF EXPENDITURE	ood/Beverage Expense			le of Texas. Complete Schedule T.		
				ng Meal	officeholder living expense		
			Weeth	ig mear			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought		Office held		
	Date	ayee name					
10/21/2024 HEB - Sugar Land							
Amount (\$) Payee address; City; State; Zip Code							
	\$65.10 530 Hwy 6						
		ugar Land, TX 77478	1				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s vent Expense		ck if travel outsid ck if Austin, TX, o	le of Texas. Complete Schedule T. officeholder living expense Catering and Supplies		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought		Office held		
	Date	ayee name					
	09/30/2024	EB - Sugar Land					
	Amount (\$)	ayee address; City; Sta	e; Zip Code				
	\$70.65	30 Hwy 6					
		ugar Land, TX 77478					
	PURPOSE OF	ategory (See Categories listed at the top of this s					
	EXPENDITURE	vent Expense	Che	ck if Austin, TX, o	le of Texas. Complete Schedule T. officeholder living expense nd Supplies		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name	Office sought		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 9/20 Rpt: 24/35		Lalani, Suleman (The Honorable)				00083882
4	Date	5	Payee name				
	10/01/2024		In N Out Burger				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$17.05		12611 S Kirkwood Rd				
			Stafford, TX 77477				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.
							officeholder living expense
					Constituents	Me	a
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held
	Date		Payee name				
	09/30/2024 J&N Enterprises, Inc.						
	Amount (\$) Payee address; City; State; Zip Code						
	\$6,142.26 2519 Fairway Park Dr						
	Φ0,142.20		-				
			SUITE 302				
			Houston, TX 77092				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Printing Expense				de of Texas. Complete Schedule T. officeholder living expense
					Shirts and sig		
						,	
	Complete ONLY if direct		Candidate/Officeholder name O	office sour	nht		Office held
	expenditure to benefit C/OF				jiit		
	D :						
	Date		Payee name				
	10/01/2024		J&N Enterprises, Inc.				
	Amount (\$)		3 1 3 1	Zip Co	de		
	\$2,475.11		2519 Fairway Park Dr				
			SUITE 302				
			Houston, TX 77092				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Printing Expense				de of Texas. Complete Schedule T.
	-						officeholder living expense
					Door Hanger	э	
	0 1.1 0 0 0 0 0						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	jht		Office held
	onponanci o bononi 0/01	•					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/20 Rpt: 25/35	Lalani, Suleman (The Honorable)	00083882				
4	Date 10/15/2024	Payee name Japaneiro's					
6	6 Amount (\$) \$286.98 \$286.98 Sugar Land, TX 77479 7 Payee address; City; State; Zip Code State; Zip Code						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign Meeting Meal						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/27/2024	M3 Graphics Signs & Printing					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,500.00	11730 Wilcrest Dr Houston, TX 77099					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ailer				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/15/2024	Mai Colachi Restaurant & Catering					
	Amount (\$) \$45.16	Payee address;City;State;Zip Code15425 Southwest Fwy					
		Sugar Land, TX 77478					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Meeting Meal				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 26/35		Lalani, Suleman (The Honorable)				00083882
4	Date	5	Payee name				
	10/02/2024		Mai Colachi Restaurant & Catering				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$940.40		15425 Southwest Fwy				
			Sugar Land, TX 77478				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Event Expense	,		outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					Event Caterir	ng	
_							
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	int		Office held
	Date		Payee name				
	10/15/2024		Marriott Marquis				
	Amount (\$)			Zip Co	10		
	\$42.00		1777 Walker St	Zip Co			
	φ42.00						
			Houston, TX 77010				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description		
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.
					Valet Parking		, officeholder living expense
					Valet Parking	J	
	Complete ONLY if direct		Candidate/Officeholder name O	ffice sou	uht		Office held
	expenditure to benefit C/Oł			mee 300ų	jiit		
-	Date		Payee name				
	10/26/2024		Meta				
-	Amount (\$)		Payee address; City; State;	Zip Co	10		
	\$750.00		1 Hackerway	210 00			
	\$100.00		Thacketway				
			Menlo Park, CA 94025				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense	ŕ			ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					Digital Adver	tisir	ng
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Jht		Office held
		-					

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 12/20 Rpt: 27/35	Lalani, Suleman (The Honorable)	00083882					
4	Date 10/07/2024	5 Payee name Nationbuilder						
6	Amount (\$) \$164.00							
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/07/2024	Nirmanz Food Boutique						
	Amount (\$) \$57.48	Payee address; City; State; Zip Code 16338 Kensington Dr Suite #160						
		Sugar Land , TX 77479						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Jeal					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/15/2024	Omni Houston						
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 4 Riverway						
		Houston, TX 77056						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CATE	EGORIES FO	R B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office O Polling E Printing Salaries	verhe Expen Exper /Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 28/35		Lalani, Suleman (The Honorable)					00083882
4	Date	5	Payee name					
	10/15/2024		PMC - Parking Downton Houston					
6	Amount (\$)	7	Payee address; City; S	State; Zip C	ode			
	\$14.06		1221 McKinney Street					
			Suite 425					
			Houston, TX 77010					
8	PURPOSE	(a)			(h	Description		
ľ	OF	(4)	Category (See Categories listed at the top of the Travel Out of District	his schedule)			outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Have out of District					officeholder living expense
						Paid Parking		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	ught	1		Office held
	Date		Payee name					
	10/01/2024		PNC Bank					
	Amount (\$)		Payee address; City; S	State; Zip C	ode			
	\$3.00		300 Fifth Avenue					
			Pittsburgh, PA 15222					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Accounting/Banking	his schedule)	(b			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught	:		Office held
_	Date		Payee name					
	10/26/2024		Peerly Inc.					
			-	State; Zip C	`odo			
	Amount (\$)		Payee address; City; S 400 N Pine Island Rd	Sidle, Zip C	oue			
	\$1,957.87							
			Suite 300					
			Plantation, FL 33324					
	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedule)	(b	Description		
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught	:		Office held
	expenditure to benefit C/OI				-			

			EXPENDITURE CA	TEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 14/20 Rpt: 29/35		Lalani, Suleman (The Honorable	e)				00083882
4	Date	5	Payee name					
	10/21/2024		Portillo's - Richmond					
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	le		
	\$68.94	[11005 W Grand Pkwy S	o tato,	p 000			
			Richmond, TX 77407					
8	PURPOSE	(a)	Category (See Categories listed at the top of			b) Description		
Ũ	OF	(")	Food/Beverage Expense	of this sche	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense
						Campaign S	taff	Meal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	ht		Office held
	Date		Payee name					
	10/15/2024 Sap's Ver Fine Thai Cuisine							
Amount (\$) Payee address; City; State; Zip Code								
	\$50.22 4514 West Gate Blvd							
			Austin, TX 78745					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	b) Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
						Austin Trave		, officeholder living expense
						Austin Have		ea
	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office held
	expenditure to benefit C/OI			C	Since Sout	in the second seco		Once heid
	Date	_						
	09/27/2024		Payee name Shalamar Restaurant					
				Stata	Zin Co			
	Amount (\$) \$39.72		Payee address; City; 15142 State Hwy 3	State,	Zip Co	le		
	\$39.1Z		13142 State Hwy 3					
			Webster, TX 77598					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	b) Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Campaign M	eet	ing
	Complete ONU V 'C '		Sandialata (Offic - L - L-L	-		b 4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	nt		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Supense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 15/20 Rpt: 30/35	Lalani, Suleman (The Honorable)	00083882				
4	Date 10/02/2024	Payee name Shell Oil					
6	Amount (\$) \$56.20	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd Sugar Land, TX 77479 Sugar Land, TX 77479					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/23/2024 Shell						
	Amount (\$) \$74.22	Payee address; City; State; Zip Code 11750 Old Addicks-Howell Rd Sugar Land, TX 77498					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/21/2024	Shell					
	Amount (\$) \$59.59	Payee address;City;State;ZipCode11750 Old Addicks-Howell Rd					
		Sugar Land, TX 77498					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 16/20 Rpt: 31/35	Lalani, Suleman (The Honorable)	00083882					
4	Date 10/15/2024	5 Payee name Shell						
6	Amount (\$) \$57.16							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/15/2024 Shell							
	Amount (\$) \$70.45	Payee address; City; State; Zip Code 11750 Old Addicks-Howell Rd Sugar Land, TX 77498						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense aign Volunteers					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/03/2024	Terry Black's BBQ						
	Amount (\$) \$91.71	Payee address; City; State; Zip Code 1003 Barton Springs Rd						
		Austin, TX 78704						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Meal					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CATEGORIE	S FOR	BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment			Event Expense Lo Fees Of Food/Beverage Expense Pc Gift/Awards/Memorials Expense Pr mmittee Legal Services Sa	Event Expense Loan Repayment/Reimbursement S Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 17/20 Rpt: 32/35		Lalani, Suleman (The Honorable)				00083882		
4	Date	5	Payee name						
	10/15/2024		Texas Campaigns						
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	е				
	\$617.26		9600 Glenfield Court						
			SUITE 148						
			Houston, TX 77096-3869						
_	DUDDOCE	(-)							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedul	ile)	b) Description	outei	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense		
					Campaign O				
					1 5				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held		
_	Data		Device menue						
	Date		Payee name						
	10/07/2024 The Bridge								
	Amount (\$) Payee address; City; State; Zip Code								
	\$200.00		802 Brooks St						
			Sugar Land, TX 77478						
	PURPOSE	(a)	-		b) Description				
	OF	(4)	Category (See Categories listed at the top of this schedul Contributions/Donations Made By	ile)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Committee	ee			, officeholder living expense		
					Donation to L	.0C	al Church		
	Complete ONLY if direct	(Candidate/Officeholder name Offic	ce soug	nt		Office held		
	expenditure to benefit C/OI	H							
	Date		Payee name						
	10/10/2024		The Original Ninfa's						
	Amount (\$)		Payee address; City; State; Z	Zip Cod	е				
	\$66.91		1700 Post Oak Blvd						
			#1-190						
			Houston, TX 77056						
			·						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedul	ile)	b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Campaign M				
					Campaign M	Jui			
-	Complete ONLV if direct	Ļ	Candidate/Officeholder name Offic	00.00117	at		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			ce soug	п		Office held		

			EXPENDITURE CATEG	ORIES F	OR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explai	Office Polling Printin Salarie	Overhe Expens g Exper s/Wage	nse es/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID ((Ethics Commission Filers)
	Sch: 18/20 Rpt: 33/35		Lalani, Suleman (The Honorable)					00083882	
4	Date	5	Payee name				-		
	10/21/2024		UH Hilton Parking						
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip	Code				
	\$10.00		4800 Calhoun Rd						
			Houston, TX 77204		_				
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District					de of Texas. Comple	
	-							officeholder living ex	xpense
						Paid Parking			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought	:		Office held	1
	Date		Payee name						
	09/30/2024		USPS						
	Amount (\$) Payee address; City; State; Zip Code								
	\$73.00 11805 Chimney Rock Rd								
	ψ/ 3.00								
			Houston, TX 77035						
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(D)	Description	outei	de of Texas. Comple	ato Schodulo T
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living ex	
								npaign Cards	
						-			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought	:		Office held	ł
	Date		Payee name						
	10/07/2024		Uber						
	Amount (\$)		Payee address; City; Sta	ate; Zip	Code				
	\$6.93		1515 Third Street						
			San Francisco, CA 94158						
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description	outoi	de of Texas. Comple	ata Sabadula T
	EXPENDITURE		Travel In District					, officeholder living ex	
						Commute to			,
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought	:		Office held	3

		EXPENDITURE CATEGORIES FOR	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overn Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp	se Travel in District rse Travel Out of District es/Contract Labor OTHER (enter a cate	oment & Related Expense			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (E	Ethics Commission Filers)			
	Sch: 19/20 Rpt: 34/35	alani, Suleman (The Honorable)	00083882				
4	Date 09/30/2024	Payee name Jber					
6	Amount (\$) \$10.94	Payee address; City; State; Zip Cod 1515 Third Street San Francisco, CA 94158					
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living exp Commute to Event				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	Contract Office held				
	Date	Payee name					
	09/27/2024	Vendy's - Sugar Land					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.86	L6710 Southwest Fwy Sugar Land, TX 77479					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living exp Constituents Refreshments				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held				
	Date	Payee name					
	10/21/2024	Vestin Memorial City					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$20.00	945 Gessner Rd					
		Houston, TX 77024					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (I Travel Out of District	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living exp Paid Parking				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)		
	Sch: 20/20 Rpt: 35/35	Lalani, Suleman (The Honorable)			00083882			
4	-	5 Payee name		I				
	10/15/2024	X Corp.						
	Amount (\$)	7 Payee address; City; State; Zip	Code					
-	\$8.64	1355 Market St						
		Suite 900						
		San Francisco, TX 94103						
8	PURPOSE		(b)	Description				
0	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel out	tside of Texas. Comp	plete Schedule T.		
	EXPENDITURE	Office Overhead/Nental Expense			X, officeholder living expense			
				Subscription Fe	ees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought		Office he	ld		
	Date	Payee name						
	10/16/2024 Young Hustler Coffee							
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$29.88	8182 W Grand Pkwy S						
		#200						
		Richmond, TX 77406						
_	PURPOSE		(b)	Description				
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)		tside of Texas. Comp	blete Schedule T.		
	EXPENDITURE			X, officeholder living				
				Constituents M	leeting Refres	hments		
	Complete ONLY if direct		e sought		Office he	ld		
	expenditure to benefit C/OF	H						