### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00085598	ssion Filers)	2 Total pages	s filed: 149
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFIC	E USE ONLY
OFFICEHOLDER	The Honorable	Salman				
NAME		Connoun			Date Received	
					ELECTRON	ICALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Bhojani		0011.00		
		Bhojani				
4 CANDIDATE /	ADDRESS / PO BOX; AP	Γ / SUITE #; CIT	TY;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER	PO Box 392					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Euless, TX 76039				Date Processed	
					Date Imaged	
					Dute maged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	Mr.	Brian D.				
NAME	1011.	DHall D.				
	NICKNAME	LAST		SUFFIX		
		Patrick				
6 CAMPAIGN	STREET ADDRESS (NO PO		ΔΡ	r / SUITE #; CITY;	c	STATE; ZIP CODE
TREASURER		DOXTELASE),		<i>T</i> , 30112 <i>#</i> , 6111,		JIAIL, ZII CODE
ADDRESS	3004 Starlight Ct					
(Residence or Business)						
	Euless, TX 76039					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(203) 675-8821					
PHONE	(,					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff	15th day after	campaign treasurer
				L		officeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (	Attach C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	Tł	HROUGH	12/31/2024		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primon		Other	
			Primary	Runon	Uner	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 92		State Representa		2
						-
GO TO PAGE 2						
Forms provided by Ta	exas Ethics Commission	1404041 04	thics.state.tx.u	2	1/2	rsion V4.1.0.5dd2ace2
Forms provided by Te	nas Ethics Commission	www.et	แทบอ.อเสเซ.เX.น	3	ve	ISIOIT V4.1.0.SUUZACEZ

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

#### FORM C/OH **COVER SHEET PG 2** 2 of 149

13 C / OH NAME	Bhojani, Salman (The	e Honorable) 1	L4 Filer ID ( 00085598	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without th d officeholders are required to report this information of	e candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	TREPAC				
		1115 San Jacinto Blvd				
		Ste 200				
		Austin, TX 78701				
	COMMITTEE CAMPAIGN TREASURER NAME Cantu, Leslie					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	 }			
		PO Box 2246				
		Austin, TX 78768				
16 CONTRIBUTION TOTALS	PLEDGES, LOANS, TRONICALLY)	<b>\$</b> 100.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		<b>\$</b> 219,761.53		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		<b>\$</b> 0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 73,436.77		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	<b>\$</b> 226,474.67		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS C	IF THE LAST DAY	<b>\$</b> 79.14		
17 AFFIDAVIT						
		I swear, or affirm, under penalty of true and correct and includes all under Title 15, Election Code.				
		The Honora	able Salman Bhojar	ni		
		Signature of C	Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid	this the	day		
		ertify which, witness my hand and seal of office.		uuy		
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath		
Forms provided by Te	xas Ethics Commissior	n www.ethics.state.tx.us		Version V4.1.0.5dd2ace2		

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 149 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Bhojani, Salman (The Honorable) 00085598 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 211,351.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 8,410.53 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. X SCHEDULE E: LOANS \$ 79.14 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 48,599.39 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 23,897.80 \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 939.58 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. X \$ 36.79 TO FILER

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/59 Rpt: 4/149	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		man (The Honorable)			00085598	
4	Date	te <b>5</b> Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	10/27/2024	Abbasi, Jamil				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Southlake, TX 76092				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician DFW Critical Care LLC					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/11/2024	Abioye, Shalaina				\$250.00
		Contributor address; City; State; Zip Code		1		
		McKinney, TX 75070				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/26/2024	Ahmed, Izah				\$250.00
		Contributor address; City; State; Zip Code		1		
		Louisville, KY 40241		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		LIPPS			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/11/2024	Ahmed, M. Basheer				\$1,000.00
		Contributor address; City; State; Zip Code				
		Dioni TV 75024				
┝	Dringinglagou	Plani, TX 75024	Freedower (Coo leastructions			
	Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/16/2024 Akayshee, Bashar					\$10.00
		Contributor address; City; State; Zip Code				
		Euless, TX 76039				
⊢	Principal accu		Employer (See Instructions	<u> </u>		
	Structural Er	pation / Job title (See Instructions)	Employer (See Instructions GE	)		
⊢		igineer				
1						

The	e Instruc	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 2/59 Rpt: 5/149		
2 FILE	R NAME				3	Filer ID (Ethics Commission	n Filers)
		man (The Honorable)				00085598	,
4 Date	;	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
12/0	08/2024	Akhtar, Adeel					\$250.00
		6 Contributor address; City; S	tate; Zip Code		1		
		Sugar Land, TX 77479					
8 Princ	cipal occu	pation / Job title (See Instructions	\$)	9 Employer (See Instructions	5)		
Corr	nmunicat	ions		Self-employed			
Date	;	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
10/1	10/16/2024 Akhtar, Mohammad						\$500.00
		Contributor address; City; S			1		
	<u> </u>	Irving, TX 75063			Ĺ		
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	iness			Clear Bio Relief	1		
Date		Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>*</b> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
12/0	06/2024	Alcorta Law Firm PLLC					\$300.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78746					
Princ	cipal occu	I pation / Job title (See Instructions	 \$)	Employer (See Instructions	1 5)		
	•				-		
Date	;	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
10/2	23/2024	Ali, Adnan					\$250.00
		Contributor address; City; S	tate; Zip Code		1		
		Lewisville, TX 75056		 			
		pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
NOL	employe			Not employed			
Date		Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
12/0	)3/2024	Ali, Iqbal					\$500.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78759					
Princ	rinal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>ا</u> ۱		
	-employe		<i>'</i> )	Self-employed	,		
	· · ·						

	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/59 Rpt: 6/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salı	man (The Honorable)				00085598	-
4	Date	5 Full name of contributor 🗌 ou	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/04/2024	Ali, Rafiq					\$1,000.00
		6 Contributor address; City; State; Zi					
_	<u> </u>	Cedar Park, TX 78613					
8		Ipation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Self-employe	-		Self-employed			
	Date		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/07/2024	.2/07/2024 Ali, Rahim					\$500.00
		Contributor address; City; State; Zi	.ip Code				
		Pflugerville, TX 78660					
	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ו)		
	Owner			51st Inc	''		
╞	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/27/2024	Ali, Rao	שו-טו-זומוכ ראט נושיי	/		Allount of Contribution (4)	\$1,000.00
	10.2.1.202	Contributor address; City; State; Zi					<b>4</b> 1,000.01
			ip couc				
		Southlake, TX 76092					
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Self-employed			
	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/14/2024	Ali, Sadruddin					\$100.00
		Contributor address; City; State; Zi					
		Diana TV 75024					
	Dringinal occu	Plano, TX 75024 Ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	5)		
╞					-		
	Date 10/15/2024	Full name of contributor ou Alibhai, Mustafa	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$553.00
							ψυυυ.υυ
	Contributor address; City; State; Zip Code						
		Irving, TX 75062					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			Nova Bariatrics and Ger		al Surgery	
			1				

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 4/59 Rpt: 7/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salı	man (The Honorable)				00085598	,
4	Date	5 Full name of contributor out-of-state	te PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/02/2024	Amin, Aftab					\$150.00
		6 Contributor address; City; State; Zip Code	<u>;</u>				
		Southlake, TX 76092					
8	Principal occu	pation / Job title (See Instructions)	I	9 Employer (See Instructions	;)		
ľ	Consulting Streamsoft Inc		,				
	Date	Full name of contributor out-of-state	te PAC (ID#:	)		Amount of Contribution (\$)	
	10/21/2024	Arlington Firefighters PAC	e PAC (ID#	)			\$2,500.00
	10,21,2021	Contributor address; City; State; Zip Code					¢2,000100
		Keller, TX 76248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date	Full name of contributor out-of-state	te PAC (ID#:	)		Amount of Contribution (\$)	
	12/08/2024	Arslan, Mustafa					\$100.00
		Contributor address; City; State; Zip Code	; 				
		Sugar Land, TX 77479	r				
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ma	inager		Engeneer			
	Date		te PAC (ID#:	)		Amount of Contribution (\$)	
	10/30/2024	Ashfaq, Mohammad					\$500.00
		Contributor address; City; State; Zip Code	;				
		Southlake, TX 76092					
_	Principal occu	upation / Job title (See Instructions)	I	Employer (See Instructions	<u>ل</u> ز)		
	Physician			Health Texas	,		
⊨	Date	Full name of contributor	te PAC (ID#:	)		Amount of Contribution (\$)	
	10/27/2024	Asim, Muhammad	e FAC (ID#	)			\$500.00
	Contributor address; City; State; Zip Code					+000.00	
		Southlake, TX 76092					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			Self-employed			

	The Instrue	ction Guide explains how to comple	rm.	1	Total pages Schedule A1: Sch: 5/59 Rpt: 8/149		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
ľ		man (The Honorable)			ľ	00085598	511111013)
4	Date	5 Full name of contributor out-of-state	PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/16/2024	Assanie, Sadiq					\$250.00
		6 Contributor address; City; State; Zip Code					
		Carrollton, TX 75007					
8				9 Employer (See Instructions	5)		
	Business			JRA LLC			
	Date	Full name of contributor 🗌 out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	
	12/14/2024	Assar, Noor					\$250.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78232					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	d		Not Employed			
╞	Date	Full name of contributor out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	
	10/04/2024	Associated General Contractors of Tex				• •	\$1,000.00
		Contributor address; City; State; Zip Code	-				- •
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<b>.</b>		
⊨	Date	Full name of contributor out-of-state	PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/01/2024	Azadpour, Aram	·				\$25.00
		Contributor address; City; State; Zip Code					
		Grapevine, TX 76099					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Test Eng'r			SMS Infocomm Corp.			
	Date	Full name of contributor out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	
	11/03/2024	Azadpour, Aram	· -				\$10.00
	Contributor address; City; State; Zip Code						
		Grapevine, TX 76099					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Test Eng'r			SMS Infocomm Corp.			
⊢			1				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/59 Rpt: 9/149	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	man (The Honorable)		00085598	· ·
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
10/17/2024	BNSF RAILPAC			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76161			
Drincinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	N	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/04/2024	Badarpura, Aaijaj			\$1,000.00
	Contributor address; City; State; Zip Code			
Dringing occu	Austin, TX 78732 pation / Job title (See Instructions)	Employer (See Instructions	N	
Principal occu Self-employe		Employer (See Instructions) GAMA		
			to a second of Operativity time (A)	
Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	<u>ቀ</u> 1 ባበብ በበ
09/04/2024	Badarpura, Shakeel			\$1,000.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Business		Self-employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/06/2024	Badarpura, Shakeel			\$1,000.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>)</u>	
Business		Self-employed	)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
10/12/2024	Baig, Mukarram	/		\$500.00
	Contributor address; City; State; Zip Code			**** ·
	Houston, TX 77068			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				

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	The Instru	iction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 7/59 Rpt: 10/149	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bhojani, Salı	lman (The Honorable)			00085598	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/13/2024					\$100.00
		6 Contributor address; City; State; Zip Code		"		
		Grand Prairie, TX 75054				
8			9 Employer (See Instructions	s)		
	Data Scientis	st	Govt			
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	12/10/2024	Baqai, Imran				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78735				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Engineer		Broadcom Ltd			
╞	Date	Full name of contributor out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
	10/16/2024	Bean, Lydia	/			\$100.00
	10/10/2021	-				Ψ100.00
		Contributor address; City; State; Zip Code				
		Arlington, TX 76006				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 (2)		
	Small busine		Equipa	ς,		
⊨			L	T	Amount of Contribution (\$)	
	Date 10/01/2024		)	'	Amount of Contribution (\$)	\$100.00
	10/01/2024	Beck, Brian				ΦT00.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76209				
┝	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Computation		University of Texas at A		2	
L						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/16/2024	Bharmal, Zoher				\$50.00
		Contributor address; City; State; Zip Code	1	]		
L		Irving, TX 75063	-			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Support Esc	calation Engineer	Microsoft			

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i he instru	ction Guide explains how to comp	lete this form.		Sch: 8/59 Rpt: 11/149	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Bhojani, Sal	man (The Honorable)			00085598	
4 Date		tate PAC (ID#:	) 7	Amount of Contribution (\$)	
10/16/2024	Biviji, Burhanuddin				\$253.00
	6 Contributor address; City; State; Zip Coc				
	Irving, TX 75061				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Warehouse		Isenberg	,,		
Date	Full name of contributor Out-of-st			Amount of Contribution (\$)	
10/09/2024	Bose, Sarmila				\$100.00
		de			Ŧ
	Plano, TX 75024				
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)		
Retired		Retired			
Date	Full name of contributor out-of-sta	tate PAC (ID#:	)	Amount of Contribution (\$)	
10/10/2024	Brotherhood of Locomotive Engineer	rs & Trainmen			\$1,000.00
	Contributor address; City; State; Zip Coc	de			
Dringing age	Decatur, TX 76234	Employer (Coo Instrue			
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)		
Data				Amount of Contribution (\$)	
Date 12/07/2024	Full name of contributor out-of-sta Butt, Irfan Muhammad	tate PAC (ID#:	)	Amount of Contribution (\$)	\$500.00
12/01/2024		L ـ ـ			φ <u></u> υυ.υυ
	Contributor address; City; State; Zip Coc	Je			
	Helotes, TX 78249				
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-sta	tate PAC (ID#:	)	Amount of Contribution (\$)	
10/02/2024	Camp, Martin				\$100.00
	Contributor address; City; State; Zip Coc	de			
	Dallas, TX 75275				
-	upation / Job title (See Instructions)	Employer (See Instruc	tions)		
Professor		SMU Law School			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/59 Rpt: 12/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/19/2024 Centene Corporation Political Action Committee \$500.00 6 Contributor address; City; State; Zip Code St. Louis, MO 63105 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/14/2024 \$500.00 Charter Communications Inc. Texas PAC 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#: 10/25/2024 Chaudhry, Irfan Akram \$200.00 Contributor address; City; State; Zip Code Southlake, TX 76092 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Impact Advisors Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$500.00 Chen, Steve Contributor address; City; State; Zip Code Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) Managing Partner **Tennington Investments** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/15/2024 \$100.00 Cheng, Ashley Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Communications Consultant** Self-employed

	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 10/59 Rpt: 13/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salı	man (The Honorable)				00085598	
4	Date	5 Full name of contributor Out-of-	-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/19/2024	Chevron Employees PAC					\$1,000.00
		6 Contributor address; City; State; Zip C	ode				
		San Ramon, CA 94583					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-	-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/16/2024	Chong, Myong					\$300.00
			ode				
		Fort Worth, TX 76116					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor out-of-	-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/07/2024	Choudary, Muhammad Amin					\$500.00
		Contributor address; City; State; Zip C	ode		1		
		Converse, TX 78109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-	-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/16/2024	Choudhry, Naeem					\$500.00
		Contributor address; City; State; Zip C	ode		1		
		Frisco, TX 75033					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	:d		Not Employed			
	Date	Full name of contributor 🛛 out-of-	-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/22/2024	Chowhan, Naveed					\$250.00
	Contributor address; City; State; Zip Code			1			
		Louisville, KY 40222					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			VA			

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 11/59 Rpt: 14/149
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	man (The Honorable)		00085598
4 Date	5 Full name of contributor out-of-state PAC (ID	)#:)	7 Amount of Contribution (\$)
10/16/2024	Coffey, Mimi		\$100.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76018		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Lawyer		The Coffey Firm	
Date	Full name of contributor out-of-state PAC (ID	) )#:)	Amount of Contribution (\$)
10/12/2024	Collins, Melissa		\$100.00
			•
	Euless, TX 76040		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Teacher		HEB ISD	
Date	Full name of contributor out-of-state PAC (ID	)	Amount of Contribution (\$)
09/06/2024	Comerica Incorporated PAC		\$2,500.00
	Contributor address; City; State; Zip Code		•
	Contributor address, Ory, State, Zip Code		
	Dallas, TX 75201		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	) 5)
-	•		, ,
Date	Full name of contributor Out-of-state PAC (ID	D#:)	Amount of Contribution (\$)
09/13/2024	Congress Avenue Partners LLC		\$500.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78701		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)
	•		
Date	Full name of contributor Out-of-state PAC (ID		Amount of Contribution (\$)
10/26/2024	Contractor, Sohail	····	\$250.00
	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Couc		
	Prospect, KY 40059		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)
MD		Uofl	

The Instrue	ction Guide explains how to complete thi	1 Total pages Schedule A1: Sch: 12/59 Rpt: 15/149	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Bhojani, Salr	man (The Honorable)		00085598
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
10/16/2024	Cubbage, Todd		\$500.00
	6 Contributor address; City; State; Zip Code		1
2 Dringingloggy	Charlotte, NC 28211	Employer (Cool Instructions	
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Haynes and Boone LLP	
			1
Date		D#:)	Amount of Contribution (\$)
10/09/2024	Daradiya, Rafeeq		\$250.00
	Contributor address; City; State; Zip Code		
	Euless, TX 76039		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Business		Self-Employed	5)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
10/10/2024	Daya, Kamal		\$5,000.00
	Contributor address; City; State; Zip Code		
	The Villages, FL 34762		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	-,
Date	Full name of contributor out-of-state PAC (II	D# <sup>.</sup> )	Amount of Contribution (\$)
12/06/2024	Dow, Jim	υπ,	\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Managing Pa	artner	Cross Oak Group	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
10/16/2024	Draper, Stephanie		\$100.00
	Contributor address; City; State; Zip Code		1
	Justin, TX 76247		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe	≥d	Not Employed	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 13/59 Rpt: 16/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/15/2024 EYE-PAC of the Texas Ophthalmological Association \$500.00 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 (\$) 12/07/2024 \$1,000.00 Ehsan, Aamir Contributor address; City; State; Zip Code San Antonio, TX 78257 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self-employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/15/2024 El-Jarrah, Houda \$100.00 Contributor address; City; State; Zip Code McKinney, TX 75072 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$100.00 Elhassan, Hani Contributor address; City; State; Zip Code Grapevine, TX 76051 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Project Manager** Verizon Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/08/2024 \$100.00 Ellis, Donna Contributor address; City; State; Zip Code Sugar Land, TX 77498 Principal occupation / Job title (See Instructions) Employer (See Instructions) unemployed unemployed

SCHEDULE	A1
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Γ	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1:	
			-		Sch: 14/59 Rpt: 17/149	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salman (The Honorable)				00085598	
4	Date	5 Full name of contributor X out-of-state PAC (ID#:	000097568	7	Amount of Contribution (\$)	
	09/18/2024	Employees of RTX Corporation PAC				\$750.00
		6 Contributor address; City; State; Zip Code				
		Arlington, VA 22209				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/14/2024	Euless Firefighters for Responsible Government				\$1,000.00
		Contributor address; City; State; Zip Code				
		Euless, TX 76039				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/11/2024	Fazlani, Mehboob				\$2,000.00
		Contributor address; City; State; Zip Code				
		Manakin Sabat VA 22102				
	Drineirelessu	Manakin-Sabot, VA 23103	Frankryer (Cas hastryetians			
	unemployed	pation / Job title (See Instructions)	Employer (See Instructions unemployed	)		
╘			unemployed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+
	12/12/2024	Fazlani, Mehboob				\$500.00
		Contributor address; City; State; Zip Code				
		Manakin-Sabot, VA 23103				
_	Dringingloggy	pation / Job title (See Instructions)	Employer (See Instructions			
	unemployed		unemployed	)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*5000</b>
	10/10/2024	Fields, David				\$500.00
		Contributor address; City; State; Zip Code				
		Dallas TX 75202				
⊢	Dringing and	Dallas, TX 75203	Employer (Coolingtouting			
1		pation / Job title (See Instructions)	Employer (See Instructions	)		
⊢	Partner		Haynes and Boone			
I						

i				
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 15/59 Rpt: 18/149	
2 FILER NAME	FILER NAME			on Filers)
	man (The Honorable)		00085598	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/06/2024	Focused Advocacy PAC			\$750.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78746			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Dette		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	<b>ΦΓ 000 00</b>
10/16/2024		ible Government		\$5,000.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76107			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
· · · · · · · · · · · · · · · · · · ·			,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/11/2024	Friends Of UT Dallas PAC			\$250.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75240			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	÷05.00
09/21/2024	Frisk, Keith			\$25.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76006			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>)</u>	
			/	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/04/2024	Gajera, Hitesh			\$200.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	

The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 16/59 Rpt: 19/149	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	man (The Honorable)			- 	00085598	///······/////////////////////////////
4 Date	5 Full name of contributor out-	-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
10/16/2024	Gambrell, Denise					\$20.00
	6 Contributor address; City; State; Zip	Code				
	Grand Priarie, TX 75051					
8 Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions) Retired	.)		
Date	Full name of contributor out-	-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
12/05/2024	Garcia, Brandon					\$50.00
	Contributor address; City; State; Zip					
	Manor, TX 78653					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
Government	Relations		TPCSA			
Date	Full name of contributor out-	-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
10/16/2024	Garcia, Domingo					\$1,000.00
	Contributor address; City; State; Zip	Code				
D incircl accord	Dallas, TX 75247			Ĺ		
-	pation / Job title (See Instructions)		Employer (See Instructions)			
Attorney			Law offices of Domingo	Ga		
Date		-of-state PAC (ID#:	)		Amount of Contribution (\$)	
10/16/2024	Garcia, Maria Elba					\$250.00
	Contributor address; City; State; Zip					
	Dallas, TX 75208					
Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions) Self-Employed	;)		
Date	Full name of contributor X out-	-of-state PAC (ID#: <u>C00</u>	)076810	Γ	Amount of Contribution (\$)	
10/17/2024	General Motors Company Politica	al Action Committe	эе			\$500.00
	Contributor address; City; State; Zip	Code				
	Washington, DC 20001					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
		I				

Bhojani, Salman (The Honorable) 00085598					
2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         4       Date       5       Full name of contributor       out-of-state PAC (ID.#       00085598         1016/2024       6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID.#       Amount of Contribution (\$)       \$50.00         Date       Full name of contributor       out-of-state PAC (ID.#       Amount of Contribution (\$)       \$50.00         Date       Full name of contributor       out-of-state PAC (ID.#       Amount of Contribution (\$)       \$500.00         12/02/2024       Full name of contributor       out-of-state PAC (ID.#       Amount of Contribution (\$)       \$500.00         11/25/2024       Full name of contributor       out-of-state PAC (ID.#       Amount of Contribution (\$)       \$500.00         11/25/2024       Full name of contributor       out-of-state PAC (ID.#       Amount of Contribution (\$)       \$250.00         Date       Full name of contributor       out-of-state PAC (ID.#       Amount of Contribution (\$)       \$250.00	The Instruc	ction Guide explains how to complete this f	iorm.		
Bhojani, Saliman (The Honorable)       00085598         4 Date       5 Full name of contribution	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	Filers)
10/16/2024       Goodwin, Katherine       \$\$50.00         6       Contributor address; City; State; Zip Code       \$\$50.00         7       Plano, TX 75074       9       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor					,
6       Contributor address. City, State: Zip Code         Plano, TX 75074       9         8       Principal occupation / Job title (See Instructions) Not Employed       9         Date       Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
6       Contributor address: City: State; Zip Code         Plano, TX 75074       Plano, TX 75074         8       Principal occupation / Job title (See instructions) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor Out-of-state PAC (De:) Albany, NY 12207       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution (\$)         11/25/2024       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution (\$)         11/25/2024       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution (\$)         12/05/2024       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution (\$)         212/05/2024       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution (\$)         212/05/2024       Full name of contributor       out-of-state PAC (De:)       Amount of Contribution	10/16/2024				\$50.00
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 12/02/2024       Full name of contributor out-of-state PAC (Dor) Greenberg Traurig, P. A. PAC       Amount of Contribution (\$) \$500.00         Contributor address; City; State; Zip Code Albarny, NY 12207       Amount of Contribution (\$) Guif States Toyota Inc. State PAC (Dor) Guif States Toyota Inc. State PAC Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Date 11/25/2024       Full name of contributor out-of-state PAC (Dor) Guif States Toyota Inc. State PAC Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Date 12/05/2024       Full name of contributor out-of-state PAC (Dor) HOUSTON, TX 77077       Amount of Contribution (\$) \$250.00         Date 12/05/2024       Full name of contributor out-of-state PAC (Dor) Austin, TX 78701       Amount of Contribution (\$) \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructi					
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 12/02/2024       Full name of contributor out-of-state PAC (Dor) Greenberg Traurig, P. A. PAC       Amount of Contribution (\$) \$500.00         Contributor address; City; State; Zip Code Albarny, NY 12207       Amount of Contribution (\$) Guif States Toyota Inc. State PAC (Dor) Guif States Toyota Inc. State PAC Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Date 11/25/2024       Full name of contributor out-of-state PAC (Dor) Guif States Toyota Inc. State PAC Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Date 12/05/2024       Full name of contributor out-of-state PAC (Dor) HOUSTON, TX 77077       Amount of Contribution (\$) \$250.00         Date 12/05/2024       Full name of contributor out-of-state PAC (Dor) Austin, TX 78701       Amount of Contribution (\$) \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructi					
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 12/02/2024       Full name of contributor out-of-state PAC (Dor) Greenberg Traurig, P. A. PAC       Amount of Contribution (\$) \$500.00         Contributor address; City; State; Zip Code Albarny, NY 12207       Amount of Contribution (\$) Guif States Toyota Inc. State PAC (Dor) Guif States Toyota Inc. State PAC Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Date 11/25/2024       Full name of contributor out-of-state PAC (Dor) Guif States Toyota Inc. State PAC Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Date 12/05/2024       Full name of contributor out-of-state PAC (Dor) HOUSTON, TX 77077       Amount of Contribution (\$) \$250.00         Date 12/05/2024       Full name of contributor out-of-state PAC (Dor) Austin, TX 78701       Amount of Contribution (\$) \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructi					
Not Employed       Not Employed         Date 12/02/2024       Full name of contributor out-of-state PAC (DB: 			1		
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/02/2024       Greenberg Traurig, P. A. PAC       \$500.00         Contributor address; City; State; Zip Code       Albany, NY 12207         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         12/05/2024       Full name of contributor       out-of-state PAC (ID#)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) <td></td> <td></td> <td></td> <td>;)</td> <td></td>				;)	
12/02/2024       Greenberg Traurig, P. A. PAC       \$500.00         Contributor address; City; State; Zip Code	Not Employe		Not Employed		
Contributor address; City, State; Zip Code         Albany, NY 12207         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#			)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Albany, NY 12207         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         11/25/2024         Gulf States Toyota Inc. State PAC         Contributor address; City; State; Zip Code         Houston, TX 77077         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Pate         Houston, TX 77077         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Date         12/05/2024         Full name of contributor         Out-of-state PAC (ID#)         Amount of Contribution (\$)         \$250.00         Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Image: Second Contributor         Out-of-state PAC (ID#	12/02/2024				\$500.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/25/2024       Gulf States Toyota Inc. State PAC       \$500.00         Contributor address; City: State; Zip Code       Houston, TX 77077         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       S250.00         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       S250.00         Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/07/2024       HNB Investment LLC       Amount of Contribution (\$)         Contributor address; City: State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78249       San Antonio, TX 78249					
11/25/2024       Gulf States Toyota Inc. State PAC       \$500.00         Contributor address; City; State; Zip Code       Houston, TX 77077         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/05/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$250.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Atstin, TX 78701       Employer (See Instructions)       \$500.00         Date       Full name of contributor       out-of-state PAC (ID#:)         12/07/2024       San Antonio, TX 78249       Amount of Contribution (\$)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
11/25/2024       Gulf States Toyota Inc. State PAC       \$500.00         Contributor address; City; State; Zip Code       Houston, TX 77077         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#;)         12/05/2024       Full name of contributor       out-of-state PAC (ID#;)         Amount of Contribution (\$)       \$250.00         Contributor address; City; State; Zip Code       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#;)         Amount of Contribution (\$)       12/07/2024       HNB Investment LLC         Contributor address; City; State; Zip Code       \$500.00         San Antonio, TX 78249       Image: City State; Zip Code					
Contributor address; City; State; Zip Code         Houston, TX 77077         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         12/05/2024         HMWK LLC         Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Set Austin, TX 78701         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         12/07/2024         HNB Investment LLC         Contributor address; City; State; Zip Code         San Antonio, TX 78249			)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Houston, TX 77077         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         12/05/2024       HMWK LLC         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         2/05/2024       HMWK LLC         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         Austin, TX 78701       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$500.00         12/07/2024       HNB Investment LLC         Contributor address; City; State; Zip Code	11/25/2024				\$500.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/05/2024       HIWWK LLC       \$250.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/07/2024       HNB Investment LLC       San Antonio, TX 78249       Amount of Contribution (\$)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/05/2024       HIMWK LLC       \$250.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/07/2024       HNB Investment LLC       \$500.00       \$500.00         Contributor address; City; State; Zip Code       San Antonio, TX 78249       Amount of Contributor					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/05/2024       HIMWK LLC       \$250.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/07/2024       HNB Investment LLC       \$500.00       \$500.00         Contributor address; City; State; Zip Code       San Antonio, TX 78249       Amount of Contributor		Houston TX 77077			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/05/2024       HMWK LLC       \$250.00         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/07/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$500.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78249       San Antonio, TX 78249	Principal occu		Employer (See Instructions	<u></u>	
12/05/2024       HMWK LLC       \$250.00         Contributor address; City; State; Zip Code       \$250.00         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor         12/07/2024       Full name of contributor         HNB Investment LLC       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$500.00         San Antonio, TX 78249       Full name of Contributor	r IIIopai occaj			')	
12/05/2024       HMWK LLC       \$250.00         Contributor address; City; State; Zip Code       \$250.00         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor         12/07/2024       Full name of contributor         HNB Investment LLC       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$500.00         San Antonio, TX 78249       Full name of Contributor	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         12/07/2024         HNB Investment LLC         Contributor address; City; State; Zip Code         San Antonio, TX 78249			,		\$250.00
Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         12/07/2024       HNB Investment LLC         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78249       Employer (See Instructions)					*
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/07/2024       HNB Investment LLC       \$500.00         Contributor address; City; State; Zip Code       San Antonio, TX 78249       Image: Contributor address = City					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/07/2024       HNB Investment LLC       \$500.00         Contributor address; City; State; Zip Code       San Antonio, TX 78249       Image: Contributor address = City					
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       12/07/2024     HNB Investment LLC     \$500.00       Contributor address; City; State; Zip Code     \$500.00       San Antonio, TX 78249		Austin, TX 78701			
12/07/2024       HNB Investment LLC       \$500.00         Contributor address; City; State; Zip Code       San Antonio, TX 78249	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
12/07/2024       HNB Investment LLC       \$500.00         Contributor address; City; State; Zip Code       San Antonio, TX 78249					
12/07/2024       HNB Investment LLC       \$500.00         Contributor address; City; State; Zip Code       San Antonio, TX 78249	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
San Antonio, TX 78249	12/07/2024				\$500.00
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		San Antonio, TX 78249			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
			•		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 18/59 Rpt: 21/149				
2 FILER NAME	3 Filer ID (Ethics Commissio	on Filers)			
Bhojani, Salman (The Honorable)	00085598	,			
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)				
10/11/2024 HOMEPAC of Texas		\$250.00			
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 (\$)				
10/16/2024 Haider, Riaz		\$1,000.00			
Contributor address; City; State; Zip Code					
Mansfield, TX 76063					
Principal occupation / Job title (See Instructions)Employer (See Instructions)PhysicianSelf employed					
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀ100 00			
12/09/2024 Haleem, Shah		\$100.00			
Contributor address; City; State; Zip Code					
Katy, TX 77494					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Investor SMZJ holdings IIc					
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)				
10/15/2024 Hammer and Nails Club		\$1,000.00			
Contributor address; City; State; Zip Code					
Fort Worth, TX 76102					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)				
10/11/2024 Hargrave, Earl		\$100.00			
Contributor address; City; State; Zip Code					
Dodford TV 76021					
Bedford, TX 76021					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Not Employed Not Employed					

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 19/59 Rpt: 22/149
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Bhojani, Salman (The Honorable)	00085598
4 Date       5 Full name of contributor       out-of-state PAC (ID#:)         10/10/2024       Hasan, Iqbal         6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) 
Carrollton, TX 75010	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instruction         Software Engineer       Exela Technologies	ns)
	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       10/03/2024     Hayee, Abdul Ahad	Amount of Contribution (\$)
	\$1,000.00
Contributor address; City; State; Zip Code	
Plano, TX 75074	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Physician Self	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/27/2024 Heart of Lone Star Cardiology PLLC	\$500.00
Contributor address; City; State; Zip Code	
Southlake, TX 76092	
Southlake, TX 76092         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	ns)
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Principal occupation / Job title (See Instructions) Employer (See Instruction	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)       Employer (See Instruction)         Date       Full name of contributor       out-of-state PAC (ID#:)	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instruction)         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instruction)         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC         Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC       Contributor address; City; State; Zip Code         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instruction	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC       Contributor address; City; State; Zip Code         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1,000.00 ns) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC       Contributor address; City; State; Zip Code         Austin, TX 78701       Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/25/2024       Hisssam, Timothy       Employer (See Instructions)	Amount of Contribution (\$) \$1,000.00 ns) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC       Contributor address; City; State; Zip Code         Austin, TX 78701       Employer (See Instructions)       Employer (See Instruction         Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         07/25/2024       Hisssam, Timothy       Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,000.00 ns) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC       Contributor address; City; State; Zip Code         Austin, TX 78701       Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/25/2024       Hisssam, Timothy       Employer (See Instructions)	Amount of Contribution (\$) \$1,000.00 ns) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         10/08/2024       Hillco PAC       Contributor address; City; State; Zip Code         Austin, TX 78701       Employer (See Instructions)       Employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       employer (See Instruction         Date       Full name of contributor       out-of-state PAC (ID#:)         07/25/2024       Hisssam, Timothy       Contributor address; City; State; Zip Code	Amount of Contribution (\$)            \$1,000.00           ns)         Amount of Contribution (\$)            \$3.00

Th	ne Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 20/59 Rpt: 23/149
2 FIL	ER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		man (The Honorable)		00085598
4 Dat	te	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
08/	/25/2024	Hisssam, Timothy		\$3.00
		6 Contributor address; City; State; Zip Code		
		Pflugerville, TX 78660		
8 Prii	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Ta	x Examini	ng Tech	IRS	
Dat	te	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)
09/	/25/2024	Hisssam, Timothy		\$3.00
		Contributor address; City; State; Zip Code		•
		Pflugerville, TX 78660		
Prii	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Ta	x Examini	ng Tech	IRS	
Dat	te	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	/25/2024	Hisssam, Timothy		\$3.00
10,	12012024			
		Contributor address; City; State; Zip Code		
		Pflugerville, TX 78660		
Pri	ncinal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	x Examini		IRS	5)
Dat		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07	/03/2024	Hisssam, Timothy		\$3.00
		Contributor address; City; State; Zip Code		
	· .	Pflugerville, TX 78660		<u> </u>
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)
Ta	x Examini		IRS	
Dat	te	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/	/08/2024	Holland and Knight Texas PAC		\$250.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75201		
Prii	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)

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The Instruc	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 21/59 Rpt: 24/149	
2 FILER NAME	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Bhojani, Salr	man (The Honorable)				00085598	-
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
12/07/2024	Hotel PAC					\$1,000.00
	6 Contributor address; City; St	ate; Zip Code				
Drincipal occu	Austin, TX 78701 pation / Job title (See Instructions	<u>\</u>	Employer (See Instructions	<u> </u>		
		)	9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
07/27/2024	Hussaini, Aly					\$5.00
	Contributor address; City; St			1		
	Austin TV 70701					
Dringing oggu	Austin, TX 78731		Employer (Soo Instructions	<u> </u>		
Principal occuj Not employe	pation / Job title (See Instructions	)	Employer (See Instructions Not employed	5)		
		<u> </u>		1		
Date 08/27/2024	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$5.00
U012112024	Hussaini, Aly					Φ0.00
	Contributor address; City; St	ate; Zip Code				
	Austin, TX 78731					
Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
Not employe	d		Not employed			
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/27/2024	Hussaini, Aly	_				\$5.00
	Contributor address; City; St	ate; Zip Code				
	Austin TV 70701					
Dringing occu	Austin, TX 78731 pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
Not employe		)	Not employed	5)		
			, view of the second se	<u> </u>	Amount of Contribution (\$)	
Date 10/27/2024	Full name of contributor Hussaini, Aly	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
10/21/2027	Contributor address; City; St	ata: Zin Cada				ψ0.00
		ale, zip code				
	Austin, TX 78731					
Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
Not employe	d		Not employed			

The Instru	ction Guide explains hov	v to complete this f	örm.	1	Total pages Schedule A1: Sch: 22/59 Rpt: 25/149	
2 FILER NAME	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Bhojani, Salı	man (The Honorable)				00085598	
4 Date 11/27/2024	5 Full name of contributor Hussaini, Aly	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$5.00
	6 Contributor address; City; S	State; Zip Code				
	Austin, TX 78731					
	upation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
Not employe	ed		Not employed			
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
07/03/2024	Hussaini, Aly					\$5.00
	Contributor address; City; S					
	Austin, TX 78731		1			
	upation / Job title (See Instructions	s)	Employer (See Instructions	s)		
Not employe	.d		Not employed			
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Т	Amount of Contribution (\$)	
12/04/2024	IBAT PAC					\$500.00
	Contributor address; City; S Austin, TX 78701	tate; Zip Code				
Princinal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>ا</u> ر		
1 11101941 0022		)		5)		
Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
12/08/2024	Imam, Sardar					\$200.00
	Contributor address; City; S	itate; Zip Code				
	Sugar Land, TX 77479					
Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	s)		
Partner			Q Consulting Partners L	LLC		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
10/26/2024	Jabbar, Abdul	L			· · · · · · · · · · · · · · · · · · ·	\$250.00
	Contributor address; City; S	itate; Zip Code				-
	Prospect, KY 40059					
Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	s)		
Physician			Ghp			
			1			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 23/59 Rpt: 26/149
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Bhojani, Salman (The Honorable)	00085598
4 Date 5 Full name of contributor out-of-state PAC (ID#:	_) <b>7</b> Amount of Contribution (\$)
12/08/2024 Javed, Abrahim	\$500.00
6 Contributor address; City; State; Zip Code	
Sugar Land TV 77400	
Sugar Land, TX 77498           8 Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)	ational
Co-Founder & COO CharityStack	clions)
	_) Amount of Contribution (\$)
10/16/2024 Jha, Navaz	\$100.00
Contributor address; City; State; Zip Code	
Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Business owner Kumon instructor	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
10/12/2024 Jia, Ying	\$100.00
Contributor address; City; State; Zip Code	
Keller, TX 76248	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Model Risk Manager Comerica Bank	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
10/01/2024 Jifi-Bahlool, Samer	\$15.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions
M.D. Self-employed	
	_) Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code	
Continuation addresss, Gity, State, Zip Code	
Carrollton, TX 75010	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Manager Wonderland Monte	essori Group

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 24/59 Rpt: 27/149	
2 FILER NAME	2 FILER NAME			n Filers)
	lman (The Honorable)		3 Filer ID (Ethics Commission 00085598	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/16/2024				\$500.00
	6 Contributor address; City; State; Zip Code			
	Prospect, KY 40059			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physian		Obstetric Anesthesia co	nsultant	
Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)	
10/15/2024	Kajani, Nizar			\$250.00
	Contributor address; City; State; Zip Code			
	Benicia, CA 94510			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Amount of Contribution (\$)	
10/11/2024	Kamal, Sofia			\$100.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75063			
-	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Lawyer		Kamal Law Office		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
10/31/2024	Kamal, Tausif			\$100.00
	Contributor address; City; State; Zip Code			
	McKinney, TX 75070			
	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Attorney		Self-employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/09/2024	Kaplan, Stacey			\$250.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
PR Strategis	st	GO PR LLC		

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	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 25/59 Rpt: 28/149	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
- 		man (The Honorable)				00085598	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:	)	7	Amount of Contribution (\$)	
	09/05/2024	Karovaliya, Anif					\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78746					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Business ow	/ner		Self employed			
	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	12/05/2024	Kaya , Gultekin					\$100.00
		Contributor address; City; State; Zip Code					
		Round Rock, TX 78664-4067					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Administrato	۲		Harmony Public Schools	S		
F	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	10/17/2024	Khan, Abdul					\$5,000.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75229					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not employe	:d		Not employed			
	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	10/28/2024	Khan, Jalil					\$250.00
		Contributor address; City; State; Zip Code					
		Diana TV 75000					
$\vdash$	Dringingl oppu	Plano, TX 75093	<u> </u>	Employer (See Instructions			
	Principal occu Physician	pation / Job title (See Instructions)		Self-employed	5)		
╘				Sell-employed	-		
	Date	Full name of contributor out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	÷4,000,00
	10/26/2024	Khawaja, Imran					\$1,000.00
	Contributor address; City; State; Zip Code						
	Drinsipal apou	Southlake, TX 76092		Englaver (Coo Instructions			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			MD TruCare			
L							

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 26/59 Rpt: 29/149		
2 FILER NAME			3 Filer ID (Ethics Commission	(Filers)
	man (The Honorable)		00085598	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/08/2024	Khawaja, Omar			\$500.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77056			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Attorney		Law offices of Omar Kha	awaja PLLC	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/06/2024	Killen Griffin & Farrimond Political Committee			\$500.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78216			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
10/16/2024	Kuykendall, Deanna			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78757			
Dringingloggy	pation / Job title (See Instructions)	Employer (See Instructions)		
Legislative C		Deanna L. Kuykendall In		
_				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	¢500.00
10/11/2024	Lammons, Cody			\$500.00
	Contributor address; City; State; Zip Code			
	Mansfield, TX 76063			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Firefighter		City of Hurst	)	
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (¢)	
Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Lazarowicz, Katie	)	Amount of Contribution (\$)	\$20.00
10/11/2027				Ψ20.00
	Contributor address; City; State; Zip Code			
	Brooklyn, NY 11211			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Not Employe		Not Employed	)	

	The Instruc	ction Guide explains how to complete t	1	Total pages Schedule A1: Sch: 27/59 Rpt: 30/149		
2	FILER NAME	RNAME			Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salr	alman (The Honorable)			00085598	
4	Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7	Amount of Contribution (\$)	
	10/21/2024	Legacy 44				\$1,500.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78756				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
				_		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	12/08/2024	Lin, Dawn				\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77036				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Attorney		Self-employed	5)		
	Date	Full name of contributor Out-of-state PAG	C (ID#:)	Т	Amount of Contribution (\$)	
	10/08/2024	Linebarger Goggan Blair & Sampson LLP				\$500.00
	IUIUUILUL .	Contributor address; City; State; Zip Code				Ψ000.00
		Communication address, only, state, hip code				
		Austin, TX 78760				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor 🔲 out-of-state PAG	C (ID#:)	Γ	Amount of Contribution (\$)	
	07/24/2024	Lipnicky, David				\$5.00
		Contributor address; City; State; Zip Code		1		
		Grand Prairie, TX 75050				
$\vdash$	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	ر ا		
	-	it & Program Analyst	U.S. Dept. of Labor	5)		
╞				Т	Amount of Contribution (\$)	
	Date 08/24/2024	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	\$5.00
	0012412024					ψ0.00
		Contributor address; City; State; Zip Code				
		Grand Prairie, TX 75050				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Managemen	it & Program Analyst	U.S. Dept. of Labor			

Th	ne Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/59 Rpt: 31/149	
2 EII	ER NAME			2	Filer ID (Ethics Commission	n Filers)
		man (The Honorable)			00085598	
4 Dat	te	5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
09/	/24/2024	24 Lipnicky, David				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Grand Prairie, TX 75050				
8 Prir	ncipal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
		t & Program Analyst	U.S. Dept. of Labor	,		
Dat	te	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
10/	/24/2024	Lipnicky, David				\$5.00
		Contributor address; City; State; Zip Code		1		
		Grand Prairie, TX 75050				
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Ma	anagemen	t & Program Analyst	U.S. Dept. of Labor			
Dat	te	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/	/01/2024	Lipnicky, David				\$5.00
		Contributor address; City; State; Zip Code		1		
		Grand Prairie, TX 75050				
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Ма	anagemen	t & Program Analyst	U.S. Dept. of Labor			
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
10/	/12/2024	Liu, Xin				\$100.00
		Contributor address; City; State; Zip Code		1		
		Grand Prairie, TX 75052				
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Ch	nemist		Alcon			
Dat	te	Full name of contributor Out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	/10/2024	Lloyd Gosselink Rochelle & Townsend, PC	)			\$500.00
_0,	Contributor address; City; State; Zip Code			•		+000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
				-)		

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 29/59 Rpt: 32/149
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	man (The Honorable)		00085598
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/15/2024	Loh, Matthew		\$500.0
	6 Contributor address; City; State; Zip Code		
0 Dringingloogu	Grand Prairie, TX 75051		_\
8 Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Aqua Management	s)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/29/2024	Longbow Consulting Partners LLC		\$350.0
	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 (ID#:_	)	Amount of Contribution (\$)
07/05/2024	Maguire-Powell, Alison		\$10.0
	Contributor address; City; State; Zip Code		
	Denton, TX 76210	-	
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe		Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/05/2024	Maguire-Powell, Alison		
	Contributor address; City; State; Zip Code		
	Denton, TX 76210		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe		Not Employed	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/05/2024	Maguire-Powell, Alison		\$10.0
	Contributor address; City; State; Zip Code		
	Denton, TX 76210		
-	pation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe	2d	Not Employed	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/59 Rpt: 33/149	
2 FILER NAME			3 Filer ID (Ethics Commissi	ion Filers)
	man (The Honorable)		00085598	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/05/2024	Maguire-Powell, Alison			\$10.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76210			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Not Employe		Not Employed	'	
Date		)	Amount of Contribution (\$)	
12/05/2024	Maguire-Powell, Alison	/		\$10.00
				<b>+-·</b> ···
	Denton, TX 76210			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe		Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/28/2024	Mahmood, Arif			\$1,000.00
	Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76310			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician		Self-employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/17/2024	Mahmood, Khalid			\$1,000.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035	,		
-	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not employe	٠d	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/14/2024	Mahrouq, Sam			\$10,000.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76006			
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions)	)	
CEO		Sam Mahrouq		

	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 31/59 Rpt: 34/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)				00085598	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/05/2024	Majeed, Tariq					\$1,000.00
		6 Contributor address; City; Sta	tate; Zip Code		1		
		Austin, TX 78746					
8		pation / Job title (See Instructions)	)	9 Employer (See Instructions	5)		
	Self-employe	30 		Self-employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/14/2024	Majeed, Waseem					\$100.00
		Contributor address; City; Sta					
	Dringing oog	Euless, TX 76039		Employer (Cool Instructions			
	Principal occu IT	ipation / Job title (See Instructions)	)	Employer (See Instructions Travelport	5)		
╘		<u> </u>			1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	*500.00
	10/26/2024	Maknojiya, Aziz					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78732					
┝	Principal occu	pation / Job title (See Instructions)	<del>.</del>	Employer (See Instructions	<u> </u> ເ)		
	Not employe		,	Not employed	,		
╞	Date	Full name of contributor	out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	10/11/2024	Malone, David		/		Allount of Contribution (*)	\$100.00
		Contributor address; City; Sta	tate <sup>.</sup> Zin Code		-		Ψ±00.00
			ale, zip code				
		Euless, TX 76040					
⊢	Principal occu	pation / Job title (See Instructions)	;)	Employer (See Instructions	5)		
	Server			Four Leaf Ventures			
╞	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/04/2024	Manasiya, Jamshed					\$1,000.00
		Contributor address; City; Sta	ate; Zip Code		1		
			-				
		Austin, TX 78717					
	Principal occu	pation / Job title (See Instructions)	i)	Employer (See Instructions	5)		
	Business			Keystone Developers ar	nd	Property Management	
1							

The Instru	ction Guide explains how	<i>i</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/59 Rpt: 35/149	
2 FILER NAME			1	3	Filer ID (Ethics Commissio	on Filers)
Bhojani, Sai	Iman (The Honorable)				00085598	
4 Date 11/05/2024	<ul> <li>Full name of contributor Manifee, Vandella</li> </ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$150.00
	6 Contributor address; City; St	tate; Zip Code				
	Grand Prairie, TX 75052					
8 Principal occu	upation / Job title (See Instructions	)	9 Employer (See Instructions	<u>.</u> s)		
Date	Full name of contributor	out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
11/06/2024	Masroor, Muhammad					\$500.00
	Contributor address; City; St	ate; Zip Code				
	Prospect, KY 40059					
Principal occu	upation / Job title (See Instructions	<i>z)</i>	Employer (See Instructions	<u>ال</u>		
Physician		,	Louisville Geriatric Asso		ite	
				T		
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷1 000 00
09/30/2024	McClure, Madeline Contributor address; City; St					\$1,000.00
	Dallas, TX 75209					
Principal occu	upation / Job title (See Instructions	(ذ	Employer (See Instructions	s)		
Not Employe	ed	1	Not Employed			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
12/14/2024	McClure, Madeline					\$2,500.00
	Contributor address; City; St	ate; Zip Code				
	Dallas, TX 75209					
Principal occu unemployed	upation / Job title (See Instructions	)	Employer (See Instructions unemployed	3)		
Date	Full name of contributor	x out-of-state PAC (ID#:	C00225342 )	Γ	Amount of Contribution (\$)	
10/02/2024	McGuire Woods PAC					\$500.00
	Contributor address; City; State; Zip Code					
	Richmond, VA 23219					
Principal occu	upation / Job title (See Instructions	) )	Employer (See Instructions	5)		
		,				

	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 33/59 Rpt: 36/149	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
		man (The Honorable)				00085598	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/07/2024	McGuire, Michael					\$1,500.00
		6 Contributor address; City; St	tate; Zip Code		1		
Ļ		Dallas, TX 75025			Ĺ		
8	Principal occu President	pation / Job title (See Instructions	<i>i</i> )	9 Employer (See Instructions	5)		
	President			Andrews Distributing	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/07/2024	Mehat, Inderjit Singh					\$200.00
		Contributor address; City; St	ate; Zip Code				
		San Antonio, TX 78249					
	Drincinal occu	pation / Job title (See Instructions	-)	Employer (See Instructions	<u> </u>		
	Pincipai occa		·)		5)		
⊨	Data	Full name of contributor		<u> </u>	Γ	Amount of Contribution (\$)	
	Date 12/13/2024	Mehta, Kamlesh	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00
	12/13/2024				-		Φ230.00
		Contributor address; City; St	ate; Zip Code				
		San Antonio, TX 78249					
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
	Business Ov	vner		Mehta Builders			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/17/2024	Merchant, Parinbanu	_				\$1,000.00
		Contributor address; City; St	tate; Zip Code		1		
		Carrollton, TX 75007		1			
	-	ipation / Job title (See Instructions	<i>;</i> )	Employer (See Instructions	5)		
	Not employe			Not employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/06/2024	Meyers, Lucas					\$250.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78759					
_	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
		tal Affairs Consultant	·)	Governmental Affairs LL			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 34/59 Rpt: 37/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/24/2024 Mid-Cities Stonewall Democrats \$262.00 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 \$500.00 Moak Casey PAC 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#: 10/28/2024 Molubhoy, Perry \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Atlantic Hotels Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/05/2024 \$1,000.00 Momin, Mohamadali Contributor address; City; State; Zip Code Austin, TX 78758 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Starr Insurance Agency Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/05/2024 \$500.00 Momin, Mubarak Contributor address; City; State; Zip Code Round Rock, TX 78665 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed Asam Retail LLC

L	,						
	The Instrue	ction Guide explains how to co	omplete this fc	orm.	1	Total pages Schedule A1: Sch: 35/59 Rpt: 38/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salr	man (The Honorable)				00085598	
4	Date	5 Full name of contributor 🗌 ou	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/16/2024	Moore, Vicki					\$50.00
		6 Contributor address; City; State; Zi	′ip Code				
	1						
		Haltom City, TX 76137					
8		pation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions	5)		
	Not Employe	:d		Not Employed			
	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/02/2024	Munoz, Veronica					\$250.00
	1	Contributor address; City; State; Zi			1		
		1					
		Dallas, TX 75247	r				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President			Mezquite Installations			
	Date		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/16/2024	Muslim Democratic Caucus of T	Гехаз				\$500.00
		Contributor address; City; State; Zi	ip Code				
		Arlington TV 76018					
_	Dringing occu	Arlington, TX 76018	T	Employer (See Instructions	<u> </u>		
	Pilicipai occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Data				<u> </u>		
	Date 12/10/2024		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀኃ ሰበብ በበ
	12/10/2024	NRG Energy Political Action Co					\$2,000.00
		Contributor address; City; State; Zij	ip Code				
	1						
		Princeton, NJ 08540					
-	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> 5)		
	•				,		
$\vdash$	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/11/2024	Nafal, Marwan				, and an a second s	\$5,000.00
		Contributor address; City; State; Zi	in Code				• •
			p couo				
	1						
		Plano, TX 75024					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Self-Employe	ed		JAMY Properties			
⊢							

	The Instru	ction Guide explains how	<i>ı</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/59 Rpt: 39/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)				00085598	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/12/2024	Naqvi, Syed					\$100.00
		6 Contributor address; City; St	tate; Zip Code				
		Frisco, TX 75034	、		Ĺ		
8							
	Healthcare			Independent Contractor	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/01/2024	Naseem, Haris					\$1,000.00
		Contributor address; City; St	tate; Zip Code				
		Coppell, TX 75019					
_	Dringing ogg		N	Employer (See Instructions	<u> </u>		
	Doctor	pation / Job title (See Instructions	<i>)</i> )	Self-employed	5)		
╞					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	¢200.00
	09/27/2024						\$300.00
		Contributor address; City; Si	tate; Zip Code				
		Austin, TX 78701					
⊢	Principal occu	L pation / Job title (See Instructions	3)	Employer (See Instructions	;)		
	·	, , , , , , , , , , , , , , , , , , ,	,				
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/04/2024	Natsheh, Hatem					\$100.00
		Contributor address; City; St	tate: Zip Code				
			, F				
		Austin, TX 78739					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Self-employe	ed		Self-employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/12/2024	Nguyen, My					\$100.00
	Contributor address; City; State; Zip Code			1			
		Mansfield, TX 76063					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Software De	veloper/Consultant		Management Consulting	9		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 37/59 Rpt: 40/149 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/07/2024 North Texas Automobile Dealers PAC \$2,000.00 6 Contributor address; City; State; Zip Code Irving, TX 75062 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 \$100.00 Nwankwo, Victoria Contributor address; City; State; Zip Code Plano, TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dropbox Lawyer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/06/2024 Offices of Marc Rodriguez \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/14/2024 \$250.00 Olatunde, Olubode Contributor address; City; State; Zip Code Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Banker Chase Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/27/2024 Oncor Texas State Political Action Committee of Oncor State Electric \$1,500.00 Contributor address; City; State; Zip Code Dallas, TX 75202 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/59 Rpt: 41/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)				00085598	· · ·
4	Date	5 Full name of contributor 🗌 ou	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/11/2024	Panjwani, Sulaiman					\$500.00
		6 Contributor address; City; State; Zi	Zip Code				
_	Dringinal occu	Glen Allen, VA 23059	r	Employer (Soo Instructions	$\sum_{i=1}^{n}$		
8	Self employe	upation / Job title (See Instructions)		9 Employer (See Instructions Hopewell Fifteen LLC	;)		
╞			I		—		
	Date		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢101.00
	10/16/2024	Patel, Mukesh					\$101.00
		Contributor address; City; State; Zi	Lip Code				
		Bedford, TX 76022					
	Principal occu	upation / Job title (See Instructions)	T	Employer (See Instructions	<u>ا</u>		
	Hospitality			Aladdin Hotels	<b>9</b>		
⊨					—	Amount of Contribution (\$)	
	Date 10/16/2024		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$151.00
	10/10/2024	Patel, Navnit					ΦΤΟΤ'ΩΩ
		Contributor address; City; State; Zi	ip Code				
		Irving, TX 75038					
	Principal occu	upation / Job title (See Instructions)	T	Employer (See Instructions	لــــــــــــــــــــــــــــــــــــ		
	Not employe			Not employed	,		
⊨	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/11/2024	Pathak, Anil		/		, where existing a second s	\$1,000.00
		· ·	Zip Code				· -,- ·
			ip code				
		Frisco, TX 75033					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Entrepreneu	ıř		Self-Employed			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/15/2024	Pelfrey, Eric					\$5,000.00
		Contributor address; City; State; Zi	Lip Code				
		Fort Worth, TX 76102					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions			
	RE Investor			BridgeCap Partners LLC	2		
			· · · ·				

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	The Instru	ction Guide explains how to complete th	his form.	]1	Total pages Schedule A1: Sch: 39/59 Rpt: 42/149	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
_		lman (The Honorable)			00085598	
4	Date	5 Full name of contributor out-of-state PAC	, (ID#:)	7	Amount of Contribution (\$)	
	10/11/2024	Philips Uresti Meachum				\$500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78711				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	IS)		
_	Date	Full name of contributor Out-of-state PAC		$\overline{\mathbf{T}}$	Amount of Contribution (\$)	
	10/18/2024	Phillips Pringle, Pamela	(ID#)		Allount of contribution (+)	\$50.00
	10,10,202.			·		<b>400.00</b>
		Continuation address, City, State, Zip Code				
		Bedford, TX 76021				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	IS)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC	; (ID#:)	Τ	Amount of Contribution (\$)	
	11/13/2024	Political Action Committee of the Independe	ent Insurance Agents of Texas			\$250.00
		Contributor address; City; State; Zip Code		.		
		Austin, TX 78768		Ļ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	iS)		
		<u> </u>		<del>—</del>		
	Date	Full name of contributor out-of-state PAC	: (ID#:)		Amount of Contribution (\$)	÷100.00
	10/10/2024	Pouttu, Jacob				\$100.00
		Contributor address; City; State; Zip Code				
		Grand Prairie, TX 75054				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	L IS)		
	Program Co		Texas A&M Commerce			
╞	Date	Full name of contributor Out-of-state PAC	l : (ID#:)	Т	Amount of Contribution (\$)	
	10/10/2024	Powers, Timothy				\$500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction			
	Attorney		Haynes and Boone, LL	P.		
		pation / Job title (See Instructions)				

	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 40/59 Rpt: 43/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)				00085598	,
4	Date	5 Full name of contributor 🗌 out-of	f-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/22/2024	Pradhan, Badruddin					\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Lewisville, TX 75056					
8	Principal occu	I pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Self-Employ			Timberlane Enterprises			
╞	Date	Full name of contributor	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/11/2024	Pulley, Tegwin					\$50.00
		Dallas, TX 75230					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Consultant			Tegwin Pulley Inc			
F	Date	Full name of contributor out-of	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/16/2024	Qureshi, Amir					\$1,000.00
		Contributor address; City; State; Zip C					
		Plano, TX 75093					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Doctor			Arkansas Spine and Pai	n		
	Date	Full name of contributor 🛛 out-of	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/16/2024	Qureshi, Anwaar					\$250.00
		Contributor address; City; State; Zip C	Code				
		Frisco, TX 75034					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Self-employe	, , ,		Self-employed	)		
╞							
	Date 10/16/2024	Full name of contributor 🛛 out-of Rahi, Imtiaz	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	10/10/2024						φ300.00
	Contributor address; City; State; Zip Code						
		Carrollton, TX 75006					
⊢	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	)		
	Not Employe			Not Employed			
⊢							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/59 Rpt: 44/149	
2 FILER NAME Bhojani, Salr	man (The Honorable)		3 Filer ID (Ethics Commission Fil 00085598	ilers)
4 Date 12/05/2024	5 Full name of contributor out-of-state PAC (ID#: Rahman, Mohammad		7 Amount of Contribution (\$) \$	\$500.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78717			
8 Principal occu unemployed	ipation / Job title (See Instructions)	9 Employer (See Instructions) unemployed	s) 	
Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Rahman, Sophia Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$1,	,000.00
Principal occu Physician	Plano, TX 75075 Ipation / Job title (See Instructions)	Employer (See Instructions Sophia Rahman MD	s)	
Date	Full name of contributor out-of-state PAC (ID#:_	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	
10/15/2024	Rajani, Saleem	/		,000.00
	Contributor address; City; State; Zip Code TX, TX 75013			
Principal occu Business ow	ipation / Job title (See Instructions) /ner	Employer (See Instructions) Self-employed	s)	
Date 12/07/2024	Full name of contributor out-of-state PAC (ID#: Rana, Mohammad	)	Amount of Contribution (\$)	\$500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78249			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	s)	
Businessma	n	New Braunfels Mart Inc		
Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Red Rock Texas PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	

	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 42/59 Rpt: 45/149
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		man (The Honorable)		00085598
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	07/06/2024	Regas, Theodora		\$25.00
		6 Contributor address; City; State; Zip Code		
		Euless, TX 76039		
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	) 5)
	Self employe		Self	, ,
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	07/15/2024	Regas, Theodora	/	\$50.00
	011101202.	-		
		Contributor address; City; State; Zip Code		
		Euless, TX 76039		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Self employe		Self	
⊢	Date			Amount of Contribution (\$)
	08/06/2024	Full name of contributor out-of-state PAC (ID#: Regas, Theodora	)	\$25.00
	00/00/2024	-		ψ20.00
		Contributor address; City; State; Zip Code		
		Euless, TX 76039		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Self employe		Self	)
╞				Amount of Contribution (\$)
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: Pages	)	Amount of Contribution (\$)
	08/13/2024	Regas, Theodora		\$50.00
		Contributor address; City; State; Zip Code		
		Euless, TX 76039		
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	) 3)
	Self employe		Self	,
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
	09/06/2024	Regas, Theodora	/	\$25.00
	00/00/202	Contributor address; City; State; Zip Code		· · ·
		Culturbulor dualess, City, State, Zip Code		
		Euless, TX 76039		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b> </b>
	Self employe		Self	,
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	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 43/59 Rpt: 46/149	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		man (The Honorable)			00085598	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/15/2024	Regas, Theodora				\$50.00
		6 Contributor address; City; State; Zip Code		"		
		Euless, TX 76039				
8	Princinal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<u>ارم</u>		
0	Self employe		Self	15)		
				<u> </u>	1	
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	ቀጋር በበ
	10/06/2024					\$25.00
		Contributor address; City; State; Zip Code				
		Euless, TX 76039				
	Drincinal occu	ipation / Job title (See Instructions)	Employor (See Instruction			
	Self employe		Employer (See Instructions Self	15)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 50.00
	10/15/2024					\$50.00
		Contributor address; City; State; Zip Code				
		Euless, TX 76039				
	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ارم</u>		
	Self employe		Self	13)		
				1	Amount of Contribution (¢)	
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	11/00/2024	Regas, Theodora				Φ20.00
		Contributor address; City; State; Zip Code				
		Euless, TX 76039				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	I IS)		
	Self employe		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	11/15/2024	Regas, Theodora				\$50.00
		Contributor address; City; State; Zip Code	,			
		Euless, TX 76039				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Self employe	ed	Self			
			_1			

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The Instru	ction Guide explains how to com	plete this form.	1 Total pages Schedule A1: Sch: 44/59 Rpt: 47/149
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Bhojani, Salı	man (The Honorable)		00085598
4 Date	5 Full name of contributor out-of-	-state PAC (ID#:)	7 Amount of Contribution (\$)
12/06/2024	Regas, Theodora		\$25.
	6 Contributor address; City; State; Zip C	ode	
	Euless, TX 76039		
	ipation / Job title (See Instructions)	9 Employer (See Instruction:	ns)
Self employe		Self	
Date		-state PAC (ID#:)	Amount of Contribution (\$)
10/27/2024	Rizvi, Furqan		\$500.
	Contributor address; City; State; Zip C	ode	
	Irving, TX 75039		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	
Physician		Self-employed	115)
-			Amount of Contribution (\$)
Date 10/10/2024	Full name of contributor out-of- Rodriguez, James	-state PAC (ID#:)	Amount of Contribution (\$) \$100.
10/10/2024	-	odo	
	Contributor address; City; State; Zip C	Sae	
	Aledo, TX 76008		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Construction	Consultant	The Nelrod Company	
Date	Full name of contributor out-of-	-state PAC (ID#:)	Amount of Contribution (\$)
10/25/2024	Romman, Adam		\$1,000.
	Contributor address; City; State; Zip C	ode	
	League City, TX 77573		
	ipation / Job title (See Instructions)	Employer (See Instruction	ns)
Not employe	d	Not employed	
Date	<b>_</b>	-state PAC (ID#:)	Amount of Contribution (\$)
10/22/2024	Rupani, Abdulaziz		\$1,000.
	Contributor address; City; State; Zip C		
	Dallas, TX 75220		
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instruction	
Business		Sub enterprise	ns)
Business			

The Instruction Guide explains how to complete this form.       1 Total pages Stocked A1: School Spit: 48/249         2 FILER NAME       3 Filer ID (Ethics Commission Filers) 00085598         2 Date       5 Fulname of contributor out-of-state PAC (DD:) Rupani, Amiral       7 Amount of Contribution (\$) \$2,000.00         4 Date       6 Contributor address: City, State; Zip Code       7 Amount of Contribution (\$) Philipped Coupadon / Job title (See Instructions) CEO       9 Employer (See Instructions) 4 Aces         5 Principal accupation / Job title (See Instructions)       9 Employer (See Instructions) 4 Aces       Amount of Contribution (\$) \$2,500.00         5 Principal accupation / Job title (See Instructions) Usiness       Employer (See Instructions) World's Cold & Diamond's Inc         5 Date       Full name of contributor out-of-state PAC (DD:) Houston, TX 77036       Amount of Contribution (\$) \$2,500.00         5 Date       Full name of contributor out-of-state PAC (DD:) Houston, TX 77036       Amount of Contribution (\$) \$2,500.00         5 Date       Full name of contributor out-of-state PAC (DD:) Submess       Amount of Contribution (\$) \$1,000.00         5 Principal accupation / Job title (See Instructions) Principal accupation / Job title (See Instructions) Submess       Employer (See Instructions) Self-employed         5 Date       Full name of contributor	_					_		
Bhojani, Salman (The Honorable)       00085558         4 Date       5 Full name of contributor       out-of-state PAC (D#)       7 Amount of Contribution (\$)         10/16/2024       6 Contributor address: City: State: Zip Code       7 Amount of Contribution (\$)       \$2,000.00         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       4 Aces       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#		The Instru	ction Guide explains how to	o complete this fo	orm.	1		
4       Date       5       Full name of contributor       out-ot-state PAC (DIF       T       Amount of Contribution (S)       \$2,000.00         6       Contributor address: City, State: Zip Code       0       Employer (See Instructions)       4 Aces         8       Principal occupation / Job Itite (See Instructions)       0       Employer (See Instructions)       4 Aces         10/28/2024       Full name of contributor       out-ot-state PAC (DIF       4 Aces       Amount of Contribution (S)       \$2,500.00         10/28/2024       Full name of contributor address: City, State: Zip Code       Amount of Contribution (S)       \$2,500.00         Principal occupation / Job Itite (See Instructions)       Employer (See Instructions)       Mount of Contribution (S)       \$2,500.00         Principal occupation / Job Itite (See Instructions)       Employer (See Instructions)       Mount of Contribution (S)       \$2,500.00         Date       Full name of contributor       out-of-state PAC (DIF       Amount of Contribution (S)       \$50.00         Date       Data       Full name of contributor       out-of-state PAC (DIF       Amount of Contribution (S)       \$50.00         Principal occupation / Job Itite (See Instructions)       Employer (See Instructions)       Statice (S)       \$1,000.00         Principal occupation / Job Ititit (See Instructions)       Setf-em	2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
10/16/2024       Rupani, Amirali       \$\$2,000.00         6       Contributor address; City; State; Zip Code       \$\$2,000.00         7       Dallas, TX 75248       9         8       Principal occupation / Job title (See Instructions)       4 Aces         7       Amount of Contributor       auto-of-state PAC (Dis:       4 Aces         7       Rupani, Nasruddin       auto-of-state PAC (Dis:       4 Aces         7       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$2,500.00         8       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$2,500.00         9       Full name of contributor       out-of-state PAC (Dis:       Amount of Contribution (\$)       \$\$2,500.00         9       Full name of contributor       out-of-state PAC (Dis:       Amount of Contribution (\$)       \$\$2,500.00         01/20/2024       Full name of contributor       out-of-state PAC (Dis:       Amount of Contribution (\$)       \$\$50.00         01/20/2024       Full name of contributor       out-of-state PAC (Dis:       Amount of Contribution (\$)       \$\$1,000.00         09/04/2024       Full name of contributor       out-of-state PAC (Dis:       Amount of Contribution (\$)       \$\$1,000.00         09/04/2024       Full name of co		Bhojani, Salı	man (The Honorable)					
6       Contributor address; City; State; 2ip Code         Dallas, TX 75248       Principal occupation / Job title (See Instructions)         6       Cero         Date       Full name of contributor         10/28/2024       Rupani, Nasruddin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         10/28/2024       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Full name of contributor         Date       Full name of contributor       nu-of-state PAC (Der         10/20/2024       Full name of contributor       nu-of-state PAC (Der         20/2024       Full name of contributor       nu-of-state PAC (Der         20/2024       Full name of contributor       nu-of-state PAC (Der         20/2024       Sabuwala, Aniz       Amount of Contribution (\$)         20/2024       Full name of contributor       Not of estate PAC (Der         20/2024       Full name of contributor       out of estate PAC (Der         20/2024       Full name of contributor       out of estate PAC (Der         20/2024       Full name of contributor       out of estate PAC (Der         20/2024       Full name of contributor       out of estate PAC (Der <tr< td=""><td>4</td><td>Date</td><td>5 Full name of contributor</td><td>out-of-state PAC (ID#:</td><td>)</td><td>7</td><td>Amount of Contribution (\$)</td><td></td></tr<>	4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Dallas, TX 75248       9         8       Principal occupation / Job title (See Instructions)       4 Aces         Date       Full name of contributor       out-of-state PAC (IDI:		10/16/2024	Rupani, Amirali					\$2,000.00
9       Frincipal occupation / Job title (See Instructions) CEO       9       Employer (See Instructions) 4 Aces         Date 10/28/2024       Full name of contributor Rupani, Nasruddin Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$2,500.00         Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Worlds Gold & Diamonds Inc         Date 10/20/2024       Full name of contributor Sabuwala, Aniz Contributor address; City; State; Zip Code       Amount of Contribution (\$) Ssbuwala, Aniz         Date 10/20/2024       Full name of contributor Ostimbutor address; City; State; Zip Code       Amount of Contribution (\$) Survise recycling         Date 10/20/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) Survise recycling         Date 09/04/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) Statruddin, Navroz         09/04/2024       Sadruddin, Navroz       Statructions) Self-employed       Amount of Contribution (\$) State; City; State; Zip Code         Date 01/16/2024       Full name of contributor Sadruddin, Navroz       Employer (See Instructions) Self-employed         Date 10/16/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) State; City; State; Zip Code         10/16/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribut		I	6 Contributor address; City; State			1		
9       Frincipal occupation / Job title (See Instructions) CEO       9       Employer (See Instructions) 4 Aces         Date 10/28/2024       Full name of contributor Rupani, Nasruddin Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$2,500.00         Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Worlds Gold & Diamonds Inc         Date 10/20/2024       Full name of contributor Sabuwala, Aniz Contributor address; City; State; Zip Code       Amount of Contribution (\$) Ssbuwala, Aniz         Date 10/20/2024       Full name of contributor Ostimbutor address; City; State; Zip Code       Amount of Contribution (\$) Survise recycling         Date 10/20/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) Survise recycling         Date 09/04/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) Statruddin, Navroz         09/04/2024       Sadruddin, Navroz       Statructions) Self-employed       Amount of Contribution (\$) State; City; State; Zip Code         Date 01/16/2024       Full name of contributor Sadruddin, Navroz       Employer (See Instructions) Self-employed         Date 10/16/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) State; City; State; Zip Code         10/16/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribut								
9       Frincipal occupation / Job title (See Instructions) CEO       9       Employer (See Instructions) 4 Aces         Date 10/28/2024       Full name of contributor Rupani, Nasruddin Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$2,500.00         Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Worlds Gold & Diamonds Inc         Date 10/20/2024       Full name of contributor Sabuwala, Aniz       out-of-state PAC (Der) Amount of Contribution (\$) Sabuwala, Aniz         Date 10/20/2024       Full name of contributor Date 201/20/2024       out-of-state PAC (Der) Contributor address; City; State; Zip Code       Amount of Contribution (\$) Sunrise recycling         Date 09/04/2024       Full name of contributor Contributor address; City; State; Zip Code       Employer (See Instructions) Sunrise recycling       Amount of Contribution (\$) Saturdin, Navroz.         Date 09/04/2024       Full name of contributor Leander, TX 78641       Amount of Contribution (\$) Saturdin, Navroz.       \$1,000.00         Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Self-employed       \$1,000.00         Date 10/16/2024       Full name of contributor Contributor address; City; State; Zip Code Leander, TX 78641       Amount of Contribution (\$) Seed, flikhar Contributor address; City; State; Zip Code Little Elm, TX 75068       Amount of Contribution (\$) S500.00								
CEO       4 Aces         Date       Full name of contributor       out-of-state PAC (ID#								
Date       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)         10/28/2024       Rupani, Nasruddin       \$2,500.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2,500.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Worlds Gold & Diamonds Inc         Date       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)         10/20/2024       Sabuwala, Aniz       Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Sto0.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Sto0.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1,000.00         Og/04/2024       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)       \$1,000.00         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)       \$1,000.00         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)       \$1,000.00         Date       Full name of contributor       out-of-state PAC (IDF <t< td=""><td>8</td><td></td><td>pation / Job title (See Instructions)</td><td></td><td></td><td>5)</td><td></td><td></td></t<>	8		pation / Job title (See Instructions)			5)		
10/28/2024       Rupani, Nasruddin       \$2,500.00         Contributor address; City; State; Zip Code          Houston, TX 77036       Employer (See Instructions)         Business       Worlds Cold & Diamonds Inc         Date       Full name of contributor       out-of-state PAC (ID#:		CEO			4 Aces			
Contributor address; City: State; Zip Code         Houston, TX 77036         Principal occupation / Job title (See Instructions)         Business         Date         10/20/2024         Sabuwala, Aniz         Contributor address; City: State; Zip Code         Date         10/20/2024         Sabuwala, Aniz         Contributor address; City: State; Zip Code         Date         Dallas, MN 75206         Principal occupation / Job title (See Instructions)         Surrise recycling         Date         Saduwala, Aniz         Dallas, MN 75206         Principal occupation / Job title (See Instructions)         Surrise recycling         Date         Gardruddin, Navroz         Contributor address; City: State; Zip Code         Leander, TX 78641         Principal occupation / Job title (See Instructions)         Self-employed         Date         Iolane of contributor         Out-of-state PAC (D#:         Leander, TX 78641         Principal occupation / Job title (See Instructions)         Self-employed         Date         Saced, Itikhar         Contributor address; City: State; Zip Code				out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Houston, TX 77036         Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Worlds Gold & Diamonds Inc         Date       Full name of contributor or out-of-state PAC (IDe:		10/28/2024	Rupani, Nasruddin					\$2,500.00
Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Worlds Gold & Diamonds Inc         Date       Full name of contributor       out-of-state PAC (ID#:		I	Contributor address; City; State:	; Zip Code		1		
Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Worlds Gold & Diamonds Inc         Date       Full name of contributor       out-of-state PAC (ID#:								
Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Worlds Gold & Diamonds Inc         Date       Full name of contributor       out-of-state PAC (D#:								
Business       Worlds Gold & Diamonds Inc         Date       Full name of contributor       out-of-state PAC (ID#:						Ļ		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/20/2024       Sabuwala, Aniz       \$50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Surrise recycling         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/04/2024       Sadruddin, Navroz       Sadruddin, Navroz       \$1,000.00         Contributor address; City; State; Zip Code       Leander, TX 78641       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1,000.00         Business       Self-employed       Self-employed       \$1,000.00         Date       Full name of contributor		-	pation / Job title (See Instructions)					
10/20/2024       Sabuwala, Aniz       \$50.00         Contributor address; City; State; Zip Code       Dallas, MN 75206         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Professional       Out-of-state PAC (ID#;		Business			Worlds Gold & Diamond	ls i	nc	
Contributor address; City; State; Zip Code         Dallas, MN 75206         Principal occupation / Job title (See Instructions)         Professional         Date         09/04/2024         Sadruddin, Navroz         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Leander, TX 78641         Principal occupation / Job title (See Instructions)         Business         Date         Full name of contributor         out-of-state PAC (ID#:)         Armount of Contribution (\$)         \$1,000.00         "Contributor address; City; State; Zip Code         Leander, TX 78641         Principal occupation / Job title (See Instructions)         Business         Date         Full name of contributor         10/16/2024         Saeed, Iftikhar         Contributor address; City; State; Zip Code         Little Elm, TX 75068         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Saeed, Iftikhar         Contributor address; City; State; Zip Code         Little				out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
Dallas, MN 75206       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Professional       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Sadruddin, Navroz       Amount of Contribution (\$)         09/04/2024       Sadruddin, Navroz       \$1,000.00         Contributor address; City; State; Zip Code       Leander, TX 78641         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Self-employed         Date       Full name of contributor out-of-state PAC (ID#:         10/16/2024       Saeed, Iftikhar         Contributor address; City; State; Zip Code		10/20/2024	Sabuwala, Aniz					\$50.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Professional       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         09/04/2024       Sadruddin, Navroz       \$1,000.00         Contributor address; City; State; Zip Code       Employer (See Instructions)         Leander, TX 78641       Employer (See Instructions)         Business       Self-employed         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Self-employed         Date       Full name of contributor       out-of-state PAC (ID#:)         10/16/2024       Saeed, Iftikhar       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$500.00         Little Elm, TX 75068       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		I	Contributor address; City; State:	; Zip Code		1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Professional       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         09/04/2024       Sadruddin, Navroz       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Leander, TX 78641         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Self-employed         Date       Full name of contributor       out-of-state PAC (ID#:)         10/16/2024       Saeed, Iftikhar       Amount of Contribution (\$)         Sourderess; City; State; Zip Code       Amount of Contribution (\$)         Little Elm, TX 75068       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)								
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Professional       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         09/04/2024       Sadruddin, Navroz       \$1,000.00         Contributor address; City; State; Zip Code       Employer (See Instructions)         Leander, TX 78641       Employer (See Instructions)         Business       Self-employed         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Self-employed         Date       Full name of contributor       out-of-state PAC (ID#:)         10/16/2024       Saeed, Iftikhar       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$500.00         Little Elm, TX 75068       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)								
Professional       Sunrise recycling         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/04/2024       Sadruddin, Navroz       \$1,000.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Principal occupation / Job title (See Instructions)         Business       Employer (See Instructions)       Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         10/16/2024       Saeed, Iftikhar       Amount of Contribution (\$)         Saeed, Iftikhar       Saeed, Iftikhar       \$500.00         Contributor address; City; State; Zip Code       Little Elm, TX 75068       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$500.00						Ĺ		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/04/2024       Sadruddin, Navroz       \$1,000.00         Contributor address; City; State; Zip Code       Leander, TX 78641         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Sale-employed         Date       Full name of contributor       out-of-state PAC (ID#:)         10/16/2024       Saeed, Iffikhar       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Little Elm, TX 75068       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						5)		
09/04/2024       Sadruddin, Navroz       \$1,000.00         Contributor address; City; State; Zip Code       Leander, TX 78641         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Self-employed         Date       Full name of contributor       out-of-state PAC (ID#:)         10/16/2024       Saeed, Iftikhar       Amount of Contribution (\$)         Saeed, Iftikhar       \$500.00         Contributor address; City; State; Zip Code       Little Elm, TX 75068         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Protessional		]		-		
Contributor address; City; State; Zip Code         Leander, TX 78641         Principal occupation / Job title (See Instructions)         Business         Date         Full name of contributor				out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
Leander, TX 78641         Principal occupation / Job title (See Instructions) Business       Employer (See Instructions) Self-employed         Date       Full name of contributor on out-of-state PAC (ID#:)         10/16/2024       Saeed, Iftikhar         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Little Elm, TX 75068       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		09/04/2024						\$1,000.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Self-employed         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/16/2024       Saeed, Iftikhar       \$500.00         Contributor address; City; State; Zip Code       Little Elm, TX 75068         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Contributor address; City; State;	; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Self-employed         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/16/2024       Saeed, Iftikhar       \$500.00         Contributor address; City; State; Zip Code       Ittle Elm, TX 75068         Principal occupation / Job title (See Instructions)       Employer (See Instructions)								
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Self-employed         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/16/2024       Saeed, Iftikhar       \$500.00         Contributor address; City; State; Zip Code       Little Elm, TX 75068       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)			Leander TX 786/1					
Business       Self-employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/16/2024       Saeed, Iffikhar       \$500.00         Contributor address; City; State; Zip Code       Little Elm, TX 75068       Employer (See Instructions)		Drincinal occu			Employer (See Instructions	<u> </u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/16/2024       Saeed, Iftikhar       \$500.00         Contributor address; City; State; Zip Code       Little Elm, TX 75068         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						5)		
10/16/2024       Saeed, Iftikhar       \$500.00         Contributor address; City; State; Zip Code       Little Elm, TX 75068         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			T			-		
Contributor address; City; State; Zip Code Little Elm, TX 75068 Principal occupation / Job title (See Instructions) Employer (See Instructions)				out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀፍሰብ በበ
Little Elm, TX 75068       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		10/10/2024						\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State;	; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Little Flm TX 75068					
		Principal occu			Employer (See Instructions	<u> </u>		
						>)		
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The Inst	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 46/59 Rpt: 49/149	
2 FILER NA	ME		3 Filer ID (Ethics Commission	Filers)
	Salman (The Honorable)		00085598	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/02/202				\$30.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75093			
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Not Empl		Not Employed	<i>)</i>	
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Date		)	Amount of Contribution (\$)	±054 00
10/15/202	· · · · · · · · · · · · · · · · · · ·			\$251.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75225			
	ccupation / Job title (See Instructions)	Employer (See Instructions	š)	
Not Empl	oyed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/05/202	· · ·			\$100.00
	Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76180	_		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Senior As	;sociate	рwс		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/14/202				\$250.00
	Contributor address; City; State; Zip Code			
	Leander, TX 78641			
	ccupation / Job title (See Instructions)	Employer (See Instructions		
Product N	/gmt	careerbuilder		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/05/202				\$500.00
	Contributor address; City; State; Zip Code			
	Leander, TX 78641			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Product N	<i>l</i> anager	CareerBuilder		

	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 47/59 Rpt: 50/149	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Bhojani, Salı	man (The Honorable)			00085598	-
4	Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7	Amount of Contribution (\$)	
	10/11/2024	 Shaikh, Sakib				\$100.00
		6 Contributor address; City; State; Zip Code		"		
Ļ		Boerne, TX 78015				
8		pation / Job title (See Instructions)	9 Employer (See Instructions		•	
	Business An		American Payroll Assoc	ciat		
	Date	· —	(ID#:)		Amount of Contribution (\$)	
	12/07/2024					\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
_	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	Real estate		Self-employed	5)		
⊢		Full name of contributor Out-of-state PAC (		Т	Amount of Contribution (\$)	
	Date 10/13/2024	Full name of contributor out-of-state PAC ( Sharaf, Mohamed	(ID#:)		Amount of Contribution (\$)	\$1,000.00
	10/13/2024					Φ1,000.00
		Contributor address; City; State; Zip Code				
		Ovilla, TX 75154				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Businessma	n	Aradi Properties			
╞	Date	Full name of contributor 🔲 out-of-state PAC (	(ID#:)	Τ	Amount of Contribution (\$)	
	10/17/2024	Sheikh, Farouk				\$500.00
		Contributor address; City; State; Zip Code		"		
		Plano, TX 75025				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Real Estate		US REO Fund	_		
	Date	Full name of contributor out-of-state PAC (	(ID#:)		Amount of Contribution (\$)	
	12/07/2024	Siddabattula, Ramesh				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232				
┝	Dringing occu		Employer (See Instruction	<u> </u>		
	Cto	pation / Job title (See Instructions)	Employer (See Instructions Us air force	S)		
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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/59 Rpt: 51/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)				00085598	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/07/2024	Siddiqi, Azra					\$1,000.00
		6 Contributor address; City; Sta	ate; Zip Code		1		
_	Dringing ago	Austin, TX 78731					
8	Director of T	upation / Job title (See Instructions)	1	9 Employer (See Instructions AT&T	5)		
		-			1		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	÷100.00
	11/01/2024						\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		SouthLake, TX 76092					
	Principal occu	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> ເ)		
	Physician	pullon / 000 line (000 line interest ,		Self-employed	<i>''</i>		
	Date	Full name of contributor	out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	12/12/2024	Soorani, Neelam	טעו-טו-זומופ דאס עשיי	/			\$500.00
	10/10/000	Contributor address; City; Sta	ate <sup>,</sup> Zin Code				ΨΟΟΟ.ΟΟ
		Glen Allen, VA 23059					
		upation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	unemployed			unemployed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/06/2024	South Texas Merchants As					\$2,500.00
		Contributor address; City; Sta					
		Con Antonio TV 70247					
	Dringing occ	San Antonio, TX 78247		Employer (See Instructions	<u> </u>		
	Principai occu	upation / Job title (See Instructions)	1	Employer (See Instructions	5)		
				<u> </u>	1	Amount of Contribution (¢)	
	Date 10/11/2024	Full name of contributor Syed, Hisham	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
	10/11/2024		ate: Zin Code				Φ100.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75230					
	Principal occu	I upation / Job title (See Instructions)	)	Employer (See Instructions	1 5)		
	Self-Employe		I	Self-Employed			
				<u> </u>			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 49/59 Rpt: 52/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/09/2024 **TBA Bank PAC** \$2,000.00 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 (\$) 09/19/2024 TREPAC - Texas Association of Realtors Political Action Committee \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/15/2024 Tabani, Salman \$1,000.00 Contributor address; City; State; Zip Code Carrollton, TX 75010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hospitality Broker Tabani Reality Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/14/2024 \$1,000.00 Tahir, Anwar Contributor address; City; State; Zip Code San Antonio, TX 78228 Principal occupation / Job title (See Instructions) Employer (See Instructions) ACSR TX President Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/28/2024 \$1,000.00 Tariq, Mohammad Contributor address; City; State; Zip Code Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Not employed

				_		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/59 Rpt: 53/149	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)			00085598	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/03/2024	Teagarden Jr., Robin				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Bedford, TX 76021				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Unemployed	i	Unemployed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/14/2024	Texans for Lawsuit Reform PAC				\$2,500.00
	10/1			ł		<b>+=,-</b>
		Continuou address, City, State, Zip Code				
		1				
		Austin, TX 78701				
	Dringing occu	1	Employor (Soo Instructions	$\overline{\Gamma}$		
	Ρπιτιμαί στου	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2024	Texas AFL-CIO State COPE Fund				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Austin, TX 78711				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/08/2024	Texas Aggregates & Concrete Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	-	· · · · · · · · · · · · · · · · · · ·				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/18/2024	Texas Alliance Of Recreational Organizations PA	ΔC		Amount of Continuation (+)	\$250.00
	10/10/202 .					Ψ200.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77057				
$\vdash$	Drinsipal agai	1				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 51/59 Rpt: 54/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/26/2024 Texas Association of Certified Public Accountants PAC \$500.00 6 Contributor address; City; State; Zip Code Addison, TX 75001 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/03/2024 \$1,000.00 Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 09/09/2024 **Texas Consumer Lenders PAC** \$500.00 Contributor address; City; State; Zip Code Greenville, SC 29615 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/31/2024 Texas Cornerstonee Credit Union League \$2,000.00 Contributor address; City; State; Zip Code Dallas, TX 75265 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/05/2024 \$500.00 **Texas Dairymen PAC** Contributor address; City; State; Zip Code Austin, TX 78711 Principal occupation / 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: 52/59 Rpt: 55/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 **Texas Dental Association Political Action Committee** \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78704 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/03/2024 \$1,000.00 **Texas Food & Fuel Association PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) Date 10/04/2024 Texas Land Title Association PAC \$1,500.00 ..... Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/09/2024 \$250.00 **Texas Medical Association PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 \$1,000.00 Texas Medical Association Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The	e Instru	ction Guide explains how to complete this fo	orm.	<b>1</b> Total pages Schedule A1:	
				Sch: 53/59 Rpt: 56/149	Filoro)
	ER NAME oiani. Saln	nan (The Honorable)		3 Filer ID (Ethics Commission 00085598	on Fliers)
4 Date		5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
	/01/2024	Texas Mortgage Banks PAC	/	Amount of Contribution (*)	\$1,500.00
		6 Contributor address; City; State; Zip Code			Ψ <b>1</b> ,001.11.
		Austin, TX 78701			
8 Prin	icipal occur	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/2	/11/2024	Texas Oil and Gas Association Good Governmer			\$1,500.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
Prin	ucinal occu	Dation / Job title (See Instructions)	Employer (See Instructions)		
1					
Date	ie l	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	/02/2024	Texas Optometric PAC	/	, unount of October 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1	\$1,000.00
		Contributor address; City; State; Zip Code			τ,
		Austin, TX 78705			
	<u> </u>				
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Prin	ncipal occu		Employer (See Instructions)		
Date	te	Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions)	Amount of Contribution (\$)	
Date		Full name of contributor out-of-state PAC (ID#: Texas Pharmacy Association PAC	Employer (See Instructions)	Amount of Contribution (\$)	\$1,000.00
Date	te	Full name of contributor out-of-state PAC (ID#: Texas Pharmacy Association PAC	Employer (See Instructions)	Amount of Contribution (\$)	\$1,000.00
Date	te	Full name of contributor out-of-state PAC (ID#: Texas Pharmacy Association PAC	Employer (See Instructions)	Amount of Contribution (\$)	\$1,000.00
Date	te	Full name of contributor out-of-state PAC (ID#: Texas Pharmacy Association PAC Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	\$1,000.00
Date 10/0	te /02/2024	Full name of contributor out-of-state PAC (ID#: Texas Pharmacy Association PAC	)	Amount of Contribution (\$)	\$1,000.00
Date 10/0	te /02/2024	Full name of contributor out-of-state PAC (ID#: Texas Pharmacy Association PAC Contributor address; City; State; Zip Code Austin, TX 78757	Employer (See Instructions)	Amount of Contribution (\$)	\$1,000.00
Date 10/0	te /02/2024 ncipal occup	Full name of contributor out-of-state PAC (ID#: Texas Pharmacy Association PAC Contributor address; City; State; Zip Code Austin, TX 78757	)	Amount of Contribution (\$)	\$1,000.00
Date 10/0 Prin Date	te /02/2024 ncipal occup	Full name of contributor       out-of-state PAC (ID#:         Texas Pharmacy Association PAC         Contributor address; City; State; Zip Code         Austin, TX 78757         Dation / Job title (See Instructions)	)		\$1,000.00
Date 10/0 Prin Date	te /02/2024 ncipal occup	Full name of contributor       out-of-state PAC (ID#:         Texas Pharmacy Association PAC         Contributor address; City; State; Zip Code         Austin, TX 78757         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:)	)		
Date 10/0 Prin Date	te /02/2024 ncipal occup	Full name of contributor       out-of-state PAC (ID#:	)		
Date 10/0 Prin Date	te /02/2024 ncipal occup	Full name of contributor       out-of-state PAC (ID#:	)		
Date 10/0 Prin Date 10/0	te /02/2024 ncipal occup te /01/2024	Full name of contributor       out-of-state PAC (ID#:         Texas Pharmacy Association PAC         Contributor address; City; State; Zip Code         Austin, TX 78757         Dation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:         Texas Sands PAC         Contributor address; City; State; Zip Code         Austin, TX 78701	) Employer (See Instructions)		
Date 10/0 Prin Date 10/0	te /02/2024 ncipal occup te /01/2024	Full name of contributor       out-of-state PAC (ID#:	)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 54/59 Rpt: 57/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/06/2024 Texas Society of Architects Committee \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78702 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2024 \$500.00 Texas State Association of Fire Fighters Action Committee Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 11/18/2024 Texas State Teachers Association PAC \$500.00 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2024 \$1,000.00 **Texas Trial Lawyers Association PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 11/19/2024 **Texas Trial Lawyers Association PAC** \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / 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: 55/59 Rpt: 58/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/24/2024 Texas United Automobile Workers PAC \$2,000.00 6 Contributor address; City; State; Zip Code Lebanon, TN 37090 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00123612 Amount of Contribution (\$) 09/20/2024 Textron Inc. PAC \$500.00 Contributor address; City; State; Zip Code Providence, RI 02903 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/11/2024 The Political Action Committee of the Texas Hospital Association \$1,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/20/2024 \$500.00 The Posey Law Firm, PC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/14/2024 Tobin, Aaron \$2,500.00 Contributor address; City; State; Zip Code Dallas, TX 75231 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Condon Tobin Sladek Thornton Nerenberg PLLC

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/59 Rpt: 59/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)				00085598	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/23/2024	VISTRA Employee PAC					\$1,000.00
		6 Contributor address; City; Sta	ate; Zip Code				
		Irving, TX 75039					
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 (\$)	
	07/05/2024	Valliani , Abbas					\$5,000.00
		Contributor address; City; Sta					
		Vienna, VA 22182					
	Principal occu	pation / Job title (See Instructions)	<u></u>	Employer (See Instructions	<u> </u>		
	President	pation / 300 title (See instructions)		Safe Kids	)		
_		Full name of contributor		<u> </u>		Amount of Contribution (\$)	
	Date 10/16/2024	Wallace, Chris	out-of-state PAC (ID#:	)			\$250.00
	10/10/2027		ato: Zin Codo				Ψ200.00
		Contributor address; City; Sta					
		Austin, TX 78757					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	)		
	President &	CEO		North Texas Commissio	n		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/03/2024	Walters, Parker					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Arlington, TX 76013					
		pation / Job title (See Instructions)	1	Employer (See Instructions Showtech	)		
_	Owner			Showlech			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	± . =
	12/03/2024	Waste Management Emplo	-	nent Fund			\$1,500.00
		Contributor address; City; Sta	ate; Zip Code				
		Washington, DC 20004					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	)		
		,			,		
l I							

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 57/59 Rpt: 60/149	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		man (The Honorable)			-	00085598	Jii i iio.o,
4	Date	5 Full name of contributor X out-of-state	e PAC (ID#: <u>C</u>	.00034595)	7	Amount of Contribution (\$)	
	10/02/2024	Wells Fargo & Company Employee PA	٩C				\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Washington, DC 20006					
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date	Full name of contributor out-of-state	e PAC (ID#:	)		Amount of Contribution (\$)	
	12/06/2024	Wholesale Beer Distributors of Texas F	PAC				\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701	r				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Γ	Date		e PAC (ID#:	)		Amount of Contribution (\$)	
	09/30/2024	Williams, Jared					\$100.00
		Contributor address; City; State; Zip Code					
	<u></u>	Fort Worth, TX 76162	r	The second secon			
	•	Ipation / Job title (See Instructions)		Employer (See Instructions	)		
	Self-employe			Self-employed			
	Date		e PAC (ID#:	)		Amount of Contribution (\$)	
	12/14/2024	Yildirim, Yetkin					\$4,000.00
		Contributor address; City; State; Zip Code					
		Austin TV 70720					
<u> </u>	Dringing occ	Austin, TX 78728	r	Employer (See Instructions	<u> </u>		
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Rice University	)		
╘							
	Date		e PAC (ID#:	)		Amount of Contribution (\$)	÷0 500 00
	10/10/2024	Yildirim, Yetkin					\$2,500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78728					
┝	Bringinal accu		r	Employor (Soo Instructions	<u> </u>		
	Director	ipation / Job title (See Instructions)		Employer (See Instructions) Rice University	)		
	Director			RICE UNIVERSITY			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 58/59 Rpt: 61/149	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	man (The Honorable)		00085598	0111 11010,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/07/2024	Yurt, David			\$2,500.00
	6 Contributor address; City; State; Zip Code			
	Cedar Grove, NJ 07009			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
LightPulse C	Sorporation	President		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/16/2024	Zai, Kashif			\$500.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
President		Nortek Innovations		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/05/2024	Zaidi, Wasiq			\$1,000.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 75017			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Doctor		Self employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/16/2024	Zaveri, Dhumil			\$100.00
	Contributor address; City; State; Zip Code			
	Grand Prairie, TX 75054			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Developer		Solana Capital Group		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/10/2024	Zepeda, Alex			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Real Estate	Investor/Realtor	Self-employed		

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 59/59 Rpt: 62/149 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bhojani, Salman (The Honorable) 00085598 4 5 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 10/12/2024 \$100.00 Zhang, Kuo 6 Contributor address; City; State; Zip Code Euless, TX 76039 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) JP Morgan Data Science Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$100.00 Zimmer, Harry Contributor address; City; State; Zip Code Euless, TX 76039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/3 Rpt: 63/149
-	i Iman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085598
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 07/01/2024	7 Contributor address; City; State; Zip Code	)	8 Amount of 9 In-kind contribution contribution (\$) description \$1,300.00   Office space
<b>10</b> Principal occu	Irving, TX 75063 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	<b>13</b> Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: 6301 ECC LLC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$1,300.00 I Office space
	Irving, TX 75063		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/01/2024	Full name of contributor out-of-state PAC (ID#: 6301 ECC LLC Contributor address; City; State; Zip Code Irving, TX 75063	)	Amount of In-kind contribution contribution (\$) description \$1,300.00   Office space
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/3 Rpt: 64/149	
-	i Iman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085598
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 10/01/2024	7 Contributor address; City; State; Zip Code	)	8 Amount of 9 In-kind contribution contribution (\$) description \$1,300.00   Office space
10 Principal occu	Irving, TX 75063 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	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 11/01/2024	Full name of contributor out-of-state PAC (ID#: 6301 ECC LLC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$1,300.00 I Office space
	Irving, TX 75063		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 12/01/2024	Full name of contributor out-of-state PAC (ID#: 6301 ECC LLC Contributor address; City; State; Zip Code Irving, TX 75063	)	Amount of In-kind contribution contribution (\$) description \$1,300.00   Office space
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/3 Rpt: 65/149	
2 FILER NAME Bhojani Sal	man (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085598
4	UNITEMIZED IN-KIND POLITICAL CONTRIB		\$
		0110105	
5 Date 11/07/2024	<ul> <li>6 Full name of contributor out-of-state PAC (ID#: Kelley, Rusty</li> <li>7 Contributor address; City; State; Zip Code</li> </ul>	)	8 Amount of 9 In-kind contribution contribution (\$) description \$350.00   Email blast for fundraiser
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
Lobbyist		Blackridge	
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 12/06/2024	Full name of contributor out-of-state PAC (ID#: Moak Casey PAC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$260.53   Food, drinks and space rental for fundraiser
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occi	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)	I	

LOANS						SCHEDULE E
The Instruction	on Guide explains how to complete th			ges Schedule E: 1 Rpt: 66/149		
<ol> <li>FILER NAME Bhojani, Salmar</li> </ol>	n (The Honorable)			Filer ID 000855	(Ethics Commission Filers) 598	
<sup>4</sup> TOTAL OF UN	ITEMIZED LOANS					\$
5 Date of loan 12/31/2024	7 Name of lender out-of-sta Bridges, Jocelyn Susan	ate PAC	C (ID#:		)	9 Loan Amount (\$) \$79.14
6 Is lender a financial institution?	8 Lender address; City; Sta	ite;	Zip Code			10 Interest Rate
No	Austin, TX 78705					<b>11</b> Maturity Date
<b>12</b> Principal occupati Student	on / Job title (See Instructions)		13 Employer (See Instructions Not employed	)		
14 Description of Col	lateral		15 Check if personal funds we	re d	eposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; Sta	ite;	Zip Code			
20 Principal occupati	on		21 Employer (See Instructions	)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Corr Credit Card Payment			Fees     Office Overhead/Rental Expense     1       Food/Beverage Expense     Polling Expense     1       Gift/Awards/Memorials Expense     Printing Expense     1					Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/30 Rpt: 67/149							00085598	
4	Date 12/31/2024	5 Payee name ActBlue							
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$2,785.75       PO Box 441146       Somerville, MA 02144       Somerville, MA 02144								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	yht		Office he	eld
	Date		Payee name						
	07/17/2024		Action Network						
	Amount (\$) \$10.00								
PURPOSE OF EXPENDITURE			<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Email platform</li> </ul> </li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght		Office he	eld
	Date		Payee name						
	08/19/2024		Action Network						
	Amount (\$) \$10.00		Payee address; City; 1900 L Street NW Ste 900 Washington, DC 20036	State	; Zip Co	de			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	of this sch	nedule)		avel outs ustin, TX	ide of Texas. Com , officeholder livinç	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees         Office Overhead/Rental Expense         1           Food/Beverage Expense         Polling Expense         1           y -         Gift/Awards/Memorials Expense         Printing Expense         1				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: 2/30 Rpt: 68/149		Bhojani, Salman (The Honorable)				00085598		
4	Date	5	Payee name						
	09/17/2024	Action Network							
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1900 L Street NW							
	+=0.00		Ste 900						
			Washington, DC 20036						
_			_	i	()-) _ · · ·				
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising Expense				officeholder living expense		
					Email platforr	n			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		Office held		
	Date		Payee name						
	10/17/2024		Action Network						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$14.00		1900 L Street NW						
Ste 900									
			Washington, DC 20036						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
OF EXPENDITURE			Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
					Email platforr		officeholder living expense		
					Linai platon				
	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ght		Office held		
	expenditure to benefit C/OF	Η							
	Date		Payee name						
	11/18/2024		Action Network						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$10.00		1900 L Street NW						
			Ste 900						
			Washington, DC 20036						
	PURPOSE				(b) Description				
	OF		Category (See Categories listed at the top of this sche Advertising Expense	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, тх,	officeholder living expense		
					Email platforr	n			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		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       Food/Beverage Expense     Polling Expense       / -     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: 3/30 Rpt: 69/149		Bhojani, Salman (The Honorabl	e)				00085598		
4	Date 12/17/2024		5 Payee name Action Network							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$10.00 L Street NW Ste 900 Washington, DC 20036									
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Advertising Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Email platform							•			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice souç	ht		Office held		
	Date		Payee name							
07/05/2024 Adobe										
	Amount (\$)       Payee address;       City;       State;       Zip Code         \$21.64       345 Park Avenue       San Jose, CA 95110									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Advertising Expense	of this sched	dule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice souç	ht		Office held		
	Date		Payee name							
	08/05/2024		Adobe							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$21.64     345 Park Avenue									
			San Jose, CA 95110							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Advertising Expense	of this sched	dule)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice soug	ht		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/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       bmmittee     Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 4/30 Rpt: 70/149	Bhojani, Salman (The Honorable)	00085598					
4	Date 09/05/2024	Payee name Adobe						
6	Amount (\$) \$21.64	Payee address;       City;       State;       Zip Code         345 Park Avenue       San Jose, CA 95110       San Jose, CA 95110						
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Adobe Acrobat							
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	Adobe						
	Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110						
	PURPOSE OF EXPENDITURE	Advertising Expense (b) Description	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense bat					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/05/2024	Adobe						
	Amount (\$) \$21.64	Payee address;City;State;Zip Code345 Park Avenue						
		San Jose, CA 95110						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense bat					
	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 Overhe Food/Beverage Expense Polling Exper Gift/Awards/Memorials Expense Printing Expe	ead/l nse ense ges/C	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME		3	<b>3</b> F	Filer ID (Ethics Commission Filers)		
	Sch: 5/30 Rpt: 71/149		Bhojani, Salman (The Honorable)	(	00085598				
4	Date 12/05/2024		Payee name Adobe						
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$21.64       345 Park Avenue       San Jose, CA 95110       San Jose, CA 95110								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Advertising Expense       Adobe Acrobat									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sough	nt			Office held		
	Date		Payee name						
	11/21/2024		Al-Shifa Institute of Eye Care						
	Amount (\$)Payee address;City;State;Zip Code\$250.004726 Devon St								
			Houston, TX 77027						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (Contributions/Donations Made By Candidate/Officeholder/Political Committee			ΤΧ, ο	e of Texas. Complete Schedule T. Ifficeholder living expense profit		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sough	nt			Office held		
	Date		Payee name						
	12/04/2024	.	Amazon						
	Amount (\$) \$34.61		Payee address; City; State; Zip Code 410 Terry Ave N	e					
			Seattle, WA 98109						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if Austin, T	ΤΧ, ο	e of Texas. Complete Schedule T. fficeholder living expense to holiday charity event		
	Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit C/OH     Office held     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 Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing Legal Services Salaries/ The Instruction Guide explains how to c	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: 6/30 Rpt: 72/149		Bhojani, Salman (The Honorable)				00085598	
4	Date 12/04/2024							
6	Amount (\$)	7	Payee address; City; State; Zip C	ode				
	\$17.27 \$10 Terry Ave N Seattle, WA 98109							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
Ū	OF	()	Contributions/Donations Made By	(~)		utsic	le of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Committee		Check if Austin,	TX,	officeholder living expense	
					Gifts contribut	ed	to holiday charity event	
L				<u> </u>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ught			Office held	
	Date		Payee name					
	07/09/2024		Anwar, Sophia					
	Amount (\$)		Payee address; City; State; Zip C	aho				
	.,			oue				
	\$100.00		5029 Amande Ave.					
			The Colony, TX 75056					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor				le of Texas. Complete Schedule T.	
	EXPENDITORE					TX,	officeholder living expense	
					Payroll			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ught			Office held	
⊨	Date		Payee name					
	08/19/2024		Anwar, Sophia					
			•	odo				
	Amount (\$)		Payee address; City; State; Zip C	oue				
	\$48.39		5029 Amande Ave.					
			The Colony, TX 75056					
_	PURPOSE	(0)	-	(b)	Description			
	OF	(a)	Category (See Categories listed at the top of this schedule)	(0)	Description	utsic	le of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries/Wages/Contract Labor				officeholder living expense	
					Payroll		- ·	
					2			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name Office so				Office held	
	expenditure to benefit C/Oł			ayıll				

	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 Polling Expense Gift/Awards/Memorials Expense Printing 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	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 7/30 Rpt: 73/149	Bhojani, Salman (The Honorable)	00085598			
4	Date 09/13/2024	Payee name Anwar, Sophia				
6	Amount (\$) \$43.33	Payee address;       City;       State;       Zip Code         5029 Amande Ave.       The Colony, TX 75056       The Colony, TX 75056				
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				
	11/06/2024	Arif, Zayna				
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 928 Warren Xing Coppell, TX 75019				
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule)       (b) Description         Salaries/Wages/Contract Labor       Check if travel of Check if travel o	outside 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			
	Date	Payee name				
	12/13/2024	Arif, Zayna				
	Amount (\$) \$129.03	Payee address;City;State;Zip Code928 Warren Xing				
		Coppell, TX 75019				
	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	head/ ense pense ages/(	Contract Labor		Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related Expense
1	Total pages Sabadula E1	1		e explaine i	11000 10 0011	ihici	e tino iorini.	2		size Commission Filors)
1	Total pages Schedule F1: Sch: 8/30 Rpt: 74/149		FILER NAME Bhojani, Salman (The Honora	ble)				3	Filer ID (Eth 00085598	nics Commission Filers)
4	Date	5	Payee name							
	12/13/2024		Arif, Zayna							
6	Amount (\$) \$141.94		Payee address; City; 928 Warren Xing Coppell, TX 75019	State;	; Zip Cod	le				
8	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labo		,	[ [			de of Texas. Complete S officeholder living exper	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	jht			Office held	
	Date		Payee name							
	12/23/2024		Bhojani, Salman							
	Amount (\$)		Payee address; City;	State;	; Zip Cod	le				
	\$717.75		1034 Lone Ivory Trl Arlington, TX 76005							
	PURPOSE	(a)	Category (See Categories listed at the t	on of this sch	(eluber	(b)	Description			
	OF EXPENDITURE		Loan Repayment/Reimbursen		leuule)	[	Check if travel of Check if Austin	, TX, ent	de of Texas. Complete S officeholder living exper of credit card bil	nse
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	jht			Office held	
	Date		Payee name							
	12/23/2024		Bhojani, Salman							
	Amount (\$)		Payee address; City;	State;	; Zip Cod	le				
	\$236.82		1034 Lone Ivory Trl							
			Arlington, TX 76005							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Loan Repayment/Reimbursen		nedule) (	[	Check if Austin,	, ⊤x, ent	de of Texas. Complete S officeholder living exper of cell phone ex	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	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 Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	head ense pense ages/	e 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	FII FR NAME					3	Filer ID (Ethics Commission Filers)
-	Sch: 9/30 Rpt: 75/149		Bhojani, Salman (The Honora	able)					00085598
4	Date	5	Payee name						
	08/09/2024		Bigvu Inc.						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de			
	\$99.99		135 WEST 50 STREET						
			NEW YORK, NY 10020						
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense		,			outsid	de of Texas. Complete Schedule T.
	EXPENDITORE								officeholder living expense
							Video editing	sof	ftware
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght			Office held
	Date		Payee name						
	07/22/2024		Citibank						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$2,298.58		6460 Las Colinas Blvd						
			Irving, TX 75039						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Credit Card Payment	top of this sch	edule)			, TX,	de of Texas. Complete Schedule T. , officeholder living expense nent
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght			Office held
	Date		Payee name						
	08/22/2024		Citibank						
	Amount (\$)		Payee address; City;	State:	Zip Co	de			
	\$1,228.39		6460 Las Colinas Blvd	,					
			Irving, TX 75039						
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description		
	EXPENDITURE		Credit Card Payment						de of Texas. Complete Schedule T.
	-								officeholder living expense
							Credit card pa	ayıî	nem
					Dff: -				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght			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/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	B Filer ID (Ethics Commission Filers)			
	Sch: 10/30 Rpt:	Bhojani, Salman (The Honorable)	00085598			
4	Date 09/23/2024	Payee name Citibank				
6	Amount (\$) \$5,773.01	Payee address; City; State; Zip Code 6460 Las Colinas Blvd Irving, TX 75039				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense yment			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/22/2024	Citibank				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,770.88	6460 Las Colinas Blvd Irving, TX 75039				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. rX, officeholder living expense yment			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/22/2024	Citibank				
	Amount (\$) \$6,095.68	Payee address;City;State;Zip Code6460 Las Colinas Blvd				
		Irving, TX 75039				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense yment			
	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan R Office C Polling Printing Salaries	epayme Dverhea Expens Expen S/Wage	ent/Reimbursement ad/Rental Expense se se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 11/30 Rpt:		Bhojani, Salman (The Honorable)					00085598
4	Date 12/22/2024		Payee name Citibank					
6	Amount (\$) \$4,305.69		Payee address; City; Sta 6460 Las Colinas Blvd Irving, TX 75039	te; Zip (	Code			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Credit Card Payment	chedule)	(b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense nent
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held
	Date		Payee name					
	08/13/2024		Comerica Bank					
	Amount (\$)		Payee address; City; Sta	te; Zip (	Code			
	\$194.44		PO Box 650282 Dallas, TX 75265		-			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Accounting/Banking	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held
	Date		Payee name					
	12/31/2024		DonorBox					
	Amount (\$) \$1,180.55		Payee address; City; Sta 601 King St Suite 200 Alexandria, VA 22314	te; Zip (	Code			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Fees	chedule)	(b)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense essing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 12/30 Rpt:	Bhojani, Salman (The Honorable) 00085598				
4 Date	5 Payee name				
11/12/2024	El Rancho Pro LLC				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$300.00	1105 Heritage Way				
	Unit A				
	Austin, TX 78703				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Video editing				
	Video editing				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/12/2024	El Rancho Pro LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	1105 Heritage Way				
\$000.00					
	Austin, TX 78703				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Video editing				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	·				
Date	Payee name				
07/02/2024	Google				
Amount (\$)	Payee address; City; State; Zip Code				
\$25.64	1600 Amphitheatre Pkwy				
+_0.01					
	Mountain View, CA 94043				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Google Voice phone number				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	1				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	xpense P prials Expense P	office Overhead olling Expense rinting Expens alaries/Wages	e /Contract Labor	Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 13/30 Rpt:	hojani, Salman (The H	onorable)			00085598	
4	Date 07/02/2024	ayee name Google					
6	Amount (\$)	ayee address; City;	State: -	Zip Code			
U	\$61.40	600 Amphitheatre Pkw Iountain View, CA 9404	у				
8	PURPOSE	atagan/		(h)	Description		
0	OF	ategory (See Categories liste ees	d at the top of this schedu	le) (D)		outside of Texas. Com n, TX, officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nam	e Offi	ce sought		Office h	eld
	Date	ayee name					
	07/05/2024	oogle					
	Amount (\$)	ayee address; City;	State; Z	Zip Code			
	\$7.68	600 Amphitheatre Pkw Iountain View, CA 940					
	PURPOSE OF EXPENDITURE	ategory (See Categories liste ees	d at the top of this schedu	le) <b>(b)</b>		outside of Texas. Com n, TX, officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nam	e Offi	ce sought		Office h	eld
	Date	ayee name					
	08/02/2024	loogle					
	Amount (\$) \$25.80	ayee address; City; 600 Amphitheatre Pkw		Zip Code			
		lountain View, CA 9404	43				
	PURPOSE OF EXPENDITURE	ategory (See Categories liste ees	d at the top of this schedu	le) <b>(b)</b>	Check if Austin	outside of Texas. Com n, TX, officeholder living e phone numbe	g expense
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder nam	e Offi	ce sought		Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 14/30 Rpt:	Bhojani, Sa	llman (The Honora	ıble)				00085598	
4	Date	Payee name							
	08/02/2024	Google							
6	Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	е			
	\$70.30	1600 Amph	itheatre Pkwy						
		Mountain V	iew, CA 94043						
8	PURPOSE	Category (S	ee Categories listed at the t	top of this sche	edule)	b) Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
								officeholder living	expense
						Google Suite			
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	Office soug	nt		Office he	21d
	Date	Payee name							
	08/05/2024	Google							
	Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	е			
	\$7.68	1600 Amph	itheatre Pkwy						
			iew, CA 94043						
	PURPOSE OF EXPENDITURE	Category <sub>(S</sub> Fees	ee Categories listed at the t	top of this sche	edule)			de of Texas. Com officeholder living	
						Web domain		-	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	Office soug	ht		Office he	eld
	Date	Payee name							
	09/03/2024	Google							
	Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	е			
	\$25.80	1600 Amph	itheatre Pkwy						
		Mountain V	iew, CA 94043						
	PURPOSE OF		ee Categories listed at the t	top of this sche	edule)	b) Description			
	EXPENDITURE	Fees						de of Texas. Com officeholder living	
						Google Voice			
							12.1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nittee Legal Service	e Expense Iemorials Expense	Office Overhea Polling Expens Printing Expens Salaries/Wage	se s/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 15/30 Rpt:	3hojani, Salman (The	e Honorable)			00085598	
4	Date 09/03/2024	Payee name Google					
6	Amount (\$) \$92.10	Payee address; Cit L600 Amphitheatre P Mountain View, CA 9	kwy	Zip Code			
8	PURPOSE OF EXPENDITURE	Category (See Categories	isted at the top of this sche	edule) (b)		outside of Texas. Com I, TX, officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame O	office sought		Office he	eld
	Date	Payee name					
	09/05/2024	Google					
	Amount (\$) \$7.68	Payee address; Cit <u></u> L600 Amphitheatre P Mountain View, CA 9	kwy	Zip Code			
	PURPOSE OF EXPENDITURE	Category (See Categories Fees	isted at the top of this sche	edule) (b)		outside of Texas. Com n, TX, officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame O	office sought		Office he	eld
	Date	Payee name					
	10/02/2024	Google					
	Amount (\$) \$25.80	Payee address; City 1600 Amphitheatre P		Zip Code			
		Mountain View, CA 9	4043				
	PURPOSE OF EXPENDITURE	Category (See Categories	isted at the top of this sche	edule) (b)	Check if Austin	outside of Texas. Com a, TX, officeholder living e phone numbe	expense
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder n	ame O	office sought		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.			
1	Total pages Schedule F1:	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 16/30 Rpt:	hojani, Salman (The Honorable)		00085598		
4	Date 10/02/2024	ayee name loogle				
6	Amount (\$) \$99.39	ayee address; City; S 600 Amphitheatre Pkwy Iountain View, CA 94043	itate; Zip Code			
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of the ees	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ite		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held		
	Date	ayee name				
	10/07/2024	oogle				
	Amount (\$) \$7.68	ayee address; City; S 600 Amphitheatre Pkwy Iountain View, CA 94043	itate; Zip Code			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of the	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense in		
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held		
	Date	ayee name				
	11/04/2024	oogle				
	Amount (\$) \$25.88	ayee address; City; S 600 Amphitheatre Pkwy	itate; Zip Code			
		lountain View, CA 94043				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of the	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ice phone number		
	Complete ONLY if direct expenditure to benefit C/OF	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	-	Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.			
1	Total pages Schedule F1:	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 17/30 Rpt:	hojani, Salman (The Honorable)		00085598		
4	Date 11/04/2024	ayee name loogle				
6	Amount (\$) \$92.10	ayee address; City; Sta 600 Amphitheatre Pkwy	te; Zip Code			
		lountain View, CA 94043				
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this ees	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held		
	Date	ayee name				
	11/05/2024	oogle				
	Amount (\$) \$7.68	600 Amphitheatre Pkwy	te; Zip Code			
	PURPOSE OF EXPENDITURE	lountain View, CA 94043 ategory (See Categories listed at the top of this ees	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held		
	Date	ayee name				
	12/02/2024	oogle				
	Amount (\$) \$25.88	ayee address; City; Sta 600 Amphitheatre Pkwy	te; Zip Code			
		lountain View, CA 94043				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this ees	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense bice phone number		
	Complete ONLY if direct expenditure to benefit C/OF	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     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitf/Awards/Memorials Expense     Printing Expense       mmittee     Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 18/30 Rpt:	Bhojani, Salman (The Honorable)	00085598			
4	Date 12/02/2024	Payee name Google				
6	Amount (\$)	Payee address; City; State; Zip Code				
Ū	\$78.80	1600 Amphitheatre Pkwy Mountain View, CA 94043				
_		i				
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				
	12/05/2024	Google				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.68	1600 Amphitheatre Pkwy Mountain View, CA 94043				
	PURPOSE OF EXPENDITURE		outside 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			
	Date	Payee name				
	12/17/2024	Hye Standards LLC				
	Amount (\$) \$7,500.00	Payee address;City;State;ZipCode213 Crestbrook Dr				
		Rockwall, TX 75087				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense al planning			
	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	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 19/30 Rpt:	Bhojani, Salman (The Honorable)	00085598							
4	Date 09/19/2024	Payee name Kirkpatrick, Gabe								
6	Amount (\$)	' Payee address; City; State; Zip Code								
	\$1,498.87	1425 PickWick Ln Denton, TX 76209								
•	DUDDOCE									
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								
	11/22/2024	Kirkpatrick, Gabe								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,600.00	1425 PickWick Ln Denton, TX 76209								
	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								
	11/13/2024	Malik, Aiza								
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 901 S Oak St								
		Arlington, TX 76010								
	PURPOSE OF EXPENDITURE		outside 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 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 Legal Services The Instruction Guide explains	t/Reimbursement     Solicitation/Fundraising Expense       (Rental Expense     Transportation Equipment & Related Expense       Travel in District     Travel out of District       Contract Labor     OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 20/30 Rpt:	hojani, Salman (The Honorable)	00085598								
4	Date 12/13/2024	Payee name Malik, Aiza									
6	Amount (\$) \$200.00	Payee address; City; State; Zip Code 901 S Oak St Arlington, TX 76010									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description         Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense Payroll       Check if Austin, TX, officeholder living expense Payroll											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held							
	Date	ayee name									
	12/13/2024	1alik, Aiza									
	Amount (\$) \$200.00	ayee address; City; State 01 S Oak St rlington, TX 76010	e; Zip Code								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this so alaries/Wages/Contract Labor		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held							
	Date	ayee name									
	08/28/2024	lichaels									
	Amount (\$) \$40.58	ayee address; City; State 901 Rio Grande Blvd ite 700 iuless, TX 76039	e; Zip Code								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this so ift/Awards/Memorials Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Frames for resolutions given to constituents							
	Complete ONLY if direct expenditure to benefit C/OF	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					Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	FII FR NAM	IF	-		-	3	Filer ID	(Ethics Commission Filers)	
_	Sch: 21/30 Rpt:		alman (The Honora	00085598						
4	Date 07/03/2024	Payee nam Public Sto								
6	Amount (\$) \$53.00	Payee addr 1520 W Irv Irving, TX	ving Blvd	State;	Zip Coo	e				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if taxel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	0	office soug	ht		Office he	eld	
	Date	Payee nam	е							
	08/05/2024	Public Sto	rage							
	Amount (\$) \$68.00	Payee addr 1520 W Irv Irving, TX	ving Blvd	State;	Zip Coo	e				
	PURPOSE OF EXPENDITURE		See Categories listed at the rhead/Rental Expe		edule)		n, TX,	de of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Ot	fficeholder name	0	office soug	ht		Office he	eld	
	Date	Payee nam	e							
	09/03/2024	Public Sto	rage							
	Amount (\$) \$68.00	Payee addr 1520 W In		State;	Zip Coo	e				
		Irving, TX			i	<b>I</b> N -				
	PURPOSE OF EXPENDITURE		See Categories listed at the erhead/Rental Expe		edule)		n, TX,	de of Texas. Com , officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	0	office soug	ht		Office he	eld	

	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 Rep Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E mittee Legal Services Salaries/A The Instruction Guide explains how to co	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:			<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 22/30 Rpt:	Bhojani, Salman (The Honorable)	00085598							
4	Date 10/03/2024	Payee name Public Storage								
6	Amount (\$) \$68.00	Payee address; City; State; Zip Co L520 W Irving Blvd rving, TX 75061	ode							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Sche Complete Sche Storage rental       Check if travel outside of Texas. Complete Sche Complete Sche Storage rental										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ıght	Office held						
	Date	Payee name								
	11/04/2024	Public Storage								
	Amount (\$) \$68.00	Payee address; City; State; Zip Co 1520 W Irving Blvd rving, TX 75061	ode							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ight	Office held						
	Date	Payee name								
	12/03/2024	Public Storage								
	Amount (\$) \$68.00	Payee address; City; State; Zip Co L520 W Irving Blvd	ode							
		rving, TX 75061	İnc							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ıght	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: 23/30 Rpt:	Bhojani, Salman (The Honorable)	00085598						
4	Date 07/03/2024	5 Payee name Scale to Win							
6	Amount (\$) \$5.30	7 Payee address; City; State; Zip Code 13742 Harper St Santa Anna, CA 92703							
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         Advertising Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Texting platform       Texting platform									
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	Scale to Win							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,160.01	13742 Harper St Santa Anna, CA 92703							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense M						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/09/2024	Swan, Stephanie							
	Amount (\$) \$200.00	Payee address;City;State; Zip Code4906 Oldfield Dr							
		Arlington, TX 76016							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense at campaign event						
	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	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
_	Tatal same Oak adula E1			e explains i		piete this form.	3	Filer ID	(Ethics Oceanication Films)	
1	Total pages Schedule F1: Sch: 24/30 Rpt:	Bhojani, Sa	(Ethics Commission Filers)							
4	Date	Payee name								
	12/06/2024	Target								
6	Amount (\$) \$27.26	Payee addre 2025 Guad Austin, TX	alupe St	State;	Zip Cod	e				
8	PURPOSE	Category (S	ee Categories listed at the t	op of this sche	edule)	b) Description				
	OF EXPENDITURE	Contributions/Donations Made By							expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	C	Office soug	ht		Office he	ld	
	Date	Payee name	ļ							
	11/06/2024	Tasnif, Yas	een							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	e				
	\$650.00	408 Pecos Irving, TX 7								
	PURPOSE OF EXPENDITURE		iee Categories listed at the t ages/Contract Lab		edule) (			de of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	C	Office soug	ht		Office he	ld	
	Date	Payee name								
	12/13/2024	Tasnif, Yas	een							
	Amount (\$) \$650.00	Payee addre 408 Pecos		State;	Zip Cod	e				
		Irving, TX 7	75063							
	PURPOSE OF EXPENDITURE		iee Categories listed at the t ages/Contract Lab		edule)			de of Texas. Comp , officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	C	Office soug	ht		Office he	ld	
							_			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor le 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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 25/30 Rpt:		Bhojani, Salman (The Honorab	le)				00085598		
4	Date	5	Payee name				•			
	09/25/2024		Texas House Sargent at Arms							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Cod	е				
	\$28.10		PO Box 2910 Austin, TX 78768							
8	PURPOSE	(a)	Category (a. a. t. t. t. t. t. t. t.			b) Description				
Ū	OF	(u)	Category (See Categories listed at the top Gift/Awards/Memorials Expens		iedule)	Check if travel	n, TX,	de of Texas. Complete Schedule T. . officeholder living expense Texas Capitol		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	nt		Office held		
	Date		Payee name							
	11/25/2024		Texas House of Representative	es						
	Amount (\$)		Payee address; City;	State;	; Zip Cod	е				
	\$523.00		PO Box 2910 Austin, TX 78768							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Travel Out of District	o of this sch	edule) (	Check if Austir	n, ⊤x, ent	de of Texas. Complete Schedule T. officeholder living expense of state expenditure for airfare for ent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	nt		Office held		
	Date		Payee name							
	10/25/2024		The Helm ABA LLC							
	Amount (\$) \$500.00		Payee address; City; 1220 N Alma Rd Ste 110 Allen, TX 75013	State;	; Zip Cod	e				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Gift/Awards/Memorials Expens		edule)	Check if Austir	n, TX,	de of Texas. Complete Schedule T. officeholder living expense Sensory-friendly fall festival		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/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/Political 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	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 26/30 Rpt:	Bhojani, Salman (The Honorable)	00085598							
4	Date 10/16/2024	Payee name USPS								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 210 N Ector Dr Euless, TX 76039								
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Postal office box rental</li> </ul> </li> </ul>										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/10/2024	USPS								
	Amount (\$) \$111.00	Payee address; City; State; Zip Code 210 N Ector Dr Euless, TX 76039								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense ampaign mailing							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date 07/16/2024	Payee name Villarreal, Jordan								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 5500 Del Rey Dr								
		Denton, TX 76208								
	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 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 Laber       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: 27/30 Rpt:	Bhojani, Salman (The Honorable) 00085598								
4	Date	Payee name								
	08/01/2024	Villarreal, Jordan								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$100.00	5500 Del Rey Dr								
		Denton, TX 76208								
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descriptio								
	OF			side of Texas. Complete Schedule T.						
	EXPENDITURE		Austin, TX	X, officeholder living expense						
		Payroll								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held						
	Date	Payee name								
	08/27/2024	Villarreal, Jordan								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$100.00	5500 Del Rey Dr								
		Denton, TX 76208								
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descriptio								
	EXPENDITURE			side of Texas. Complete Schedule T. X, officeholder living expense						
		Payroll	uoun, ry	A, onecholder hving expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held						
	expenditure to benefit C/Oł									
	Data	D								
	Date 09/04/2024	Payee name Villarreal, Jordan								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.00	5500 Del Rey Dr								
		Denton, TX 76208								
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descriptio	n							
	OF EXPENDITURE			side of Texas. Complete Schedule T.						
	EXPENDITORE		Austin, TX	X, officeholder living expense						
		Payroll								
	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					Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	FILER N	IAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 28/30 Rpt:	Bhojan	Bhojani, Salman (The Honorable) 00085598							
4	Date	Payee n	Payee name							
	09/10/2024	Villarre	Villarreal, Jordan							
6	Amount (\$)	Payee a	Payee address; City; State; Zip Code							
	\$51.27	5500 D	el Rey Dr							
		Denton, TX 76208								
8	PURPOSE	a) Categor	y (See Categories listed at the	ton of this scher	dule)	<b>b)</b> Description				
	OF		s/Wages/Contract Lab		uuic)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austir	ι, TΧ	, officeholder living	g expense	
						Payroll				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	e/Officeholder name	Of	ffice soug	ht		Office he	eld	
	Date	Payee n	ame							
	09/11/2024	Villarre	al, Jordan							
	Amount (\$)	Payee a	ddress; City;	State:	Zip Coo	le				
	\$16.74			,						
	<b>\$10.1</b>	\$16.74 5500 Del Rey Dr								
		Denton	, TX 76208							
	PURPOSE OF	a) Categor	Y (See Categories listed at the	top of this sched	dule)	<b>b)</b> Description				
	EXPENDITURE	Salarie	s/Wages/Contract Lab	or				ide of Texas. Com		
							1, 1 A	, officeholder living	j expense	
						T dyron				
	Complete ONL V if direct	Candidat	e/Officeholder name	Of	ffice soug	ht		Office he	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Canuluale		U	nice soug	in and a second s		Once ne	eiu	
	Date	Payee n								
	09/20/2024	Villarre	al, Jordan							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Coo	le				
	\$66.66	5500 D	el Rey Dr							
		Denton	, TX 76208							
	PURPOSE	a) Categor	y (See Categories listed at the	top of this sched	dule)	<b>b)</b> Description				
	OF EXPENDITURE	Salarie	s/Wages/Contract Lab	or		Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE						ι, TΧ,	, officeholder living	) expense	
						Payroll				
	Complete ONLY if direct	Candidate	e/Officeholder name	Of	ffice soug	ht		Office he	eld	
L	expenditure to benefit C/OH									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2 FILEF	NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 29/30 Rpt:		Bhojani, Salman (The Honorable) 00085598							
4	Date 09/24/2024	-	Payee name Villarreal, Jordan							
6	Amount (\$) \$11.48	5500	Payee address; City; State; Zip Code 5500 Del Rey Dr Denton, TX 76208							
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	(	Office sou	ht		Office he	eld	
	Date	Payee	e name							
	10/01/2024	Villar	real, Jordan							
	Amount (\$) \$36.67	5500	e address; City; Del Rey Dr	State	; Zip Coo	le				
	PURPOSE OF EXPENDITURE	<b>a)</b> Categ	on, TX 76208 ory (See Categories listed at the ies/Wages/Contract Lab		nedule)			ide of Texas. Com, , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	(	Office sou	ht		Office he	eld	
	Date	Paye	e name							
	12/13/2024		ura, Christina							
	Amount (\$) \$2,000.00		e address; City; Freeman Ct	State	; Zip Coo	le				
		Sout	nlake, TX 76092							
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the ies/Wages/Contract Lab		nedule)			ide of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	(	Dffice sou	ht		Office he	eld	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Loan Rep Office Ow Polling Ex Se Printing E Salaries/V	bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation E Travel in District Travel Out of Dis	quipment & Related Expense
4	Tatal names Cabadula E1.						(Ethics Commission Filors)
1	Total pages Schedule F1: Sch: 30/30 Rpt:		⊨ alman (The Honorable	e)		3 Filer ID 00085598	(Ethics Commission Filers)
4	Date	5 Payee name		-			
	12/16/2024	Zoom Vide	o Communications Inc	с.			
6	Amount (\$) \$170.54	<ul> <li>Payee addre</li> <li>55 Almade</li> <li>San Jose,</li> </ul>	n Blvd 6th Floor	State; Zip Co	ode		
8	PURPOSE OF EXPENDITURE	(a) Category (s Fees	See Categories listed at the top o	f this schedule)		el outside of Texas. Comp tin, TX, officeholder living ing platform	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught	Office he	ld

				SCHEDULE F4				
	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expr Fees Food/Beve y - Gift/Award al Committee Legal Serv	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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)				
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 1/47 Rpt: 97/149	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ	ED				
ISSUER	Citi	Bank	EXPENDITURES CHARGED TO A CRE CARD	DIT \$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$26.96	12/21/2024	12/22/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
			1455 Market St					
	Uber		Ste 400					
			San Francisco, CA 942	103				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ground transportation from airport to Capitol for committee					
X Political	Travel Out of District		hearing					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Diffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$5.90	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Is 09/22/2024	suer Paid				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
			1455 Market St					
	Uber		Ste 400					
			San Francisco, CA 942	103				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ground transportation	during Democratic convention				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$19.98	08/21/2024	09/22/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Libor		1455 Market St					
	Uber		Ste 400					
			San Francisco, CA 943	103				
PURPOSE OF	(a) Category	of this color to to )	(b) Description					
	(See Categories listed at the top Travel Out of District	or this schedule)	Ground transportation	during Democratic convention				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
expenditure to benefit C/OH								

-	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Bev - Gift/Award	ense erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense T Polling Expense T Printing Expense T	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)			
		The Ins	truction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)			
	Sch: 2/47 Rpt: 98/149	Bhojani, Salman (1	-	1	00085598			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6	PAYMENT	(a) Amount Charged \$11.21	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Issue 09/22/2024	er Paid			
		ΨΙΙ.ΖΙ	00/21/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
				1455 Market St				
		Uber		Ste 400				
				San Francisco, CA 9410	3			
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	EXPENDITURE	Travel Out of District		Ground transportation du	rring Democratic convention			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	K, officeholder living expense			
	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Officeholde	r name Of	ffice sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$52.91	08/23/2024	09/22/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
				1455 Market St				
		Uber		Ste 400				
				San Francisco, CA 9410	3			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	X Political	Travel Out of District	,	Ground transportation du	rring Democratic convention			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	K, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholde	r name Of	ffice sought	Office held			
e>	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$7.99	09/20/2024	10/22/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
				1455 Market St				
		Uber		Ste 400				
L				San Francisco, CA 9410	3			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description				
		Travel Out of District		Ground transportation du	rring travel for caucus meeting			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	(, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholde	r name Of	ffice sought	Office held			
e>	xpenditure to benefit C/OH							

				SCHEDULE F4			
	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expr Fees Food/Beve / - Gift/Award al Committee Legal Serv	ense erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 3/47 Rpt: 99/149	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ	ED			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE CARD	DIT S			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$24.94	09/21/2024	10/22/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
			1455 Market St				
	Uber		Ste 400				
			San Francisco, CA 942	103			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ground transportation	Ground transportation after flight home from caucus			
X Political	Travel Out of District		meeting				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$10.93	(b) Date of Charge 08/22/2024	(c) Date(s) Credit Card Is 09/22/2024	suer Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
			1455 Market St				
	Uber		Ste 400				
			San Francisco, CA 942	103			
PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top Travel Out of District	of this schedule)	Ground transportation	during Democratic convention			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$31.54	08/22/2024	09/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Libor		1455 Market St				
	Uber		Ste 400				
			San Francisco, CA 942	103			
PURPOSE OF	(a) Category	of this cohectule)	(b) Description				
	(See Categories listed at the top Travel Out of District	or this schedule)	Ground transportation	during Democratic convention			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursem Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labo	se Tra Tra Tra	olicitation/Fundraising ansportation Equipme avel in District avel Out of District THER (enter a catego	ent & Related I		
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 4/47 Rpt:	Bhojani, Salman (T	Bhojani, Salman (The Honorable)			00085598			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNI					
ISSUER	see p	revious	EXPENDITURE CHARGED TO CARD		\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issue	r Paid			
	\$22.97	09/19/2024	10/22/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	;	City,	State,	Zip Code	
	L Un a n		1455 Market St					
	Uber		Ste 400					
			San Francisco, C	CA 94103				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		·			
	Travel Out of District		Ground transpor	tation to a	airport for trave	el to cauci	caucus meeting	
X Political								
Non-Political		of Texas. Complete Schedule		if Austin, TX,	officeholder living exp	oense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C 11/22/2024	Card Issue	r Paid			
	\$18.90	10/22/2024	11/22/2024					
PAYEE			(b) Payee address;		City,	State,	Zip Code	
	(a) Payee name		., .	,	City,	Sidle,	Zip Coue	
	Uber		Ste 400	1455 Market St				
			San Francisco, C	CA 94103				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ground transpor	tation from	m Capitol to aii	rport after		
X Political	Travel Out of District		committee hearing	ng				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check	if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issue	r Paid			
	\$3.00	08/02/2024	09/22/2024					
PAYEE	(a) Payee name		(b) Payee address;	;	City,	State,	Zip Code	
			2400 Aviation Dr					
	DFW Airport Parkin	ıy						
			Dallas, TX 75262	1				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Transportation Equip Expense		Parking for even	t				
Non-Political		of Texas. Complete Schedule	T. Check	if Austin, TX,	officeholder living exp	oense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought		Office held			
expenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Solicitation/Fundraising Ex Transportation Equipment of Travel in District Travel Out of District OTHER (enter a category r	& Related I	
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 5/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$150.00	08/09/2024	09/22/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Northeast Leadersł	nip Forum	2109 Martin Dr			
			Bedford, TX 76021			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatic Candidate/Officehold	ns Made By	(b) Description Membership dues			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	TX, officeholder living expen	se	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$248.94	(b) Date of Charge 07/17/2024	(c) Date(s) Credit Card Issu 08/22/2024	uer Paid		
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
	On the Border Mex	ican Grill and	2400 N Beltline Rd Irving, TX 75062			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff meal			
X Political	FUUU/Deverage Expe	1156				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	rX, officeholder living expen	se	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$263.56	08/13/2024	09/22/2024			
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
			411 E Royal Lane			
	Shawarma Press		Ste 110			
			Irving, TX 75039			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedulo)	(b) Description			
X Political	Food/Beverage Expe		Staff meal			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	ΓX, officeholder living expen	se	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking	Event Expe Fees			olicitation/Fundraising Expense ansportation Equipment & Related Expense		
Consulting Expense Food/Beverage Expense F		olling Expense Travel in District inting Expense Travel Out of District				
Candidate/Officeholder/Politica	Candidate/Officeholder/Political Committee Legal Services S			THER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.					
<b>1</b> Total pages Schedule F4:				<b>3</b> Filer ID (Ethics Commission Filers)		
Sch: 6/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED	¢		
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT	-  \$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$68.19	08/15/2024	09/22/2024			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	A 199 9 7 9 19		410 Terry Ave N			
	Amazon					
			Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Event Expense		Video projector for invited	appearance at event		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	C. Check if Austin, TX	officeholder living expense		
9 Complete <u>ONLY</u> if direct	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 09/22/2024	r Paid		
	\$35.60	08/21/2024	09/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Potbelly Sandwich	Shon	545 W Madison St			
		enep				
	(a) Catagony		Chicago, IL 60661 (b) Description			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Meal at Democratic conve	ention		
X Political	Food/Beverage Expe	nse		Shion		
Non-Political						
	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule 1	f. Check if Austin, TX	officeholder living expense Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicendider	name O	nce sought	Once neid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
			09/22/2024			
	\$1,000.00	08/12/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			770 E Road to Six Flags			
	McGinty, Robert		Ste 170			
			Arlington, TX 76011			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Campaign contribution			
X Political	Contributions/Donation Candidate/Officehold					
Non-Political		of Texas. Complete Schedule 1		officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held		
expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	y - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I		
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 7/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$315.01	07/02/2024	08/22/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Micropix Creations		4003 Jasmine Fox Ln				
			Arlington, TX 76005				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Banner and sign for fur	ndraiser			
X Political	Solicitation/Fundraisir	ng Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living exp	oense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$78.00	07/16/2024	08/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			2300 Story Rd W				
	USPS						
			Irving, TX 75038				
PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top Gift/Awards/Memorial		Mailing certificates to r	ecipients			
X Political		- I					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held			
expenditure to benefit C/OH		1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 09/22/2024	suer Paid			
	\$1,498.04	08/07/2024	09/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			171 W Randolph St	0.0,	enne,	p 0000	
	The Allegro Royal S	Sonesta Hotel					
			Chicago, IL 60601				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel for event				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living exp	pense		
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held			
expenditure to benefit C/OH							

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense	Fees Of Food/Beverage Expense Po		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Transportation Equipm Travel in District		Expense	
Contributions/ Donations Made B Candidate/Officeholder/Politic	Contributions/ Donations Made By - Gift/Awards/Memorials Expense Pr Candidate/Officeholder/Political Committee Legal Services Sa			Travel Out of District OTHER (enter a catego	ory not listed at	oove)	
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 8/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ	5 TOTAL OF UNITEMIZED			
ISSUER	see p	see previous		EXPENDITURES \$ CHARGED TO A CREDIT			
	·		CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$20.80	07/25/2024	09/22/2024				
	\$20,000	0172072021					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			2300 Story Rd W				
	USPS						
			Irving, TX 75038	Irving, TX 75038			
8 PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top Gift/Awards/Memoria		Mailing certificates to	Mailing certificates to recipients			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held			
expenditure to benefit C/OH		-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$40.00	08/18/2024	09/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
United Airlines		233 South Wacker Dr					
	United Almines						
			Chicago, IL 60606	(b) Description			
PURPOSE OF EXPENDITURE			、 <i>/</i>	Checked bag fee for flight to Democratic convention			
X Political	Travel Out of District						
Non-Political		(= 0 + 0 + + +					
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	I. Check if Austir	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenoidei	lianc 0	mee sought	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$4.43	08/20/2024	09/22/2024				
	Φ4.43	00/20/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1901 W Madison St	2.5,	,		
	United Center Concessions						
			Chicago, IL 60612				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Meal at Democratic convention				
X Political	Political Food/Beverage Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	office sought	Office held			
expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking		Event Exp Fees			olicitation/Fundraising Expense ransportation Equipment & Rela			
	Consulting Expense Contributions/ Donations Made By		rage Expense Po	olling Expense T	ravel in District ravel Out of District			
	Candidate/Officeholder/Politica	I Committee Legal Serv	ices Sá	alaries/Wages/Contract Labor O	THER (enter a category not list	ed above)		
	The Instruction Guide explains how to complete this form.							
1	1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Com	mission Filers)		
	Sch: 9/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$			
	ISSUER	see p	revious	CHARGED TO A CREDIT				
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$200.00	08/14/2024	09/22/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code		
		Tarrant County Der	mocratic Party	685 John B Sias Memoria	al Pkwy			
			nocialic Faily	Ste 400				
				Fort Worth, TX 76134				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	_	Contributions/Donatio	,	Contribution				
	X Political	Candidate/Officehold	er/Political Committee					
	Non-Political		of Texas. Complete Schedule T.		, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held			
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 09/22/2024	er Paid			
		\$250.00	08/14/2024	03/22/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code		
Tarrant Coun		Tarrant County Der	nocratic Party	685 John B Sias Memoria	al Pkwy			
		,	,	Ste 400				
⊢	PURPOSE OF	(a) Category		Fort Worth, TX 76134 (b) Description				
	EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Contribution				
	X Political	Contributions/Donatio		Contribution				
	Non-Political	<b></b>	er/Political Committee					
⊢		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	, officeholder living expense Office held			
e e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate, Oniceriolaei	indine Oline	Se Sought				
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$6.28	08/19/2024	09/22/2024				
		Φ0.20	08/19/2024					
-	PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code		
		()		2400 Aviation Dr				
	Chick-Fil-A							
				Dallas, TX 75261				
⊢	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	,	Meal during travel to Dem	nocratic convention			
	X Political	Political Food/Beverage Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
⊢	Complete ONLY if direct							
e	xpenditure to benefit C/OH							
<b>—</b>								

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category n	& Related E		
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 10/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see previous		EXPENDITURES \$ CHARGED TO A CREDIT CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$8.32	08/19/2024	09/22/2024				
7 PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
	United Center Concessions		1901 W Madison St				
			Chicago, IL 60612	Chicago, IL 60612			
8 PURPOSE OF	(a) Category	of this school (10)	(b) Description				
	(See Categories listed at the top Food/Beverage Expe		Meal at Democratic convention				
X Political	5 1						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expen	se		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$17.72	08/19/2024	09/22/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	United Center Concessions		1901 W Madison St				
			Chicago, IL 60612				
PURPOSE OF EXPENDITURE	(a) Category		(b) Description				
	Food/Beverage Expense		Meal at Democratic cor	ivention			
X Political							
Non-Political		of Texas. Complete Schedule		TX, officeholder living expension	se		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH		(h) Data at Oham		war Daid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 09/22/2024	uer Pald			
	\$24.25	08/19/2024					
PAYEE			(b) Dovine edder	C:+-	Ctota	Zip Cal-	
PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Qdoba Mexican Eats		100 N Lasalle St				
			Chicago, IL 60602				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Meal at Democratic cor	vention			
X Political	Food/Beverage Expense						
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Office Overhead/Rental Expense 1 Polling Expense 1 Printing Expense 1	Solicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Sch: 11/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see previous		EXPENDITURES CHARGED TO A CREDI CARD	Г Г			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$1,422.36	08/21/2024	09/22/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Signature Coins		4301 Metric Dr				
			Winter Park, FL 32792				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Challenge coins				
X Political	Gift/Awards/Memoria	is Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	Check if Austin, T	c, officeholder living expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$377.96	08/21/2024	09/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
			4545 Airport Way				
	Frontier Airlines						
			Denver, CO 80239				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
	Travel Out of District	or this schedule)	Candidate and spouse return flight from Democratic convention				
X Political			convention				
Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule 1	Check if Austin, T	(, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 09/22/2024	er Paid			
	\$40.00	08/22/2024	09/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	United Airlines		233 South Wacker Dr				
	(a) Catagor <i>i</i>		Chicago, IL 60606				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	r travel to Democratic convention			
X Political	(See Categories listed at the top of this schedule) Travel Out of District						
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expe			K, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
				oan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense				
Accounting/Banking Consulting Expense		Food/Beverage Expense		Polling Expense Travel in District				
	Contributions/ Donations Made By - Gift/Awards/M Candidate/Officeholder/Political Committee Legal Service		s/Memorials Expense rices	Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.							
1	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission File	rs)			
	Sch: 12/47 Rpt:	Bhojani, Salman (T	he Honorable)	00085598				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				
	ISSUER	see p	revious	EXPENDITURES <b>\$</b> CHARGED TO A CREDIT				
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
		\$259.62	08/26/2024	10/22/2024				
		Ψ200.02	00/20/2024					
7	PAYEE	(a) Payee name		(b) Payee address; City, State, Zip C	ode			
				6421 Riverside Dr				
		Yummy Thai		Ste 150				
				Irving, TX 75039				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	,	Staff meal				
	X Political	Food/Beverage Expe	nse					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought Office held				
	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
		\$25.25	08/30/2024	10/22/2024				
		φ23.25	00/00/2024					
	PAYEE	(a) Payee name		(b) Payee address; City, State, Zip C	ode			
				2201 N Stemmon Fwy				
		Hilton Anatole Dallas						
				Dallas, TX 75207				
	PURPOSE OF	(a) Category		(b) Description	(b) Description			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Parking at Islamic Society of North America convention	Parking at Islamic Society of North America convention			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought Office held				
ex	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
		\$27.50	09/01/2024	10/22/2024				
	PAYEE	(a) Payee name	•	(b) Payee address; City, State, Zip C	ode			
				2201 N Stemmon Fwy				
		Hilton Anatole Dallas						
				Dallas, TX 75207				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Parking at Islamic Society of North America convention	ľ			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought Office held				
	penditure to benefit C/OH							
<u> </u>								

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipme		Expense
Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District		
Candidate/Officeholder/Politica	al Committee Legal Serv	vices	Salaries/Wages/Contract Labor	OTHER (enter a catego	ry not listed a	bove)
		ruction Guide explains I	how to complete this form.			
<b>1</b> Total pages Schedule F4:				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 13/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM EXPENDITURES	IZED S		
ISSUER	see p	revious	CHARGED TO A CF	*		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$10.00	09/02/2024	10/22/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Parking Systems of	f America	4220 Gurley Ave			
		America				
			Dallas, TX 75223			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		r Courseil	
	Travel Out of District		Parking for Tarrant C event	Jounty Central Labo	r Council	Labor Day
X Political			ovon			
Non-Political		of Texas. Complete Schedule		stin, TX, officeholder living exp	oense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 10/22/2024	Issuer Paid		
	\$34.24	09/06/2024	10/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Shell		4610 N IH 35			
			Coorgotown TV 796	206		
PURPOSE OF	(a) Category		Georgetown, TX 786 (b) Description	020		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Gas for travel from s	peaking appearance	9	
X Political	Travel Out of District					
Non-Political		of Toylog, Complete Cabadula		tin TV officeholder living over		
Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	stin, TX, officeholder living exp Office held	bense	
expenditure to benefit C/OH	Candidate, Onicentilder		Shiel Sought	Onice Held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$26.64	08/21/2024	09/22/2024			
	φ20.04	00/21/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			122 S Michigan Ave	0.09,	etato,	Lip oodo
	Chick-Fil-A		0			
			Chicago, IL 60603			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Meal at Democratic of	convention		
X Political	Food/Beverage Expe	lise				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	stin, TX, officeholder living exp	oense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Diffice sought	Office held		
expenditure to benefit C/OH			-			

	EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expe Fees Food/Beve - Gift/Award	ense rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)
1 Total pages Cabadula E4		ruction Guide explains n	ow to complete this form.	2 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4: Sch: 14/47 Rpt:	Bhojani, Salman (T	he Honorable)		3 Filer ID (Ethics Commission Filers) 00085598
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZ	
ISSUER		revious	EXPENDITURES CHARGED TO A CRE CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid
	\$33.27	08/22/2024	09/22/2024	
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	Tallboy Taco		Midway International	Airport Terminal, S Cicero Ave
			Chicago, IL 60629	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description	
	Food/Beverage Exper	,	Meal during travel from	m Democratic convention
X Political				
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	-	fice sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 09/22/2024	ssuer Paid
	\$7.75	08/21/2024	09/22/2024	
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	United Center Cond	ressions	1901 W Madison St	
	Office Center Cont	23310113		
PURPOSE OF	(a) Category		Chicago, IL 60612 (b) Description	
EXPENDITURE	(See Categories listed at the top		Meal at Democratic co	onvention
X Political	Food/Beverage Expe	nse		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid
	\$11.85	09/06/2024	10/22/2024	
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code
	Operational Operation		1400 Congress Ave	
	Capitol Grill		Ste E1.002	
			Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ing travel for speaking appearance
X Political	Food/Beverage Expe		Onceroider mear du	וווט וומיפו וטו גרפמגוווט מגרפמומווכפ
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held
expenditure to benefit C/OH				

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising J Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	nt & Related I	
	The Inst	ruction Guide explains h	now to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 15/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT <b>\$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
	\$150.00	09/05/2024	10/22/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	International City of	f Light	3608 Matlock Rd			
			Arlington, TX 76015			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Contributions/Donation		Contribution to scholars	hip fund		
X Political	Candidate/Officehold		e			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
	\$117.00	09/06/2024	10/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			303 W 15th St			
	Doubletree Suites by Hilton					
			Austin, TX 78701			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
	Travel Out of District	of this schedule)	Hotel during travel for sp	beaking appeara	nce	
X Political						
Non-Political		of Texas. Complete Schedule		X, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name O	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 10/22/2024	ier Paid		
	\$162.32	09/21/2024	10/22/2024			
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
			2901 Rio Grande Blvd			
	Michaels		Ste 700			
			Euless, TX 76039			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Flag holders for constitu	ent gifts		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. T	X, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held		
expenditure to benefit C/OH			-			
	I					

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising I Transportation Equipmen Travel in District Travel Out of District OTHER (enter a categor	nt & Related I	
	The Inst	ruction Guide explains h	how to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 16/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT <b>\$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
	\$44.62	10/08/2024	10/22/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			6450 N Macarthur Blvd			
	Nothing Bundt Cak	es	Ste 130			
			Irving, TX 75039			
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Food/Beverage Expe		Staff meal			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
	\$4,736.57	10/16/2024	11/22/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Tavas Char Calf Os	Devenia	1400 Texas Star Pkwy			
	Texas Star Golf Co	ourse - Raven's				
			Euless, TX 76040			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Solicitation/Fundraisir		Food for fundraiser			
X Political						
Non-Political		of Texas. Complete Schedule		X, officeholder living exp	ense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH		(h) Data of Charge	(a) Data(a) Cradit Card lass	er Deid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 11/22/2024	ier Pald		
	\$659.00	10/17/2024				
PAYEE				Citri	Ctata	Zin Cada
PATEE	(a) Payee name		(b) Payee address; 4003 Jasmine Fox Ln	City,	State,	Zip Code
	Micropix Creations		4003 Jasmine Fox Li			
			Arlington, TX 76005			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Banner for fundraiser			
X Political	Solicitation/Fundraisir	ng Expense				
Non-Political		of Texas. Complete Schedule		X, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category	& Related I	
	The Inst	ruction Guide explains h	now to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 17/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	ыт <b>(\$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$19.49	10/18/2024	11/22/2024			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
			1501 Gaylord Trl			
	Towne Park					
			Grapevine, TX 76051			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
	Travel Out of District		Parking for event with s	speaking appearan	се	
X Political						
Non-Political		of Texas. Complete Schedule		TX, officeholder living exper	nse	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 09/22/2024	uer Paid		
	\$10.67	08/22/2024	03/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State.	Zip Code
	(u) r uyee name		48 N Wells St	Oity,	Olulo,	
	7-Eleven					
			Chicago, IL 60606			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Food at Democratic cor	nvention		
X Political	Food/Beverage Expe	1150				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exper	nse	
Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held		
expenditure to benefit C/OH		-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$9.75	09/11/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	FedEx Office		5455 N MacArthur Blvd			
			Irving, TX 75038			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Flyers			
X Political	Printing Expense		Fiyers			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exper	nse	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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Advances       best isoeree       Candidation Understand Layeree       best isoeree	EXPENDITURE CATEGORIES FOR BOX 10(a)						
1       Total pages Schedule F4: Sch: 18/47 Ppt:       2       Filer ID (Ethics Commission Filers) (00085598         4       CREDT CARD ISSUER       Name of financial institution see previous       5       TOTAL OF UNITENES CHARGED TO A CREDT CARD       \$         6       PAYMENT       (a) Amount Charged S33.75       (b) Date of Charge 09/14/2024       (c) Date(s) Credit Card Issuer Paid 10/22/2024       \$         7       PAYEE       (a) Payee name Nothing Bundt Cakes       (b) Payee address; F00d/Beverage Expense       City, State, 20       State, 20       Zip Code State         8       PURPOSE OF EXPENDITURE Texpenditure to benefit CiOH       (a) Category (b) Caste Twave instead F00d/Beverage Expense       (b) Description Staff meal       (c) Creat # Auster, TX, ottaknow introve 09/20/2024         9       Complete Churty if direct expenditure to benefit CiOH       (a) Amount Charged \$87.50       (b) Date of Charge 09/20/2024       (c) Cate(S) Credit Card Issuer Paid 10/22/2024         PAYEE       (a) Amount Charged \$87.50       (b) Date of Charge 09/20/2024       (c) Date(S) Credit Card Issuer Paid 10/22/2024         PAYEE       (a) Category \$87.50       (b) Date of Charge 09/20/2024       (c) Date(S) Credit Card Issuer Paid 10/22/2024       (c) Date(S) Credit Card Issuer Paid 10/22/2024         PAYEE       (a) Category (b) Cack # twave state of the specifie Candidate/Officeholder name       Office beid       Candidate/Officeholder 11/22/2024	Accounting/Banking Consulting Expense Contributions/ Donations Made B	Fees Food/Beve / - Gift/Award al Committee Legal Serv	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipme Travel in District Travel Out of District	nt & Related I	
Sch: 15/47 Rpt:       Bhojani, Salman (The Honorable)       00085598         4 CREDT CARD ISUBR       Name of financial institution see previous       5 TOTAL OF UNITENIZED CARD       \$ TOTAL OF UNITENIZED CARD       \$         6 PAYMENT       (a) Amount Charged \$33.75       (b) Date of Charge 09/14/2024       (c) Date(s) Credit Card Issuer Paid 10/22/2024       \$         7 PAYEE       (a) Payee name       (b) Payee address; Cardo       City, State, Zip Code 6450 N Macarthur Blvd Ste 1.30       State, Zip Code 6450 N Macarthur Blvd Ste 1.30         8 PURPOSE OF expenditure to benefit COH       (a) Category       (a) Category inter a three to a this sincluly Food/Beverage Expense       (b) Description Staff meal       (c) Check if Aueta, TX. otherhostic Hag reports (c) Date(s) Credit Card Issuer Paid 10/22/2024         9 Complete ONLY if direct       (a) Amount Charged S87.50       (b) Date of Charge 09/20/2024       (c) Date(s) Credit Card Issuer Paid 10/22/2024         PAYEE       (a) Category (b) Case failor       (b) Payee address; City, State, Zip Code 09/20/2024       (c) Date(s) Credit Card Issuer Paid 10/22/2024         PAYEE       (a) Category (b) Case failor       (b) Payee address; City, State, Zip Code 09/20/2024       (c) Date(s) Credit Card Issuer Paid 10/22/2024         PAYEE       (a) Category (b) Case failors       (b) Payee address; City, State, Zip Code 09/30/2024       (c) Date(s) Credit Card Issuer Paid 11/22/2024         PAYEE       (a) Category (b) Case fa			ruction Guide explains h	low to complete this form.			
4       CREDIT CARD ISSUER       Name of financial institution see previous       5       TOTAL OF LINITEMIZED CHARGE DT 0 A CREDIT       \$         6       PAYMENT       (a) Amount Charged \$33.75       (b) Date of Charge 09/14/2024       (c) Date(c) Credit Card Issuer Paid 10/22/2024       \$         7       PAYEE       (a) Payee name Nothing Bundt Cakes       (b) Payee address; 6450 N Macarthur Bivd Ste 130 Irving, TX 75039       City, 54100       State, 6450 N Macarthur Bivd Statf meal         8       PURPOSE OF EXPENDITURE       (a) Category (size compare loser at he top of the coheckit) Food/Beverage Expense       Office Sought       Office Held         9       Complete DALV if direct       Candidate/Office/Inde/Infance       Office Sought       Office Held         9       Complete DALV if direct       Candidate/Office/Infance       Office Sought       Office Held         9       Complete DALV if direct       Candidate/Office/Infance       Office Sought       Office Held         9       Complete DALV if direct       Candidate/Office/Infance       Office Sought       Office Held         9       PAYMENT       (a) Amount Charged \$87.50       (b) Date of Charge 09/20/2024       (c) Date(c) Credit Card Issuer Paid 10/22/2024         9       Candidate/Office/Infance       Complete SolLV if direct       Candidate/Office/Infance       Complete SolLV if direct       Ca						cs Commiss	sion Filers)
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9       PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         8       PURPOSE OF       (a) Category       (b) Payee address;       City,       State,       Zip Code         8       PURPOSE OF       (a) Category       (b) Category       (b) Description       Staff meal         9       Complete QNLY if direct       (c) Category       (b) Description       Staff meal         9       Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       10/22/2024         PAYEE       (a) Payee name       (b) Date of Charge       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Payee name       (b) Date of Charge       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Category       (b) Date of Charge       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Category       (b) Category       (b) Date of Charge       (b) Description       Email blast for fundraiser       City,       State,       Zip Code         PONFoplitical       (c) Check if www cadate of T				EXPENDITURES CHARGED TO A CRED	\$		
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B     PURPOSE OF EXPENDITURE     Site 130       Mon-Political     (a) Category (the Categories tised at the top of this schedule) Food/Beverage Expense     (b) Description Staff meal       9     Complete ONLY if direct     Candidate/Officeholder name     Office sought       9     Complete ONLY if direct     (a) Amount Charged (b) Date of Charge 09/20/2024     (c) Date(S) Credit Card Issuer Paid 10/22/2024       PAYEE     (a) Payee name Legislative Solutions     (b) Date of Charge 09/20/2024     (b) Payee address; City, State, Zip Code PO Box 5643       PURPOSE OF EXPENDITURE     (a) Category (tie: Category tie: Categories lised at the top of this schedule) Solicitation/Fundraising Expense     (b) Description       PURPOSE OF EXPENDITURE     (a) Category (a) Category tie: Categories lised at the top of this schedule) Solicitation/Fundraising Expense     (b) Description       PURPOSE OF EXPENDITURE     (a) Category (a) Category (b) Check if averid outside of Texas. Complete Schedule T.     (b) Description       Complete ONLY if direct expenditure to benefit C/OH     (c) Deteck if averid outside of Texas. Complete Schedule T.     (c) Deteck if Austin, TX, officeholder living expense       PAYEE     (a) Amount Charged (b) Date of Charge o9/30/2024     (b) Description     (c) Deteck if Austin, TX, officeholder living expense       PAYEE     (a) Amount Charged s281.45     (b) Date of Charge 09/30/2024     (c) Date(S) Credit Card Issuer Paid 11/22/2024       PAYEE     (a) Category (the Camplete Schedule) <td< th=""><th>7 PAYEE</th><th>(a) Payee name</th><th></th><th>(b) Payee address;</th><th>City,</th><th>State,</th><th>Zip Code</th></td<>	7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
EXPENDITURE       Correct categories listed at the top of this schedule)       Staff meal         Staff meal       Food/Beverage Expense       Staff meal         Image: I		Nothing Bundt Cak	es	Ste 130			
9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$87.50       (b) Date of Charge 09/20/2024       (c) Date(s) Credit Card Issuer Paid 10/22/2024         PAYEE       (a) Payee name Legislative Solutions       (b) Payee address; PO Box 5643       City, State, Zip Code         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense       (b) Description Email blast for fundraiser         Mon-Political       (c)Check if ravel outside of Texas. Complete Schedule T. Complete QNLY if direct       Candidate/Officeholder name       Office sought         PAYEE       (a) Amount Charged \$281.45       (b) Date of Charge 09/30/2024       (c) Check if Austin, TX, officeholder living expense         PAYEE       (a) Amount Charged \$281.45       (b) Date of Charge 09/30/2024       (c) Date(s) Credit Card Issuer Paid 11/22/2024         PAYEE       (a) Payee name Micropix Creations       (b) Payee address; Og/30/2024       City, State, Zip Code 4003 Jasmine Fox Ln Arington, TX 76005         PAYEE       (a) Category (See Category Expenditure to Printing Expense       (b) Description Campaign postcards         Wicropix Creations       (b) Description Campaign postcards         Micropix I travel outside of Texas. Complete Schedule T. (c) Check if ravel outside of Texas. Complete Schedule T. (c) Check if ravel		(See Categories listed at the top					
expenditure to benefit C/OH       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Category       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF       (a) Category       (b) Payee address;       City,       State,       Zip Code         Mon-Political       (c) C cotexit travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense       Candidate/Officeholder name       Office sought       Office held         PAYEE       (a) Amount Charged       (b) Date of Charge       Office sought       Office held       Category         Complete QNLY if direct       c:       Check if ravel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense       Candidate/Officeholder name       Office sought       Office held         PAYEE       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       11/22/2024         PAYEE       (a) Payee name       Office sought       Office held       11/22/2024       11/22/2024         PAYEE       (a) Payee name       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       11/22/2024	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, 1	FX, officeholder living exp	oense	
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF       (a) Category       (b) Description       Email blast for fundraiser       Solicitation/Fundraising Expense         Non-Political       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYEE       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       11/22/2024         PAYEE       (a) Payee name       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       11/22/2024         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Micropix Creations       Arlington, TX 76005       (b) Description       Email Information       Campaigin postcards         PURPOSE OF       (a) Category       (b) Description       (b) Description       Campaigin postcards         Micropix Creations       (b) Description       Campaigin postcards       (b) Description       Campaigin postcards         PURPOSE OF       (a) Category <th></th> <th>Candidate/Officeholder</th> <th>name O</th> <th>ffice sought</th> <th>Office held</th> <th></th> <th></th>		Candidate/Officeholder	name O	ffice sought	Office held		
Image: Construct of the construction of the schedule is construction of the schedule is construction of the schedule is construction.       PO Box 5643         PURPOSE OF EXPENDITURE       (a) Category       (b) Description         Image: Non-Political       (c) Image: Construction of the schedule is schedule is construction.       (b) Description         Image: Non-Political       (c) Image: Construction of the schedule is schedule is construction.       (c) Description         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       11/22/2024         PAYEE       (a) Payee name       (b) Date of Charge       (b) Payee address;       City, State, Zip Code         Micropix Creations       Micropix Creations       Arlington, TX 76005       (b) Description         PURPOSE OF EXPENDITURE       (a) Category       (b) Description       Campaign postcards         Image: Non-Political       (c) Image: Creation of the schedule)       Category       (b) Description         Image: Non-Political       (c) Image: Creation of the schedule)       Category       (b) Description         Image: Non-Political       (c) Image: Creation of the schedule)       Category       (c) Image: Creation of the schedule)         Image: Non-Political <td< th=""><th>PAYMENT</th><th></th><th></th><th></th><th>uer Paid</th><th></th><th></th></td<>	PAYMENT				uer Paid		
Legislative Solutions       Austin, TX 78763         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense       (b) Description         Mon-Political       (c) check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$281.45       (b) Date of Charge 09/30/2024       (c) Date(s) Credit Card Issuer Paid 11/22/2024         PAYEE       (a) Payee name Micropix Creations       (b) Payee address; Arlington, TX 76005       City, State, Zip Code 4003 Jasmine Fox Ln         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Printing Expense       (b) Description Campaign postcards         Mon-Political       (c) check if travel outside of Texas. Complete Schedule T.	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense       (b) Description Email blast for fundraiser         Mon-Political       (c) check if travel outside of Texas. Complete Schedule T.       check if Austin, TX, officeholder living expense         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$281.45       (b) Date of Charge 09/30/2024       (c) Date(s) Credit Card Issuer Paid 11/22/2024         PAYEE       (a) Payee name Micropix Creations       (b) Payee address; Arlington, TX 76005       City, State, Zip Code 4003 Jasmine Fox Ln         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Printing Expense       (b) Description Campaign postcards         Mon-Political       (c) check if travel outside of Texas. Complete Schedule T.       check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held		Legislative Solutior	S				
Solicitation/Fundraising Expense       Enter Dast for fundraiser         Solicitation/Fundraising Expense       Enter Dast for fundraiser         Solicitation/Fundraising Expense       Candidation/Fundraising Expense         Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$281.45       (b) Date of Charge 09/30/2024       (c) Date(s) Credit Card Issuer Paid 11/22/2024         PAYEE       (a) Payee name Micropix Creations       (b) Payee address;       City,       State,       Zip Code 4003 Jasmine Fox Ln         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Printing Expense       (b) Description Campaign postcards       Campaign postcards         Solicical       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held	PURPOSE OF	(a) Category					
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Micropix Creations       Micropix Creations       (b) Description       Campaign postcards         PURPOSE OF       (a) Category       (b) Category       (b) Description       Campaign postcards         Vining Expense       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held				Email blast for fundraise	er		
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Micropix Creations       Micropix Creations       Arlington, TX 76005       (b) Description       Campaign postcards         PURPOSE OF       (a) Category       (see Categories listed at the top of this schedule)       (b) Description       Campaign postcards         Non-Political       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, 1	TX, officeholder living exp	oense	
expenditure to benefit C/OH <ul> <li>PAYMENT</li> <li>(a) Amount Charged \$281.45</li> <li>(b) Date of Charge 09/30/2024</li> <li>(c) Date(s) Credit Card Issuer Paid 11/22/2024</li> </ul> PAYEE         (a) Payee name Micropix Creations         (b) Payee address; City, State, Zip Code 4003 Jasmine Fox Ln           Micropix Creations         Arlington, TX 76005           PURPOSE OF EXPENDITURE         (a) Category (See Categories listed at the top of this schedule) Printing Expense         (b) Description Campaign postcards           Non-Political         (c) Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense           Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held	Complete ONLY if direct		•				
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Micropix Creations       Micropix Creations       Arlington, TX 76005         PURPOSE OF       (a) Category       (b) Description         EXPENDITURE       (a) Category       (b) Description         Minicropix Creations       City, State, Zip Code         Micropix Creations       Arlington, TX 76005         PURPOSE OF       (a) Category         (See Categories listed at the top of this schedule)       Campaign postcards         Printing Expense       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held							
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Micropix Creations       Micropix Creations       Arlington, TX 76005         PURPOSE OF       (a) Category       (b) Description         EXPENDITURE       (a) Category       (b) Description         [X] Political       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         [Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
Image: Construction of the system term of the south term of term		\$281.45	09/30/2024	11/22/2024			
Micropix Creations     Arlington, TX 76005       PURPOSE OF EXPENDITURE     (a) Category (See Categories listed at the top of this schedule) Printing Expense     (b) Description Campaign postcards       X Political     (c) Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense       Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description Campaign postcards         X       Political       Printing Expense       (b) Description Campaign postcards         Non-Political       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held		Micropix Creations					
EXPENDITURE       (See Categories listed at the top of this schedule)       Campaign postcards         X       Political       Printing Expense       Campaign postcards         Non-Political       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held	PURPOSE OF	(a) Category		_			
Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held			of this schedule)	Campaign postcards			
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, 1	FX, officeholder living exp	oense	
	Complete ONLY if direct						
	expenditure to benefit C/OH			-			

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Relate Travel in District Travel Out of District OTHER (enter a category not listed		
		ruction Guide explains h	ow to complete this form.			
<b>1</b> Total pages Schedule F4:				3 Filer ID (Ethics Comm	ission Filers)	
Sch: 19/47 Rpt:	Bhojani, Salman (T	-		00085598		
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREU CARD	\$		
6 PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 10/10/2024	(c) Date(s) Credit Card Iss 11/22/2024	uer Paid		
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, State	, Zip Code	
	Rosewood Court		2101 Cedar Springs Ro	ł		
			Dallas, TX 75201			
8       PURPOSE OF       (a) Category         EXPENDITURE       (See Categories listed at the top of this sched)         Image: Travel Out of District		of this schedule)	(b) Description Parking for Texas Trial Legislative Reception	Lawyer Association Bipa	artisan	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$117.57	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Iss 10/22/2024	suer Paid		
PAYEE	(a) Payee name	1	(b) Payee address;	City, State	, Zip Code	
	Doubletree Suites b	by Hilton	303 W 15th St Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel during travel for s	speaking appearance		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$4.99	09/06/2024	10/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code	
	Shall		4610 N IH 35			
	Shell					
			Georgetown, TX 78626	j		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Food during travel for s	neaking appearance		
X Political	Food/Beverage Expe			speaking appearance		
Non-Political		of Texas. Complete Schedule		TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH	expenditure to benefit C/OH					

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking	Event Exp Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipm		Evnansa		
Consulting Expense Contributions/ Donations Mac	Food/Bev	erage Expense Is/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District		Expense	
Candidate/Officeholder/Po	litical Committee Legal Ser		Salaries/Wages/Contract Labor	OTHER (enter a categ	ory not listed al	oove)	
	The Inst	truction Guide explains h	how to complete this form.				
1 Total pages Schedule F	4: 2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)	
Sch: 20/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CR	EXPENDITURES \$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$2.00	09/07/2024	10/22/2024				
	φ2.00	03/01/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			303 W 15th St	<b>3</b> /			
	Doubletree Suites	by Hilton					
			Austin, TX 78701				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	·	(See Categories listed at the top of this schedule) Travel Out of District		Hotel during travel for speaking appearance			
X Political	Travel Out of District						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living ex	kpense		
9 Complete <u>ONLY</u> if direct				Office held			
expenditure to benefit C/C			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$0.27	09/13/2024	10/22/2024				
	φ0.21	03/10/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				vd			
	Nothing Bundt Cak	es	Ste 130				
			Irving, TX 75039				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff meal				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living ex	kpense		
Complete ONLY if direct	t Candidate/Officeholde	r name C	Office sought	Office held			
expenditure to benefit C/C	н						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$278.46	09/20/2024	10/22/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
			200 Lavaca St				
	W Hotel Austin						
			Austin, TX 78701				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	o of this schedule)	Hotel during caucus	retreat			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living ex	kpense		
Complete <u>ONLY</u> if direct	t Candidate/Officeholde	r name C	Office sought	Office held			
expenditure to benefit C/C	н						

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Ex Transportation Equipment		Evnansa
Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	a related i	Lypense
Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Serv	s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category	not listed al	oove)
	The Inst	ruction Guide explains I	how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 21/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	ED		
ISSUER	see p	revious	EXPENDITURES	EXPENDITURES \$		
	P		CHARGED TO A CREE CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$25.00	10/10/2024	11/22/2024			
	φ25.00	10/10/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State.	Zip Code
			2109 Martin Dr	0.0,	etato,	Lip oodo
	Hurst Euless Bedfo	rd Chamber of				
			Bedford, TX 76021			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ticket for chamber eve	nt		
X Political	Event Expense					
Non-Political		of Taylog, Complete Cabadula		TV officeholder living owne		
9 Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	TX, officeholder living expen- Office held	nse	
expenditure to benefit C/OH	Candidate/Onicenolder	name c	Shiel Sought	Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
			11/22/2024			
	\$40.04	10/16/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			7777 N MacArthur Blvc	-	olalo,	Lip Couc
	Office Depot			a 		
			Irving, TX 75063			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff name badges			
X Political	Event Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	TX, officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$9.75	10/16/2024	11/22/2024			
	φ9.75	10/10/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			5455 N MacArthur Blvc		etato,	Lip oodo
	FedEx Office			a		
			Irving, TX 75038			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Mailing expense for cer	rtificate		
X Political	Gift/Awards/Memorial	s ⊨xpense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	TX, officeholder living expe	nse	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Diffice sought	Office held		
expenditure to benefit C/OH				2		

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
		low to complete this form.				
<b>1</b> Total pages Schedule F4:				<b>3</b> Filer ID (Ethics Commission Filers)		
Sch: 22/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$		
6 PAYMENT	(a) Amount Charged \$2.00	(b) Date of Charge 09/07/2024	(c) Date(s) Credit Card Issu 10/22/2024	uer Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Doubletree Suites b	by Hilton	303 W 15th St			
			Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District			(b) Description Hotel during travel for speaking appearance		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, 1	rX, officeholder living expense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$28.00	(b) Date of Charge 09/13/2024	(c) Date(s) Credit Card Issu 10/22/2024	ıer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Nothing Bundt Cak	es	6450 N Macarthur Blvd Ste 130 Irving, TX 75039			
PURPOSE OF	(a) Category	of this school (10)	(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff meal			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin 1	rX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	•	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$43.80	10/04/2024	11/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	USPS		1200 Jupiter Rd			
			Plano, TX 75074			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Postage for campaign n	nailing		
Non-Political	(a) Chook if the value of the	of Toyas, Complete School-1-		TV officebolder living evenese		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		CX, officeholder living expense Office held		
expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	
		-	ow to complete this form.		2	,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 23/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE			
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREE CARD	эт \$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$40.04	10/14/2024	11/22/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Office Depot		2909 Forest Ln			
				Dallas, TX 75234			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top of this schedule) Event Expense		Staff name badges			
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH		1	1			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 11/22/2024	uer Paid		
		\$4.35	10/22/2024	11/22/2024			
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				12719 Burnet Rd		,	
		TxTag	TxTag				
				Austin, TX 78727			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description			
		Travel Out of District	of this schedule)	Toll tag charge for drive	e to Austin		
	X Political						
	Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held		
- C.		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
			.,	11/22/2024			
		\$99.00	10/24/2024				
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				6460 Las Colinas Blvd			
		Citibank					
				Irving, TX 75039			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	X Political	Fees		Credit card fee			
	☐ Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held	-	
e	xpenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense			
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Serv	s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed a	above)	
		The Inst	ruction Guide explains h	low to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)	
	Sch: 24/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ	ED		
	ISSUER	see p	revious	EXPENDITURES	<b>\$</b>		
				CHARGED TO A CRE CARD	ווט		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
		\$83.45	12/08/2024				
		<i>Ф</i> 03.45	12/06/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
		(a) r ayee name		7807 Kirby Drive	Only, Otale,		
		Residence Inn Hou	ston Medical	1001 Kilby Drive			
				Houston, TX 77030			
8	PURPOSE OF	(a) Category		(b) Description			
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Hotel during travel for	fundraiser		
	X Political	Travel Out of District					
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
		\$54.82	12/12/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
		Quick Trip		7575 N Beltline Rd			
				Irving, TX 75063			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
		Travel Out of District		Gas for drive from pre-	-session workshops		
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
		\$350.00	12/17/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
				1265 S Main St			
		Winewood Grill					
L				Grapevine, TX 76051			
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expen	,	Staff meal			
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	ı, TX, officeholder living expense		
⊢	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held		
е	xpenditure to benefit C/OH						
<b>—</b>							

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	y - Gift/Award al Committee Legal Serv	erage Expense is/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
		ruction Guide explains he	ow to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
Sch: 25/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE					
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREE CARD	\$ DIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$28.00	12/19/2024						
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code				
			6450 N Macarthur Blvd					
	Nothing Bundt Cak	es	Ste 130					
			Irving, TX 75039					
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top Food/Beverage Expe		Staff meal					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin,	TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$500.00	10/28/2024	12/22/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
Tarrant County		mocratic Party	685 John B Sias Memo	rial Pkwy				
			Ste 400					
PURPOSE OF	(a) Category		Fort Worth, TX 76134 (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Contribution					
X Political	Contributions/Donatio							
Non-Political	Candidate/Officehold		-					
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T	fice sought	TX, officeholder living expense Office held				
expenditure to benefit C/OH		iname of	nee sought					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$500.00	10/28/2024	12/22/2024					
	\$300.00	10/20/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			P.O. Box 796311	- 3,,,,,,,,,,,				
	Plesa, Mihaela (Re	p.)						
			Dallas, TX 75248					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donation		Contribution to candida	te				
X Political	Candidate/Officehold		e					
Non-Political		of Texas. Complete Schedule 1		TX, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	fice sought	Office held				
expenditure to benefit C/OH								

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing E	Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed				
	The Inst	ruction Guide explains h	ow to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)			
Sch: 26/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$				
6 PAYMENT	(a) Amount Charged \$450.00	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issue 12/22/2024	er Paid				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Qadri, Zo		P.O. Box 1088					
			Austin, TX 78767					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Contribution to candidate	2				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issu 12/22/2024	er Paid				
PAYEE	(a) Payee name	I	(b) Payee address;	City, State,	Zip Code			
	Williams, Jared		200 Texas St Fort Worth, TX 76102					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Contribution to candidate	e				
X Political	Contributions/Donatio		e					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$68.12	10/29/2024	12/22/2024					
PAYEE	(a) Payee name	-	(b) Payee address;	City, State,	Zip Code			
	Courtyard Arlington	Crystal	2899 Richmond Hwy					
PURPOSE OF	(a) Category		Arlington, VA 22202 (b) Description					
	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Hotel during travel for W	hite House event				
Non-Political		of Texas. Complete Schedule		X, officeholder living expense				
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		fice sought	Office held				
expenditure to benefit C/OH				2				

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense rransportation Equipment & Related Expense rravel in District ravel Out of District DTHER (enter a category not listed above)			
	The Inst	ruction Guide explains h	now to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 27/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI CARD	Г Г			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$44.00	10/29/2024	12/22/2024				
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code			
			2400 Aviation Dr				
	DFW Airport Parkir	Ig					
			Dallas, TX 75261				
8 PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top Travel Out of District	of this schedule)	Airport parking for flight t	o White House event			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	K, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$1,054.36	11/04/2024	12/22/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code			
			4003 Jasmine Fox Ln				
	Micropix Creations						
			Arlington, TX 76005				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Solicitation/Fundraisir		Backdrop, sign and stan	dee for fundraiser			
X Political							
Non-Political		of Texas. Complete Schedule		K, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 12/22/2024	er Paid			
	\$105.95	11/07/2024					
PAYEE							
PATEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Giftcards.com		6220 Stoneridge Mall Ro	au			
			Pleasanton, CA 94588				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Gift card for campaign in	tern			
X Political	Gift/Awards/Memoria	s Expense					
Non-Political		of Texas. Complete Schedule		K, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held			
expenditure to benefit C/OH							

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Polling Expense         Travel in District           Printing Expense         Travel Out of District           Salaries/Wages/Contract Labor         OTHER (enter a category not listed abov					
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)		
Sch: 28/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	D				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT <b>\$</b>				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	Jer Paid				
	\$290.00	11/07/2024	12/22/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			827 W 12th St					
	The Shoal							
			Austin, TX 78701					
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top Officeholder Living Ex		Application fee for Austi	n apartment				
X Political	5	1						
Non-Political		of Texas. Complete Schedule	T. X Check if Austin, T	X, officeholder living expen	se			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 12/22/2024	ler Paid				
	\$11.85	11/13/2024	12/22/2024					
PAYEE				Cit :	Chata	Zin Cada		
PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Capitol Grill		1400 Congress Ave					
			Austin, TX 78701	Ste E1.002				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Officeholder meal in Austin					
X Political	Food/Beverage Expe	nse						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin T	X, officeholder living expen	se			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	Jer Paid				
	\$1,500.00	12/04/2024						
	+_,							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			PO Box 12453					
	Texas House Demo	ocratic Caucus						
			Austin, TX 78711					
PURPOSE OF	(a) Category	of this schedule)	(b) Description					
	(See Categories listed at the top Fees	or this schedule)	Caucus dues					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expen	se			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	y - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related E		
		ruction Guide explains h	ow to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commiss	ion Filers)	
Sch: 29/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution		5 TOTAL OF UNITEMIZED			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI CARD	r⊤ <b> </b> \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid			
	\$73.58	10/20/2024	11/22/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			410 Terry Ave N				
	Amazon						
			Seattle, WA 98109				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Frames for award certific	cates			
X Political	Ghi/Awards/Memoria	із Ехрепізе					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expens	e		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	fice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid			
	\$280.04	10/29/2024	12/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Tacomex Las Colinas		5330 N MacArthur Blvd				
			Ste 138				
			Irving, TX 75038				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff meal				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T.	X, officeholder living expens	e		
Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid			
	\$2.00	11/14/2024	12/22/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
			2033 E 5th St				
	Home2 Suites by Hilton Austin						
			Austin, TX 78702				
PURPOSE OF	(a) Category	of this schoolule)	(b) Description				
	(See Categories listed at the top of this schedule) Travel Out of District						
X Political	Travel Out of District						
	Travel Out of District	of Texas. Complete Schedule	T. Check if Austin, T.	X, officeholder living expens	e		
X Political	Travel Out of District		T. Check if Austin, T.	X, officeholder living expens Office held	e		

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Event Expense Loa Accounting/Banking Fees Off				Loan Repayment/Reimbursement Office Overhead/Rental Expense	oan Repayment/Reimbursement Solicitation/Fundraising Expense ffice Overhead/Rental Expense Transportation Equipment & Related Expense			
Contribut	Consulting Expense Food/Beverage Expense P		Polling Expense Printing Expense	olling Expense Travel in District				
Candi	date/Officeholder/Politica	I Committee Legal Serv	Salaries/Wages/Contract Labor	OTHER (enter a catego	ry not listed al	oove)		
			ruction Guide explains n	now to complete this form.				
	ges Schedule F4:				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	)/47 Rpt:	Bhojani, Salman (T			00085598			
4 CREDIT ISSUER			ncial institution	5 TOTAL OF UNITEMIZ	5 TOTAL OF UNITEMIZED EXPENDITURES \$			
		see p	revious	CHARGED TO A CR				
				CARD				
6 PAYME	NI	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I 12/22/2024	ssuer Pald			
		\$24.49	11/19/2024					
7 PAYEE					Otto	01-1-	Zia Osala	
		(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Velvet Taco		1021 S Jack Kultgen	Ехру			
				Waco, TX 76706				
8 PURPO	SEOE	(a) Category		(b) Description				
	DITURE	(See Categories listed at the top		Meal during travel for	fundraiser			
X Pol	litical	Food/Beverage Expe	nse					
	n-Political	(C) Check if travel outside	of Texas. Complete Schedule		in, TX, officeholder living exp	ense		
	te <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought	Office held	Jense		
	e to benefit C/OH							
PAYME	NT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
		\$63.73	12/03/2024					
		\$00110	12,00,2021					
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				3550 Far West Blvd				
		Chevron						
				Austin, IL 78731				
	SE OF DITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Travel Out of District		Gas for drive to cauci	Gas for drive to caucus meetings			
	litical							
	n-Political		of Texas. Complete Schedule		in, TX, officeholder living exp	ense		
	te <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
	e to benefit C/OH	(a) Amount Channed	(h) Data of Charge	(a) Data(a) Credit Card I	acuer Daid			
PAYME	NI	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Pald			
		\$2.00	12/05/2024					
PAYEE				(b) Dovice addressi	City	Ctoto	Zin Codo	
		(a) Payee name		(b) Payee address; 2033 E 5th St	City,	State,	Zip Code	
		Hampton Inn Austir	n East Side 5th	2033 E 511 51				
				Austin, TX 78702				
PURPO	SE OF	(a) Category		(b) Description				
	DITURE	(See Categories listed at the top	of this schedule)	Hotel during travel for	r caucus meetings			
X Po	litical	Travel Out of District			Ũ			
	n-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living exp	ense		
Complet	te ONLY if direct	Candidate/Officeholder		ffice sought	Office held			
-	e to benefit C/OH							
		1						

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense F s/Memorials Expense F	Office Overhead/Rental Expense Polling Expense Printing Expense T	Solicitation/Fundraising Expense Fransportation Equipment & Related Expens Fravel in District Fravel Out of District JTHER (enter a category not listed above)	se		
	5	ruction Guide explains ho					
<b>1</b> Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)			
Sch: 31/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see previous		EXPENDITURES \$ CHARGED TO A CREDIT CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$57.50	12/06/2024					
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip	Code		
	State Form Incuran	00	4070 N Beltline Rd				
	State Farm Insuran	ce	Ste 116				
			Irving, TX 75038				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	uctin apartment			
X Political		Officeholder Living Expense		Renter's insurance for Austin apartment			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$714.43	12/25/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip	Code		
	Wayfair LLC	Wayfair LLC		4 Copley Place			
	Waylan LEC		7th Floor				
	(a) Catagony		Boston, MA 02116				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Furniture for Austin apart	tment			
X Political	Officeholder Living Ex	kpense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin, T	K, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder		ice sought	Office held			
expenditure to benefit C/OH			C C				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$385.00	11/04/2024	12/22/2024				
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip	Code		
	Hurst Euless Bedfo	rd Chambor of	2109 Martin Dr				
			Bedford, TX 76021				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Membership dues				
X Political	Contributions/Donatio	ns Made By					
Non-Political	Candidate/Officehold			<i> </i>			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T	Check if Austin, T	K, officeholder living expense Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenoider	name Oli	oc sought				
experience to benefit C/OH							

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Related E	
	The Instruction Guide explains how to complete this form.					
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 32/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	\$		
6 PAYMENT	(a) Amount Charged \$93.60	(b) Date of Charge 11/14/2024	(c) Date(s) Credit Car 12/22/2024	d Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Home2 Suites by H	lilton Austin	2033 E 5th St			
	(a) Catagony		Austin, TX 78702			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Hotel during pre-se	ssion workshops		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living ex	kpense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$11.97	(b) Date of Charge 11/14/2024	(c) Date(s) Credit Card 12/22/2024	d Issuer Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Omni PGA Frisco F	Resort	4341 PGA Pkwy Frisco, TX 75033			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Parking for Texas C	Dil & Gas Associatio	n awards r	eception
X Political	Travel Out of District					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living ex	kpense	
Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid		
	\$36.78	11/19/2024	12/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Whole Foods		1401 E 6th St			
PURPOSE OF	(a) Category		Austin, TX 78702 (b) Description			
EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expen		Meal during travel f	or fundraiser		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living ex	rpense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held		
expenditure to benefit C/OH			<b>U</b>			

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising I Transportation Equipmen Travel in District Travel Out of District OTHER (enter a categor	nt & Related I	
	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 33/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE			
	ISSUER	See previous EXPENDITURES SEE previous CHARGED TO A CREDIT CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$51.33	11/19/2024	12/22/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				165 US-77			-
		Buc-ee's					
				Hillsboro, TX 76645			
8	PURPOSE OF	(a) Category		(b) Description			
		(See Categories listed at the top Travel Out of District	of this schedule)	Gas for travel to fundra	iser		
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 12/22/2024	uer Paid		
		\$120.32	11/20/2024	12/22/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Assess Ostavias		3105 Ira E Woods Avenue			
		Aspen Catering					
				Grapevine, TX 76051			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
		Food/Beverage Expe		Staff meal			
	X Political						
	Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held		
e		(a) Amount Chargod	(b) Data of Charge	(a) Data(a) Cradit Card Iaa	war Daid		
	PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss			
		\$174.34	12/05/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(a) Payee name			City,	State,	Zip Coue
		Hampton Inn Austir	n East Side 5th	2033 E 5th St			
				Austin, TX 78702			
⊢	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Hotel during travel for c	aucus meetings		
	X Political	Travel Out of District					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
е	xpenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category r	& Related E	
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics	Commiss	ion Filers)
Sch: 34/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$117.00	12/07/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	DoubleTree Suites	by Hilton	303 W 15th St			
			Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Hotel during travel for	caucus meetings		
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule	T Check if Austin	n, TX, officeholder living expen	ISP.	
9 Complete <u>ONLY</u> if direct						
expenditure to benefit C/OH			0			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$57.92	12/08/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Buc-ee's		27700 Katy Fwy			
			Katy, TX 77494			
PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Travel Out of District	of this schedule)	Gas for drive to fundra	liser		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expen	ise	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$2.00	12/08/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	DoubleTree Suites	by Hilton	303 W 15th St			
			Austin, TX 78701			
PURPOSE OF	(a) Category	of this schedule)	(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	or this schedule)	Hotel during travel for	caucus meetings		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expen	ise	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking	Event Exp Fees	ense		Solicitation/Fundraising E Transportation Equipmer		Expense
Consulting Expense Contributions/ Donations Made B	/ - Gift/Award	rage Expense s/Memorials Expense	Printing Expense	Travel in District Travel Out of District		
Candidate/Officeholder/Politica	al Committee Legal Serv		Salaries/Wages/Contract Labor	OTHER (enter a category	y not listed at	oove)
		ruction Guide explains n	ow to complete this form.			
1 Total pages Schedule F4:		L		3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 35/47 Rpt:	Bhojani, Salman (T	-		00085598		
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	) s		
1000211	see previous		CHARGED TO A CREDI			
		(h) Data of Charge				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Palu		
	\$58.50	12/09/2024				
7 PAYEE				City	Ctata	Zin Code
	(a) Payee name		(b) Payee address; 303 W 15th St	City,	State,	Zip Code
	DoubleTree Suites	by Hilton	303 W 1501 50			
			Austin, TX 78701			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Hotel during travel for ca	aucus meetings		
X Political	Travel Out of District					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. T.	X, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
	\$121.16	12/11/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Personalization Ma	ш	850 Veterans Pkwy			
		11				
			Bolingbrook, IL 60440			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gifts for new House members			
	Gift/Awards/Memorial			Inders		
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, T.	X, officeholder living expension	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicendider	name O	nice sought	Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
	\$28.92	12/12/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			2110 S Cooper St		,	
	Big Lots					
			Arlington, TX 76013			
PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Gift/Awards/Memorial		Gifts for charity toy drive	<u>;</u>		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	/ - Gift/Awards	ense erage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expen: Transportation Equipment & Re Travel in District Travel Out of District		
Candidate/Officeholder/Politica	al Committee Legal Serv		Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Cabadula E4.		ruction Guide explains n	now to complete this form.	2 Filer ID (Ethics Co	mmission Filoro)	
1 Total pages Schedule F4:		ba Hanarahla)		3 Filer ID (Ethics Co	mmission Filers)	
Sch: 36/47 Rpt:	Bhojani, Salman (T	-		00085598		
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES	) \$		
	see previous CHARGED TO A CREDIT CARD			T		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$14.99	12/20/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code	
			110 Kippax St Level 1			
	Canva					
			Surry Hills New South W	ales 2010 Australia/		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Advertising Expense	of this schedule)	Graphic design software			
X Political						
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 10/22/2024	er Pald		
	\$15.60	09/05/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code	
			8300 N FM	<b>3</b> ·	· •	
	VAN Courthouse Pa	arking				
			Austin, TX 78726			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Travel Out of District		Travel for event with spe	eaking appearance		
X Political						
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		X, officeholder living expense Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenoider	name O	ffice sought	Onice neid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$645.58	11/27/2024	(-) =(-) =			
	\$045.50	11/27/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code	
			850 Veterans Pkwy			
	Personalization Mall					
			Bolingbrook, IL 60440			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	a h a ra		
X Political	Gift/Awards/Memorial		Gifts for new House men	nders		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related E	
		ruction Guide explains h	how to complete this form.			
<b>1</b> Total pages Schedule F4:				3 Filer ID (Eth	ics Commiss	ion Filers)
Sch: 37/47 Rpt:	Bhojani, Salman (T			00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$14.07	09/05/2024	10/22/2024			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	VAN Courthouse P	arking	8300 N FM			
			Austin, TX 78726			
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Travel Out of District	of this schedule)	Travel for event with speaking appearance			
X Political	Political					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			n, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$12.96	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Is 11/22/2024	suer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Amazon		410 Terry Ave N			
			Seattle, WA 98109			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Office Overhead/Ren		Office supplies			
X Political		-				
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$30.30	12/11/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Amazon		410 Terry Ave N			
	Amazon					
			Seattle, WA 98109			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	aivon to constitu	onto	
X Political	Gift/Awards/Memorial		Frames for resolutions	given to constitu	ents	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Dffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	y - Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Inst	ruction Guide explains h	ow to complete this form.	
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 38/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED	
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	<b>\$</b>
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ler Paid
	\$145.00	12/20/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			3800 Maple Ave	
	Vonlane		Ste 265	
			Dallas, TX 75219	
8 PURPOSE OF	(a) Category (See Categories listed at the top		(b) Description	
	Travel Out of District	or this schedule)	Bus from Austin to distri	ct after committee hearing
X Political				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		X, officeholder living expense
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid
	\$99.00	12/30/2024		
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	1CDereenelities		Nine Hills Road	
	16Personalities			
			Cambridge CB2 1GE Ur	nited Kingdom
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	_
	Fees	,	Staff orientation expense	e
X Political				
Non-Political		of Texas. Complete Schedule		X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	ffice sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
	\$197.12	12/16/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			1201 E Southlake Blvd	
	Bonefish Grill			
			Southlake, TX 76092	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff meal	
X Political	- oourbeverage Expe			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held
expenditure to benefit C/OH				
	Candidate/Officeholder	name Of	ffice sought	Office held
CAPCHUILLIE TO DEHEIL C/OH				

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipme		Evnense
Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District		Expense
Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a catego	ry not listed at	oove)
	The Inst	ruction Guide explains h	now to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 39/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ	ED		
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	<b>\$</b>		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$172.04	12/06/2024				
	Ψ <u></u>	12/00/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			11200 Lakeline Mall D	r		
	Rumaan Cuisine		Unit F-18			
			Cedar Park, TX 78613			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Food for fundraiser			
X Political	Solicitation/Fundraisir	ig Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		)ffice sought	Office held		
expenditure to benefit C/OH	·					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$29.20	12/13/2024				
	Ψ23.20	12/13/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			210 N Ector Dr			
	USPS					
			Euless, TX 76039			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Mailing resolutions to o	constituents		
X Political	Gill/Awards/memorial	із ширепізе				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name C	office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$14.04	12/17/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			4010 N MacArthur Blv	d		
	KeyMeLocksmiths.	com				
			Irving, TX 75038			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Key copy for district of	fice		
X Political		ui Lapense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Office sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		ense vrage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District		Expense
	Candidate/Officeholder/Politica	l Committee Legal Serv	ices	Salaries/Wages/Contract Labor	OTHER (enter a catego	ory not listed al	oove)
			ruction Guide explains h	ow to complete this form.			
1	Total pages Schedule F4:				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 40/47 Rpt:	Bhojani, Salman (T			00085598		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES	ED <b>\$</b>		
	ISSOER	see p	revious	CHARGED TO A CREI CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$30.31	12/22/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				1600 Cantrell Rd			
		Dillards					
				Little Rock, AR 72201			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description			
		Officeholder Living E>		Furniture for Austin apa	artment		
	X Political						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			TX, officeholder living ex	pense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 09/22/2024	suer Pald		
		\$12.97	08/21/2024				
_	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(a) r ayoo namo		1455 Market St	eny,	otato,	p 0000
		Uber		Ste 400			
				San Francisco, CA 941	.03		
	PURPOSE OF	(a) Category		(b) Description			
		(See Categories listed at the top Travel Out of District	of this schedule)	Ground transportation of	during Democrati	c convent	tion
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 09/22/2024	suer Paid		
		\$51.92	08/23/2024				
	PAYEE				City	Chata	Zin O!-
	FAILE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Uber		1455 Market St Ste 400			
				San Francisco, CA 941	03		
⊢	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Ground transportation	during Democrati	c convent	tion
	X Political	Travel Out of District					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held		
e	xpenditure to benefit C/OH						
-		•					

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	The Inst	ruction Guide explains h	now to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 41/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD	<b>\$</b> דוכ		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$29.91	09/19/2024	10/22/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			1455 Market St			
	Uber		Ste 400			
			San Francisco, CA 941	.03		
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Travel Out of District	of this schedule)	Ground transportation	from airport to caucus meeting		
X Political						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.		T. Check if Austin,	TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH	expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$8.92	09/21/2024	10/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Uber		1455 Market St			
	Obei		Ste 400			
			San Francisco, CA 941	.03		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Travel Out of District		Ground transportation	during travel for caucus meeting		
X Political						
Non-Political		of Texas. Complete Schedule		TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 10/22/2024	suer Pald		
	\$32.93	09/21/2024	10/22/2021			
DAVEE						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Uber		1455 Market St			
			Ste 400	02		
	(a) Category		San Francisco, CA 941 (b) Description	.03		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	., .	to airport for flight after caucus		
X Political	Travel Out of District		meeting	to an port for high after caucus		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	The Inst	ruction Guide explains h	now to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 42/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE CARD	EDIT		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$18.92	10/22/2024	11/22/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	L Un a n		1455 Market St			
	Uber		Ste 400			
			San Francisco, CA 94	103		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Travel Out of District	of this schedule)	Ground transportation hearing	from airport to Capitol for committee		
X Political			nearing			
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 12/22/2024	suer Paid		
	\$12.92	10/29/2024	12/22/2024			
PAYEE			(b) Payee address;	City, State, Zip Code		
	(a) Payee name		1455 Market St	City, State, Zip Code		
	Uber		Ste 400			
			San Francisco, CA 94	103		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ground transportation	from airport for White House event		
X Political	Travel Out of District					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$10.93	08/22/2024	09/22/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Libor		1455 Market St			
	Uber		Ste 400			
			San Francisco, CA 94	103		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Travel Out of District		Ground transportation	during Democratic convention		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking	Event Expe Fees		Office Overhead/Rental Expense	Solicitation/Fundraising E		Expense	
Consulting Expense Contributions/ Donations Made By		rage Expense s/Memorials Expense		Travel in District Travel Out of District			
Candidate/Officeholder/Politica	I Committee Legal Serv		Salaries/Wages/Contract Labor	OTHER (enter a category	not listed at	oove)	
		ruction Guide explains h	ow to complete this form.				
1 Total pages Schedule F4:				3 Filer ID (Ethics	s Commiss	sion Filers)	
Sch: 43/47 Rpt:	Bhojani, Salman (T	-		00085598			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZEI EXPENDITURES	D <b>s</b>			
ICOCEN	see p	revious	CHARGED TO A CRED				
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 09/22/2024	ler Paid			
	\$11.95 08/23/2024		03/22/2024				
					<u></u>	7.0.1	
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Uber		1455 Market St				
			Ste 400	פר			
8 PURPOSE OF	(a) Category		San Francisco, CA 9410 (b) Description	55			
EXPENDITURE	(See Categories listed at the top	of this schedule)		uring Democratic	convent	ion	
X Political	Travel Out of District			ring Democratic convention			
					200		
			fice sought	X, officeholder living expe	nse		
expenditure to benefit C/OH	Culturate, Children		noo oougin				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$2.18	07/02/2024	08/22/2024				
	φ2.10	0110212024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1455 Market St				
	Uber		Ste 400				
			San Francisco, CA 9410	03			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ground transportation for	or event			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 09/22/2024	ler Paid			
	\$43.93	08/20/2024	09/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Uber		1455 Market St				
			Ste 400				
	(a) Category		San Francisco, CA 9410 (b) Description	13			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Ground transportation d	uring Democratic	convent	ion	
X Political	Travel Out of District			any bemotratio	Convern		
Non-Political	(-) <b>[</b> a + i + i + i + i + i + i + i + i + i +						
	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		X, officeholder living expe	nse		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canuluale/Officenoider	name O	fice sought	Unice neiù			
experiorure to beriefit C/OH							

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	nt & Related I		
		ruction Guide explains h	ow to complete this form.				
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 44/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE				
ISSUER	American Express		EXPENDITURES CHARGED TO A CRED CARD	)IT <b>\$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$14.99	07/20/2024	09/06/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			110 Kippax St Level 1				
	Canva						
			Surry Hills New South V	Vales 2010 Austr	alia		
8 PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top Advertising Expense	of this schedule)	Graphic design software	X, officeholder living expense			
X Political	, , , , , , , , , , , , , , , , , , ,						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office			Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$17.00	08/03/2024	09/06/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
			101 W Main St				
	Hotel Distil						
			Louisville, KY 40202				
PURPOSE OF	(a) Category (See Categories listed at the top	of this school ()	(b) Description				
	Food/Beverage Expe	,	Meal at National Asian Legislators	Pacific American	Caucus	of State	
X Political			Legislators				
Non-Political		of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 09/06/2024	uer Paid			
	\$156.45	08/12/2024	03/00/2024				
DAVEE							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	PhoneBurner Inc		1968 S. Coast Hwy, Su	ite 1800			
			Laguna Beach, CA 926	11			
PURPOSE OF	(a) Category		(b) Description	41			
EXPENDITURE	(See Categories listed at the top		Call time app				
X Political	Solicitation/Fundraisir	ng Expense					
Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipme		Evnonco
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	eni a Relateu	Lypense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ory not listed a	oove)
		The Inst	ruction Guide explains h	now to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 45/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI			
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CR			
				CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
		\$14.99	08/20/2024	10/06/2024			
		φ14.00	00/20/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State.	Zip Code
				110 Kippax St Level 1	1		
		Canva					
				Surry Hills New South	h Wales 2010 Aust	ralia	
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Graphic design softw	are		
	X Political	Advertising Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living ex	pense	
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought	Office held		
	xpenditure to benefit C/OH			J. J			
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
		\$156.45	09/12/2024	10/06/2024			
		φ130.43	03/12/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				1968 S. Coast Hwy, S			
		PhoneBurner Inc					
				Laguna Beach, CA 92	2641		
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Solicitation/Fundraisir		Call time app			
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name O	Office sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
		\$14.99	09/20/2024	11/06/2024			
	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
		_		110 Kippax St Level 1	1		
		Canva					
L				Surry Hills New South	h Wales 2010 Aust	ralia	
Γ	PURPOSE OF	(a) Category		(b) Description			
ĺ	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Graphic design softw	are		
	X Political						
ĺ	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living ex	pense	
F	Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held		
e	xpenditure to benefit C/OH						
-		1					

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I		
	5		now to complete this form.	- · · · <u>-</u> · · (- · · · · · · · · · · · · · · · ·	.,	,	
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 46/47 Rpt:	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	ED			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD	<b>\$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$156.45	10/12/2024	11/06/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1968 S. Coast Hwy, Su	uite 1800			
	PhoneBurner Inc						
			Laguna Beach, CA 926	641			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Solicitation/Fundraisir		Call time app				
X Political							
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		TX, officeholder living exp	pense		
9 Complete <u>ONLY</u> if direct	ffice sought	Office held					
expenditure to benefit C/OH				Deid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 12/06/2024	suer Paid			
	\$14.99	10/20/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			110 Kippax St Level 1	Only,	otato,	2.0 0000	
	Canva						
			Surry Hills New South	Wales 2010 Aust	ralia		
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Graphic design softwar	e			
X Political							
Non-Political		of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$14.99	11/20/2024					
PAYEE			(b) Payee address;	City,	State,	Zip Code	
	(a) Payee name		110 Kippax St Level 1	City,	Sidle,	Zip Coue	
	Canva						
			Surry Hills New South	Wales 2010 Aust	ralia		
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Graphic design softwar	е			
X Political	Advertising Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	oense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	ffice sought	Office held			
expenditure to benefit C/OH							

## EXPENDITURES MADE BY CREDIT CARD

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic:		- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Tra Tra Tra	plicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)
	The Instruction Guide explains how to complete this					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 47/47 Rpt:	Bhojani, Salman (T	he Honorable)			00085598
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL	OF UNITEMIZED	
	ISSUER	see p	revious		IDITURES GED TO A CREDIT	\$
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid
		\$156.45	07/12/2024	08/06/20		
7	PAYEE	(a) Payee name		(b) Payee	address;	City, State, Zip Code
					Coast Hwy, Suite	
		PhoneBurner Inc				
					Beach, CA 92641	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip Call time		
	X Political	Solicitation/Fundraisir		Call time	ձիի	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т		officeholder living expense
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder		office sought		Office held
	xpenditure to benefit C/OH					

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I	payment/Reinbursement       Solicitation/Fundraising Expense         verhead/Rental Expense       Transportation Equipment & Related Expense         txpense       Travel in District         Expense       Travel Out of District         Wages/Contract Labor       OTHER (enter a category not listed above)			
1 Total pages Schedule G: Sch: 1/4 Rpt: 144/149	2 FILER NAME Bhojani, Salman (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085598			
4 Date 08/06/2024	5 Payee name American Express				
6 Amount (\$) \$156.45 X Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip C</li> <li>PO Box 6031</li> <li>Carol Stream, IL 60197</li> </ul>	ode			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 09/06/2024	Payee name American Express				
Amount (\$) \$188.44 X Reimbursement from political contributions intended	Payee address; City; State; Zip C PO Box 6031 Carol Stream, IL 60197	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 10/06/2024	Payee name American Express				
Amount (\$) \$171.44	Payee address; City; State; Zip C PO Box 6031	ode			
X Reimbursement from political contributions intended	Carol Stream, IL 60197				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/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 G: Sch: 2/4 Rpt: 145/149	2 FILER NAME Bhojani, Salman (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085598		
4 Date 11/06/2024	5 Payee name American Express				
6 Amount (\$) \$171.44 X Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip C</li> <li>PO Box 6031</li> <li>Carol Stream, IL 60197</li> </ul>	ode			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 12/06/2024	Payee name American Express				
Amount (\$) \$14.99 X Reimbursement from political contributions intended	Payee address; City; State; Zip C PO Box 6031 Carol Stream, IL 60197	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 07/06/2024	Payee name T-Mobile				
Amount (\$) \$39.47	Payee address; City; State; Zip C PO Box 742596	ode			
Reimbursement from political contributions intended	Cincinnati, OH 45274				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense Expense Transportation Equipment & Related Exp Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed abov			
1 Total pages Schedule G: Sch: 3/4 Rpt: 146/149					
4 Date 08/06/2024	5 Payee name T-Mobile				
6 Amount (\$) \$39.47 X Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip C PO Box 742596</li> <li>Cincinnati, OH 45274</li> </ul>	ode			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete s Check if Austin, TX, officeholder living exper Campaign phone			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 09/06/2024	Payee name T-Mobile				
Amount (\$) \$39.47 X Reimbursement from political contributions intended	Payee address; City; State; Zip C PO Box 742596 Cincinnati, OH 45274	ode			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper Campaign phone			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date 10/06/2024	Payee name T-Mobile				
Amount (\$) \$39.47	Payee address; City; State; Zip C PO Box 742596	ode			
X Reimbursement from political contributions intended	Cincinnati, OH 45274				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete S			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
	Accounting/Banking         Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Consulting Expense         Food/Beverage Expense         Polling Expense         Travel in District           Contributions/ Donations Made By-         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District           Candidate/Officeholder/Political Committee         Legal Services         Salaries/Wages/Contract Labor         OTHER (enter a category not listed above)						
1 Total pages Schedule G: Sch: 4/4 Rpt: 147/149							
4 Date 11/06/2024	5 Payee name T-Mobile						
6 Amount (\$) \$39.47 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 742596 Cincinnati, OH 45274						
8 PURPOSE OF EXPENDITURE	OF Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date 12/06/2024	Payee name T-Mobile						
Amount (\$) \$39.47 X Reimbursement from political contributions intended	Payee address; City; State; Zip Co PO Box 742596 Cincinnati, OH 45274	ode					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	Total pages Schedule K: Sch: 1/1 Rpt: 148/149				
						D (Ethics Commission Filers) 5598		
4	Date 11/14/2024	5	Name of person from whom amount is received Amazon		8 Amount (\$) \$36.79			
		6	Address of person from whom amount is received; City; State; Zip Code					
			Seattle, WA 98109					
		7	Purpose for which amount is received Check if p Refund for returned items	olitic	al cont	ribution returned to filer		

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

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/1 Rpt: 149/149						
2 FILER NAME						3 Filer ID (Ethics Commission Filers)					
Bhojani, Salman (The Honorable)						00085598					
4 Name of Contribut	or / Corpora	ation or Labor Organ	ization / Pl	edgor /Payee							
Frontier Airlines											
5 Contribution / Exp	enditure rep	ported on:									
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2						Schedule D Schedule F1				
Schedule F2	X	Schedule F4	Schedu	ile G		Schedule H	Ē		Schedule COH-UC		
6 Dates of Travel	7 Name	of person(s) traveling	I								
	Bhoja	ni, Salman and Nir	na								
	8 Depart	ture city or name of d	eparture lo	ocation							
08/22/2024	Chica										
			doctination	location							
00/00/0004		ation city or name of	uesunation	Tiocation							
08/22/2024	Dallas										
10 Means of transpor		<b>11</b> Purpose of trave	•	-					,		
Commercial Airp	olane	Candidate and	spouse	return flight fro	m	Democratic co	onven	ntic	on		
Name of Contribut	or / Corpora	ation or Labor Organ	ization / Pl	edgor /Payee							
Texas House of	Represen	Itatives									
Contribution / Exp	enditure rep	ported on:									
Schedule A2		Schedule B	Schedu	ile B(J)		Schedule C2	Г		Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedu			Schedule H			Schedule COH-UC		
						Schedule II	L		Schedule CON-OC		
Dates of Travel		of person(s) traveling	I								
	Bhoja	ni, Salman (Rep.)									
	Depart	ture city or name of d	eparture lo	ocation							
10/28/2024	Dallas	6									
	Destina	ation city or name of	destinatior	n location							
10/28/2024	Washi	ington, DC									
Means of transpor		Purpose of trave	el (includin	a name of confe	re	nce. seminar. or	other	ev	ent)		
Commercial Airp		White House e		5		,			- 7		