### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00083882	sion Filers)	2 Total pages file 5	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
	OFFICEHOLDER	The Honorable	Suleman				
	NAME		Caloridan			Date Received	
						ELECTRONICA	ALLY FILED
		NICKNAME	LAST		SUFFIX	01/15/2025	
			Lalani				
L				->./.	710 0005	Date Hand-delivered or	· Data Bastmarked
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT/SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered of	Date Fusilitarkeu
	MAILING	PO Box 6514				Receipt #	Amount
	ADDRESS					Receipt #	Amount
	Change of Address	Houston, TX 77265				Date Processed	
						Date Processed	
						Date Imaged	
						Date imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
ľ	TREASURER			20	IVII		
	NAME	Mr.	Gordon Jinpoi	ng			
		NICKNAME	LAST		SUFFIX		
			Quan				
6	CAMPAIGN	STREET ADDRESS (NC	PO BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
	TREASURER ADDRESS	5444 Westheimer Rd.	Ste. 1700				
	ADDRE35						
	(Residence or Business)	Houston TX 77056					
		Houston, TX 77056					
7	CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
	TREASURER	(713) 625-9200					
	PHONE	(110) 020 0200					
8	REPORT						
	TYPE	X January 15	30th day before	e election	Runoff	15th day after car	npaign treasurer
						appointment (offic	ceholder only)
		July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
9	PERIOD	Month Day Ye	ear		Month Day	Year	
	COVERED	10/27/2024	Tł	HROUGH	12/31/202	4	
10	ELECTION	ELECTION DAT	E		ELECTION TYPE		
		Month Day Ye	ear F	Primary	Runoff	Other	
				Seneral	Special		
L							
11	OFFICE	OFFICE HELD (if any)		-1	12 OFFICE SOUGHT		
		State Representative	District 76 Fort Ben	a	State Representa	ative District 76	
1							
					•		
1							
1			GO 1	FO PAGE 2			
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Fo	ms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us	5	Versio	on V4.1.0.5dd2ace2

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 50

13 C / OH NAME	Lalani, Suleman (The	Honorable)	14 Filer ID (E 00083882	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without to officeholders are required to report this information	he candidate's or officel	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
	ŝS					
	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THAN				
16 CONTRIBUTION TOTALS	<b>\$</b> 0.00					
		<b>AL CONTRIBUTIONS</b> 'LEDGES, LOANS, OR GUARANTEES OF LOANS	;)	<b>\$</b> 48,975.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 115,458.74		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 151,235.43		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
		The Hono	rable Suleman Lalan	i		
		Signature of	Candidate or Officehold	ler		
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subso	ribed before me, by the sa	aid	, this the	day		
		rtify which, witness my hand and seal of office.				
Signature of officer administering       Printed name of officer administering       Title of officer administering						
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	V	/ersion V4.1.0.5dd2ace2		

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 50 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Lalani, Suleman (The Honorable) 00083882 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 48,975.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 115,458.74 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/11 Rpt: 4/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lalani, Suleman (The Honorable) 00083882 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/10/2024 Allen Boone Humphries Robinson LLP \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77027 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/11/2024 \$500.00 Alyasin, Ahmad Contributor address; City; State; Zip Code Houston, TX 77063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optima global financial Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/19/2024 Austin, Tolliver \$500.00 Contributor address; City; State; Zip Code Richmond, TX 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions) Kelsey Seybold Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 \$1,000.00 **BNSF Rail PAC** Contributor address; City; State; Zip Code Fort Worth, TX 76161 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/14/2024 \$500.00 Baig, Mukarram Contributor address; City; State; Zip Code Houston, TX 77068-1453 Principal occupation / Job title (See Instructions) Employer (See Instructions) HCC

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	The Instru	ction Guide explains how to c	rm.	1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/50		
2	FILER NAME				3 Filer ID (Ethics Commission	on Filers)
		man (The Honorable)			00083882	
4	Date	5 Full name of contributor 🗌 ou	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	11/14/2024	Beaton, Douglas				\$75.00
		6 Contributor address; City; State; Z	Zip Code		1	
		Sugar Land, TX 77479				
8	Principal occu	upation / Job title (See Instructions)	9	B Employer (See Instructions		
				American Cargo Assura	Ince, LLC	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/14/2024	Beaton, Douglas				\$75.00
		Contributor address; City; State; Z				
		Sugar Land, TX 77479				
	Principal occu	upation / Job title (See Instructions)	5)			
			American Cargo Assura	Ince, LLC		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/10/2024	Burrows, Alan				\$250.00
		Contributor address; City; State; Z	Zip Code		1	
		Austin, TX 78768				
		upation / Job title (See Instructions)		Employer (See Instructions	3)	
	Lobbyist			Self		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/21/2024	Butt, Moien				\$4,000.00
		Contributor address; City; State; Z	Lip Code			
		Missouri City, TX 77459				
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions		
	President			Houston Medical Diagno	ostics	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/10/2024	Career Colleges & Schools of 1	Гехаs (PAC)			\$500.00
	Contributor address; City; State; Zip Code				1	
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u></u>	

	The Instru	ction Guide explains how to comple	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/50		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Lalani, Suler	nan (The Honorable)				00083882	,
4	Date	5 Full name of contributor out-of-state	e PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/16/2024	Cherne, Justine					\$50.00
	ļ	6 Contributor address; City; State; Zip Code					
	ļ						
		Needville, TX 77461-9516					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions			
	Allen Boone Humphrie				Rc	binson LLP	
	Date     Full name of contributor     out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	12/10/2024 Chevron Employees PAC						\$1,000.00
		Contributor address; City; State; Zip Code					
	ļ						
	San Ramon, CA 94583						
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Date		≥ PAC (ID#:	)		Amount of Contribution (\$)	
	12/12/2024	Cobb, Gary					\$5,000.00
	ļ	Contributor address; City; State; Zip Code					
		Austin, TX 78701					
_	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	\		
	Attorney			Self	)		
╞	-					A maximum of Constribution (ft)	
	Date 12/10/2024	Full name of contributor out-of-state Comcast Corporation & NBC Universal	• _	)		Amount of Contribution (\$)	¢1 000 00
	12/10/2024						\$1,000.00
	ł	Contributor address; City; State; Zip Code					
	ļ	Philadelphia, PA 19103					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
				- F - 7 - X-	,		
⊨	Date	Full name of contributor out-of-state		)		Amount of Contribution (\$)	
	11/19/2024	Conley-Harvey, Cherice				Amount of Contribution (+)	\$1,000.00
	Contributor address; City; State; Zip Code						<b>+=</b> ,
	Continuator address, City, State, Zip Code						
	ł						
	ł	Houston, TX 77089					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Kelsey Seybold			
			I				

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2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Lalani, Suler	man (The Honorable)			00083882	
4	Date 12/10/2024	5 Full name of contributor Dout-of-state PAC (ID#: F Shannon III, Clyde		7	Amount of Contribution (\$)	\$500.00
	l	6 Contributor address; City; State; Zip Code				
		Round Mountain, TX 78663-8604				
8	Principal occu Lobbyist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	;)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/15/2024	Faustinella, Fabrizia				\$250.00
	Contributor address; City; State; Zip Code					
	I					
	l	Houston, TX 77021				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	上 3)		
		ļ	Baylor College of Medici	ine	ý	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/13/2024	Feigelson, Gene				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		Houston, TX 77265				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions eXp REALTY	;)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/16/2024	Godwin, David				\$100.00
	1	Contributor address; City; State; Zip Code		1		
	I					
	I	11				
┝	- Dringing occu	Houston, TX 77007	Employer (See Instructions	<u> </u>		
L		ipation / Job title (See Instructions)	Employer (See Instructions Not Employed	; <u>)</u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/10/2024	HCA Texas Good Government Fund				\$500.00
	Contributor address; City; State; Zip Code					
		Dallas, TX 75240				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/11 Rpt: 8/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lalani, Suleman (The Honorable) 00083882 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/10/2024 Houston Police Retired Officers Association PAC \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77219 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/16/2024 Jackson, Robert \$250.00 Contributor address; City; State; Zip Code Houston, TX 77030 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/16/2024 Jumper, Cynthia \$500.00 Contributor address; City; State; Zip Code Lubbock, TX 79424 Principal occupation / Job title (See Instructions) Employer (See Instructions) TTUHSC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/10/2024 \$1,000.00 Khetan, Roger Contributor address; City; State; Zip Code Dallas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Private practice Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/15/2024 \$500.00 Lam, Wilson Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Baylor college of medicine

The	Instru	ction Guide explains how to complete this	form	1 Total pages Schedule A1:	
				Sch: 6/11 Rpt: 9/50	
2 FILEF		nan (Tha Hanarahla)		3 Filer ID (Ethics Commission	on Filers)
		nan (The Honorable)		00083882	
4 Date	4/2024	5 Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)	<b>7</b> Amount of Contribution (\$)	ቀን ድባብ በበ
12/14		Linebarger Goggan Blair & Sampson, LLP			\$2,500.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78760			
8 Princi	ipal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Date		Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
12/10	0/2024	Lutafali, Shabnam			\$100.00
		Contributor address; City; State; Zip Code		•	
		Sugar Land, TX 77479			
Princi	ipal occur	pation / Job title (See Instructions)	s)		
			University of St. Thomas	S	
Date		Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
12/08	8/2024	Mitha, Iqbal			\$100.00
		Contributor address; City; State; Zip Code			
	ļ				
		Sugar Land, TX 77479			
Princi	ipal occup	pation / Job title (See Instructions)	Employer (See Instructions)	S)	
			Mitha Law Firm, P.C.	-	
Date		Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
12/10	0/2024	Oncor Texas State PAC			\$1,000.00
	ļ	Contributor address; City; State; Zip Code			
	ļ				
	ļ	Dallas, TX 75202			
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	·p			-)	
Date		Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
12/09	9/2024	Payne, Drew			\$300.00
		Contributor address; City; State; Zip Code			
		Malfarth TV 70202			
Drinoi		Wolfforth, TX 79382	Employer (See Instructions		
Pfinu	ipai occup	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
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	The Instru	ction Guide explains how to c	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/50		
2	FILER NAME				2	Filer ID (Ethics Commissio	n Eilers)
Ĺ		nan (The Honorable)				00083882	, , , , , , , , , , , , , , , , , , ,
4	Date	Date     5     Full name of contributor     Image: out-of-state PAC (ID#:)				Amount of Contribution (\$)	
	12/10/2024	2024 Peacock					\$500.00
		6 Contributor address; City; State; Z	Zip Code		1		
		Sugar Land, TX 77498					
8	8         Principal occupation / Job title (See Instructions)         9         Employer (See Instruction)						
				Baylor College of Medic	ine		
F	Date	Full name of contributor 🛛 🔤 o	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/14/2024	Red Rock Texas PAC					\$500.00
		Contributor address; City; State; Z	Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date	Full name of contributor 🛛 🔤 o	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Reynolds, David					\$250.00
		Contributor address; City; State; Z	Zip Code				
		Austin, TX 78751-3817					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
				Self Employed			
	Date	Full name of contributor 🛛 🖸 o	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Roberts, Rick					\$25.00
		Contributor address; City; State; Z	Zip Code				
		-					
		Houston, TX 77006					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
				Memorial Hermann			
F	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/30/2024	 Rupani, Nasruddin					\$2,500.00
		Contributor address; City; State; Z	Zip Code				
		Houston, TX 77036					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CEO		Worlds Gold & Diamond	ls I	nc		
$\vdash$							

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/50	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
-		man (The Honorable)		00083882	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	10/28/2024	Rupani, Nasruddin			\$2,500.00
		6 Contributor address; City; State; Zip Code			
		Houston, TX 77036			
8			9 Employer (See Instructions		
	Jewelry Who	lesaler	Worlds Gold & Diamond	Is inc	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/06/2024				\$1,000.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78209			
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
	Physician		Group		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
	12/13/2024	Simms, MD, MPH, FACP, Victor	)		\$500.00
	12/13/2024				\$200.00
		Contributor address; City; State; Zip Code			
		Pearland, TX 77584-7214			
_	Dringing ogg		Employer (Soo Instructions		
	Phillipai occu	upation / Job title (See Instructions)	Employer (See Instructions Kelsey-Seybold Clinic	<i>י</i> )	
L					
	Date		)	Amount of Contribution (\$)	
	11/17/2024	Sims, Kimberly			\$100.00
		Contributor address; City; State; Zip Code			
L		Houston, TX 77021			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
			НМН		
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/14/2024	Snyder, Ned			\$200.00
		Contributor address; City; State; Zip Code			
		Valley Mills, TX 76689			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
			VA	,	
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 9/11 Rpt: 12/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lalani, Suleman (The Honorable) 00083882 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/10/2024 **Texas Aggregates & Concrete Association PAC** \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/10/2024 \$1,000.00 Texas College of Emergency Physicians 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 11/21/2024 **Texas Dental Association PAC** \$500.00 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/10/2024 \$1,000.00 Texas Medical Association Political Action Committee -TEXPAC 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 (\$) 12/14/2024 **Texas Physicians for Patients PAC** \$2,500.00 Contributor address; City; State; Zip Code Marble Falls, TX 78654 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The Instru	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/50		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		man (The Honorable)				00083882	5111 11010,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/10/2024	Texas Radiological Socie					\$1,000.00
	1	6 Contributor address; City; S	State; Zip Code		1		
		Austin, TX 78735					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
_	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/10/2024	Texas Sands PAC					\$4,000.00
	Contributor address; City; State; Zip Code				ł		• •
		Austin, TX 78701					
	Principal occupation / Job title (See Instructions) Employer (See Instructi						
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/10/2024	Texas Society of CPAs P	AC				\$500.00
		Contributor address; City; S	tate; Zip Code		1		
		Dallas, TX 75254		1			
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
_	Date	Full name of contributor		<u> </u>	<del>_</del>	Amount of Contribution (\$)	
	12/10/2024	Texas Trial Lawyers Asso	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$2,500.00
	12/10/2024						φ2,300.00
		Contributor address; City; S	late, Zip Coue				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/29/2024	Warner Jr, Frederic C					\$250.00
	Contributor address; City; State; Zip Code				1		
		Houston, TX 77098					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions			
				Memorial Hermann Hea	ılth	System	

The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1:		
			Sch: 11/11 Rpt: 14/50		
2 FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
Lalani, Sule	man (The Honorable)		00083882		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
12/06/2024	Whitmire, Whitney				\$500.00
	6 Contributor address; City; State; Zip Code				
	Lieustere TV 77010				
Drinsinglass	Houston, TX 77018				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions Whitmire & Munoz	S)		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
12/14/2024	Widmer, Andrew				\$500.00
	Contributor address; City; State; Zip Code				
	Belton, TX 76513				
Dringingloog	upation / Job title (See Instructions)	Employer (See Instructions			
Principal Occu		5)			
		BSWH	-		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢1 000 00
11/15/2024					\$1,000.00
	Contributor address; City; State; Zip Code				
	Plano, TX 75093-8174				
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Internal Med		Center for Executive Me		ine	

	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 Imittee Legal Services The Instruction Guide expla	Of Po Pr Sa	ffice Overl olling Expe rinting Exp alaries/Wa	ense ges/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				•	3	Filer ID (Ethics Commission Filers)
-	Sch: 1/36 Rpt: 15/50		Lalani, Suleman (The Honorable)					00083882
4	Date	5	Payee name					
	12/06/2024		Julio's Cafe					
6	Amount (\$)	7	Payee address; City; St	tate; Z	zip Cod	e		
	\$36.98		4230 Duval St					
			Austin, TX 78751					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	o oobodul		b) Description		
-	OF		Food/Beverage Expense	s schedul	ie)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austir	n, TX,	, officeholder living expense
						Austin Meal		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce soug	ht		Office held
	Date		Payee name					
	11/05/2024		Aceves Communications, LLC					
	Amount (\$)		Payee address; City; St	tate; Z	Zip Cod	e		
	\$5,616.00		PO Box 6514					
			Houston, TX 77265					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedul	le) (	b) Description		
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense
								and Poll Program
_	Complete ONLY if direct		Candidate/Officeholder name	Offic	ce soug	ht		Office held
	expenditure to benefit C/OI				J			
-	Date		Payee name					
	12/14/2024		ActBlue					
-	Amount (\$)		Payee address; City; St	tate <sup>.</sup> 7	zip Cod	٩		
	\$814.73		PO Box 441146	iaic, 2	-ip Cou	c		
	ψ014.10							
			Somerville, MA 02144					
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedul	le) (	b) Description		
	OF EXPENDITURE		Fees		,			ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Credit Card F	ro	cessing Fees 10/27 - 12/14/2024
						-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce soug	ht		Office held
	experience to benefit C/OI							

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement 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: 2/36 Rpt: 16/50	Lalani, Suleman (The Honorable)	00083882			
4	Date 11/05/2024	Payee name Alings Chinese Bistro				
6	5 Amount (\$)       7 Payee address; City; State; Zip Code         \$159.25       6542 US ALT-90         Sugar Land, TX 77498					
8	B PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Meal					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/14/2024	Arundel Books				
	Amount (\$) \$140.00	Payee address; City; State; Zip Code 322 1st Ave S				
	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				
	12/26/2024	Austin Gyro Halal				
	Amount (\$) \$104.57	Payee address;City;State; Zip Code701 Trinity St				
		Austin, TX 78701				
	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 Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense lages/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: 3/36 Rpt: 17/50		Lalani, Suleman (The Honorable)				00083882			
4	Date	5	Payee name							
	12/23/2024		Bright Star Production							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$445.99		2420 Center St							
			Suite 300							
			Houston, TX 77007							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
							d for Campaign Event			
					Chago and C	Jun				
9         Complete ONLY if direct expenditure to benefit C/OH         Candidate/Officeholder name         Office sought         Office held										
	Date		Payee name							
	10/28/2024		Brooklyn Pizzeria - Sugar Land							
⊢	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$74.56 13513 University Blvd									
	φ1 <del>4</del> .50									
			Sugar Land, TX 77479							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
F	Date		Payee name							
	11/26/2024		Brooklyn Pizzeria - Sugar Land							
-	Amount (\$)		· · ·	Zip Co	de					
	\$47.49		13513 University Blvd	Zip 00						
	ψ+7.15									
			Sugar Land, TX 77479							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct	. (	Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	Η								
⊢										

		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 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: 4/36 Rpt: 18/50	Lalani, Suleman (The Honorable)	00083882							
4	Date 12/26/2024	Payee name Buc-ee's - Bastrop								
6	Amount (\$) \$13.16	7 Payee address; City; State; Zip Code 1700 State Hwy 71 East Bastrop, TX 78602								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Travel Refreshments									
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name								
	12/26/2024	Buc-ee's - Bastrop								
	Amount (\$)Payee address;City;State;Zip Code\$63.841700 State Hwy 71 East									
	DUDDOGE	Bastrop, TX 78602								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ute Fuel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/30/2024	Buc-ee's - Bastrop								
	Amount (\$) \$17.82	Payee address;City;State; Zip Code1700 State Hwy 71 East								
		Bastrop, TX 78602								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense hments							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE CA	TEGOF	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens	se	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	<b>2</b> F	LER NAME			-	3	Filer ID (Ethics Commission Filers)	
_	Sch: 5/36 Rpt: 19/50		alani, Suleman (The Honorable	;)				00083882	
4	Date 11/15/2024		ayee name uc-ee's - Katy						
6	Amount (\$)           7         Payee address;         City;         State;         Zip Code           \$45.82         27700 Katy Fwy         Katy, TX 77494         Katy, TX 77494								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Commuting Fuel							officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held	
	Date	Р	ayee name						
	11/04/2024	В	undu Khan Kabab House Suga	ır Land	t				
	Amount (\$)	P	ayee address; City;	State;	; Zip Coc	le			
	\$123.18	1	1929 University Blvd Suite						
			1M ugar Land, TX 77479						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top o ood/Beverage Expense	of this sche	edule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held	
	Date	Р	ayee name						
	12/03/2024	В	undu Khan Kabab House Suga	ır Land	t				
	Amount (\$) \$70.46	1 #	ayee address; City; 1929 University Blvd Suite 1M ugar Land, TX 77479	State;	; Zip Coc	le			
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top o ood/Beverage Expense	If this sche	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office 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	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           y -         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 FILE	RNAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 6/36 Rpt: 20/50		ni, Suleman (The Honorab	le)				00083882		
4	Date 12/24/2024	Payee name Bundu Khan Kabab House Sugar Land								
6	Amount (\$) \$209.31	7 Payee address; City; State; Zip Code 11929 University Blvd Suite #1M Sugar Land, TX 77479								
8	PURPOSE OF EXPENDITURE	OF Ecod/Beverage Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candic	late/Officeholder name	Office	e soug	ht		Office held		
	Date	Paye	e name							
	11/27/2024	Burg	ess, Aaron (Mr.)							
	Amount (\$) \$251.62	1413	e address; City; Hussion St ston, TX 77003	State; Zip	cod	e				
	PURPOSE OF EXPENDITURE	<b>a)</b> Cateç	gory (See Categories listed at the top ries/Wages/Contract Labo		(		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense hbursements		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candic	late/Officeholder name	Office	e soug	ht		Office held		
	Date	Paye	e name							
	12/05/2024	-	tol Giftshop Extension							
	Amount (\$) \$389.70		e address; City; N. Congress Ave	State; Zip	cod	e				
		Austi	n, TX 78701							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the top Awards/Memorials Expens		(		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense fts		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candic	late/Officeholder name	Office	e 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	, _ I Co	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe	Lo O Pro NSE Pro Si	oan Repay Office Overh Polling Expe Printing Exp Galaries/Wa	ment/Reimbursement ead/Rental Expense nse ense ges/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: 7/36 Rpt: 21/50		Lalani, Suleman (The Honorabl	e)				00083882		
4	Date	5	Payee name							
	12/02/2024		Charleys Cheesesteaks							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$15.45									
			Ste 440							
			Sugar Land, TX 77479							
8	PURPOSE	(a)	-	<i></i>		) Description				
ľ	OF	(~)	Category (See Categories listed at the top Food/Beverage Expense	o of this schedu	ile) (		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	I, TX	officeholder living expense		
						Supporter Me	eeti	ng		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce sougl	nt		Office held		
	Date		Payee name							
	12/12/2024		Chevron Ellinger							
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	9				
	\$38.58 109 State Hwy 71									
			Ellinger, TX 78938							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	o of this schedu	ıle) <b>(</b>			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Offic	ce sougl	nt		Office held		
	Date		Payee name							
	12/12/2024		Chevron Ellinger							
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	e				
	\$6.75		109 State Hwy 71							
			Ellinger, TX 78938			<u> </u>				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	o of this schedu	ıle) <b>(</b>		, TX	de of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct		Candidate/Officeholder name	Offic	ce soug	nt		Office held		
	expenditure to benefit C/OI	H			-					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Offic Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin	fice Overhe Iling Exper nting Expe laries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 8/36 Rpt: 22/50		Lalani, Suleman (The Honorable)				00083882			
4	Date	5	Payee name							
	11/07/2024		Church of Christ's Heart							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$300.00		13820 Westheimer Rd	•						
			#101							
			Houston, TX 77077							
_	BUBBOCE			0	<b>N</b> = 1.11					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	e) (D	Description	nutsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee	e			officeholder living expense			
				Ũ	Donation to C	Sen	neral Fund			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
	12/12/2024		Clay Pit							
	Amount (\$)		Payee address; City; State; Zi	ip Code						
\$97.43 1601 Guadalupe St										
			·							
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Austin Meal</li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office	e sough	t		Office held			
	Date		Payee name							
	10/28/2024		Coleman, Sharod							
	Amount (\$)		Payee address; City; State; Zij	ip Code						
	\$34.00		11750 Texas 6							
			Sugar Land, TX 77498							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	e) (b	) Description					
	EXPENDITURE		Food/Beverage Expense			, TX,	de of Texas. Complete Schedule T. , officeholder living expense Shments			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	t		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 9/36 Rpt: 23/50		Lalani, Suleman (The Honorable)				00083882				
4	Date	5	Payee name								
	11/12/2024		Country Cleaners #1								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$30.86		1478 Hwy 6								
			Sugar Land, TX 77478								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description						
-	OF		Office Overhead/Rental Expense	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin	, TX,	, officeholder living expense				
					Professional	Up	keep				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held				
	Date		Payee name								
	12/13/2024		Discount Tire								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$610.71		7620 Hwy 90 Alt	•							
			Sugar Land , TX 77478								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense				
							ance from Travel				
	Complete ONLY if direct		candidate/Officeholder name O	)ffice sou	aht		Office held				
	expenditure to benefit C/OF										
-	Date		Payee name								
	11/25/2024		Exxon - Rice TX								
	Amount (\$)			Zip Co	de						
	\$16.17		3901 S McKinney St	210 00							
	φ10.11		Soor S Werkinney St								
			Rice, TX 75155								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					Travel Refres	shm	nents				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office 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	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 10/36 Rpt: 24/50	Lalani, Suleman (The Honorable)	00083882							
4	Date 11/21/2024	Payee name Fairmont Dallas								
6	Amount (\$) \$180.00	7 Payee address; City; State; Zip Code 1717 N Akard St Dallas, TX 75201								
8	PURPOSE OF EXPENDITURE	OF Travel Out of District								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/08/2024	Filli Cafe								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$51.41     11920 S Texas 6     # 600       Sugar Land, TX 77498									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Meal							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/12/2024	Filli Cafe								
	Amount (\$) \$25.98	Payee address; City; State; Zip Code 11920 S Texas 6 # 600 Sugar Land, TX 77498								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense eshments							
	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 Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 11/36 Rpt: 25/50		Lalani, Suleman (The Honorable)				00083882			
4	Date	5	Payee name							
	10/30/2024		Fort Bend County Young Democrats							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$200.00		13515 Southwest Fwy							
			#204							
			Sugar Land, TX 77478							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
	OF	ľ	Contributions/Donations Made By	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense			
					GOTV Dona	tion				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	Jht		Office held			
	Date		Payee name							
	12/05/2024		Gullette, Rose							
Amount (\$) Payee address; City; State; Zip Code										
	\$1,872.00 4010 Belle Park Dr									
			Houston, TX 77072							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
					Election Poll					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	)ffice sou	ght		Office held			
	Date		Payee name							
	10/28/2024		Gyro Hut							
	Amount (\$)		-	Zip Co	1e					
	\$38.82		1914 Wescott Ave	p 00						
	\$00.0 <u>2</u>		#150							
			Sugar Land, TX 77479							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Beverage Expense				, officeholder living expense			
					Constituents					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	Jht		Office held			
⊢										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repaymen Office Overhead Polling Expense Printing Expense Salaries/Wages/	nt/Reinbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense ravel in District ravel Out of District /Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	LER NAME		<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 12/36 Rpt: 26/50	alani, Suleman (The Honorable)		00083882						
4	Date 11/12/2024	Payee name Gyro Hut								
6	Amount (\$) \$55.79	7 Payee address; City; State; Zip Code 1914 Wescott Ave #150 Sugar Land, TX 77479								
8	B PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense         Constituents Meal									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	11/04/2024	EB - Sugar Land								
	Amount (\$) \$80.67	ayee address; City; Sta 30 Hwy 6 ugar Land, TX 77478	ate; Zip Code							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this bod/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Refreshments						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	12/05/2024	oliday Inn - Austin								
	Amount (\$) \$187.98	ayee address; City; Sta ) N Interstate Hwy 35	ate; Zip Code							
		ustin, TX 78701	- in-							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this ffice Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Lodging						
	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)			
1	Sch: 13/36 Rpt: 27/50	2	Lalani, Suleman (The Honorable)			3	00083882			
4	Date	5	Payee name							
	12/06/2024		Holiday Inn - Austin							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de					
	\$95.97		20 N Interstate Hwy 35							
			Austin, TX 78701							
8	PURPOSE	(a)			(b) Description					
ľ	OF	(a)	Category (See Categories listed at the top of this schu Office Overhead/Rental Expense	edule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Onice Overneau/Kental Expense				officeholder living expense			
					Austin Lodgir	ng				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	11/15/2024		Honk Parking							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
\$13.60 90 Eglinton Avenue										
			Toronto M4P 2Y3 Canada							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schu Travel Out of District	edule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	_	-								
	Date		Payee name							
	12/09/2024		Hyatt Regency Austin		-					
	Amount (\$)			; Zip Co	de					
	\$32.06		208 Barton Springs Rd							
			Austin, TX 78704							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				de of Texas. Complete Schedule T.			
	EXPENDITORE						officeholder living expense			
					Paid Parking	TOP	Event			
	_									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office 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 C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 14/36 Rpt: 28/50		Lalani, Suleman (The Honorable)				00083882			
4	Date	5	Payee name							
	12/23/2024	024 IFA Indo-Pak Restaurant & Grill								
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	е					
	\$1,999.00		10581 S Texas 6							
			Suite 101							
			Sugar Land, TX 77498							
8	PURPOSE	(a)	_		b) Description					
ľ	OF	("	Category (See Categories listed at the top of this schede Event Expense	dule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense			
					Campaign Vi	cto	ry Celebration Catering and Venue			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	12/17/2024		Japaneiro's							
	Amount (\$)		Payee address; City; State;	Zip Coo	е					
\$264.81 2168 Texas Dr										
			Sugar Land, TX 77479							
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	b) Description					
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					Constituents					
					Constituents	IVIC				
	Complete ONLY if direct		Candidate/Officeholder name Off	fice soug	ht		Office held			
	expenditure to benefit C/Oł			100 0049	int Onice neu					
_	Date		Payee name							
	11/01/2024		Javed Nihari Restaurant							
	Amount (\$)		Payee address; City; State;	Zip Coo	0					
	\$62.19		14631 Beechnut St	210 000						
	<b>\$02.10</b>		STE A							
			Houston, TX 77083							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	b) Description	outo	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Beverage Expense				, officeholder living expense			
					Campaign M					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Off	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       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>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 15/36 Rpt: 29/50	Lalani, Suleman (The Honorable)	00083882			
4	Date 11/20/2024	Payee name Jones FD				
_						
6	Amount (\$) \$20.00	Payee address; City; State; Zip Code 1 Cowboys Way				
		Frisco, TX 75034				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Paid Event Parking				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/07/2024	Karahi Boys				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$235.27	16535 Lexington Blvd				
	Unit 100					
		Sugar Land, TX 77479				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Iff Dinner			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/15/2024	La Quinta - Austin				
	Amount (\$) \$103.62	Payee address;City;State;Zip Code300 E 11th St				
		Austin, TX 78701				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense g			
	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 Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2		· ·		•	3	Filer ID	(Ethics Commission Filers)
-	Sch: 16/36 Rpt: 30/50	[	Lalani, Suleman (The Honora	ble)			ľ	00083882	(
4	Date	5	Payee name						
	11/12/2024		Lalani, Suleman (Dr.)						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$10,000.00		PO Box 6514						
			Houston, TX 77265						
_	DUDDOOF					(I-) _ · · ·			
8	PURPOSE OF	(a)	Category (See Categories listed at the t		edule)	(b) Description	outei	ide of Texas. Compl	oto Schodulo T
	EXPENDITURE		Loan Repayment/Reimburser	nent				, officeholder living e	
								n Loan Repa	
						•			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice soug	ht		Office held	d
	Date		Payee name						
	11/21/2024		Lalani, Suleman (Dr.)						
		-		Stata	; Zip Co	10			
	Amount (\$)		Payee address; City; PO Box 6514	State,	, Zip Cot	ie			
	\$50,000.00 PO Box 6514								
			Houston, TX 77265						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Loan Repayment/Reimburser		iedule)	Check if Austir	n, TX	ide of Texas. Compl , officeholder living e In Loan Repay	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice soug	ht		Office held	d
	Date		Payee name						
	12/30/2024		Lalani, Suleman (Dr.)						
	Amount (\$)		Payee address; City;	State	; Zip Coo	le			
	\$30,000.00		PO Box 6514	oluic,	, zip 000				
	\$50,000.00								
			Houston, TX 77265						
	PURPOSE OF	(a)	Category (See Categories listed at the t		edule)	(b) Description			
	EXPENDITURE		Loan Repayment/Reimburser	nent		Check if Austir	n, TX,	ide of Texas. Comple , officeholder living e Daign Loan Re	
	Complete ONLY if direct	. (	Candidate/Officeholder name	C	Office soug	Iht		Office held	d
	expenditure to benefit C/OI								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 17/36 Rpt: 31/50		Lalani, Suleman (The Honorable)				00083882
4	Date 11/20/2024		Payee name Mai Colachi Restaurant & Catering				
6	Amount (\$) \$182.87		Payee address; City; State 15425 Southwest Fwy Sugar Land, TX 77478	e; Zip Co	ode		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense eal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight		Office held
	Date		Payee name				
	11/25/2024		McDonalds - Cedar Creek				
	Amount (\$) \$20.15		2850 State Hwy 71	e; Zip Co	ode		
	PURPOSE OF EXPENDITURE	(a)	Cedar Creek, TX 78612 Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)			ide of Texas. Complete Schedule T. , 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				
	12/24/2024		McDonalds - Sugar Land				
	Amount (\$) \$24.62		Payee address; City; State 345 Hwy 6	e; Zip Co	ode		
			Sugar Land, TX 77478				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 18/36 Rpt: 32/50	Lalani, Suleman (The Honorable)	00083882			
4	Date	Payee name				
	12/18/2024	Minuti Coffee				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$11.77	1535 Texas 6				
		Ste A				
		Sugar Land, TX 77478				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		outside of Texas. Complete Schedule T.			
	EXPENDITORE		TX, officeholder living expense			
		Meeting Refre	eshments			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/27/2024	Mozarts Coffee Roasters				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$86.02	3825 Lake Austin Blvd				
		Austin, TX 78703				
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
Check if Austin, TX, officeholder living expense Austin Meal			TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI					
-	Date	Payee name				
	11/19/2024	MultiCultural Center Inc				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$250.00	951 Tristar Dr				
	\$200.00					
		Webster, TX 77598				
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		butside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee Check if Austin, Donation to G	TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	Canadateronicendater name Office Sought				

	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 h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	1		1000 10 001		12	Filer ID (Ethics Commission Filers)
T	Sch: 19/36 Rpt: 33/50	2	Lalani, Suleman (The Honorable)			3	O0083882
4	Date 12/09/2024	5	Payee name NRG Park				
6	Amount (\$) \$23.82	7	Payee address; City; State; 8825 Kirby Dr Houston, TX 77054	Zip Coo	le		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense reshments
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	)ffice sou	ht		Office held
	Date		Payee name				
	11/05/2024		Nation Builder				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$164.00		520 S Grand Ave				
	2nd floor						
			Los Angeles, CA 90071				
	PURPOSE	(a)	-		(b) Description		
	OF EXPENDITURE	(u)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	Check if travel	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense .tabase
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	)ffice sou	ht		Office held
	Date		Payee name				
	12/05/2024		Nation Builder				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$164.00		520 S Grand Ave	-			
			2nd floor				
			Los Angeles, CA 90071				
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
	OF EXPENDITURE	()	Office Overhead/Rental Expense	edule)	Check if travel	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense .tabase
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	)ffice sou	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	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: 20/36 Rpt: 34/50	Lalani, Suleman (The Honorable)	00083882			
4	Date	Payee name				
	12/30/2024	Oasis on Lake Travis				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$181.14	6550 Comanche Trail				
		Austin, TX 78732				
8	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)				
	EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
		Austin Meal				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/01/2024	PNC Bank				
	Amount (\$) Payee address; City; State; Zip Code					
	\$3.00 Sifth Avenue					
		Pittsburgh, PA 15222				
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/02/2024	PNC Bank				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.00	300 Fifth Avenue				
		Pittsburgh, PA 15222				
	PURPOSE OF	(b) Description				
	EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 21/36 Rpt: 35/50	Lalani, Suleman (The Honorable)	00083882		
4	Date 11/21/2024	5 Payee name PNC Bank			
6	Amount (\$) \$15.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>300 Fifth Avenue</li> <li>Pittsburgh, PA 15222</li> </ul>			
8	PURPOSE OF EXPENDITURE	OF Accounting/Banking CF Check if travel outside of Texas. Complete Schedule T.			
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	Partnerships for Children			
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 14000 Summit Dr Austin, TX 78728			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense tion		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	12/05/2024	Peerly Inc.			
	Amount (\$) \$771.57	Payee address; City; State; Zip Code 400 N Pine Island Rd Suite 300 Plantation, FL 33324			
	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 22/36 Rpt: 36/50	Lalani, Suleman (The Honorable)	00083882			
4	Date	Payee name				
	11/18/2024	Pizza Hut - La Grange				
6	Amount (\$) \$38.44	7 Payee address;       City;       State; Zip Code         538.44       2230 Bus Hwy 71 West         La Grange, TX 78945				
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				
	12/16/2024	Poke Burri				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$46.21	1525 Lake Pointe Pkwy				
		Ste 400 Sugar Land, TX 77478				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense g			
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held			Office held			
	Date	Payee name				
	11/25/2024	Prime Valet, LLC				
	Amount (\$) \$11.50	Payee address; City; State; Zip Code 4245 N Central Expy Suite 490 Dallas, TX 75205				
	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 C	ATEGOR	RIES FOR	R BO	)X 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		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense 'ages/	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense		
1	Total pages Schedule F1:	12		CAPILLIE				3	Filer ID	(Ethics Commission Filers	-)	
T	Sch: 23/36 Rpt: 37/50		Lalani, Suleman (The Honorab	le)				3	00083882		<i>s</i> )	
4	Date	5	Payee name									
	12/30/2024		QI Austin									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de						
	\$246.76	\$246.76 835 W 6th St #114,										
			Austin, TX 78703									
8	PURPOSE					(h)	Description					
0	OF		Category (See Categories listed at the to Food/Beverage Expense	p of this sch	edule)	(0)		outsi	de of Texas. Comp	lete Schedule T.		
	EXPENDITURE		FUUU/Develage Expense						officeholder living			
							Austin Meal					
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght			Office he	ld		
	Date		Payee name									
	11/26/2024		QuikTrip									
	Amount (\$)		Payee address; City;	State <sup>.</sup>	; Zip Co	db						
	\$61.57		2000 US-287	Juic,	, Zip CC	ue						
	Φ01.07		2000 05-267									
			Corsicana, TX 75110									
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b)	Description					
	OF EXPENDITURE		ravel Out of District				Check if travel outside of Texas. Complete Schedule T.					
						Check if Austin, TX, officeholder living expense						
							Travel Fuel					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght			Office he	ld		
	Date		Payee name									
	11/12/2024		Rahat Bakery									
	Amount (\$)		Payee address; City;	State;	; Zip Co	de						
	\$74.67		11920 S Texas 6									
			Unit 1280									
			Sugar Land, TX 77498									
	PURPOSE				I	(h)	Description					
	OF		Category (See Categories listed at the to	p of this sch	edule)	(u)	Description	outsi	de of Texas. Comp	lete Schedule T.		
	EXPENDITURE		Food/Beverage Expense						officeholder living			
							Constituents					
	Complete ONLY if direct		Candidate/Officeholder name	C	Dffice sou	ght			Office he	ld		
	expenditure to benefit C/OF					5						
-												

		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 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:	PILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 24/36 Rpt: 38/50	Lalani, Suleman (The Honorable)	00083882								
4	Date 12/26/2024	Payee name Rahat Bakery									
6	Amount (\$) \$58.40	Payee address; City; State; Zip Code 11920 S Texas 6 Unit 1280 Sugar Land, TX 77498									
8	For PURPOSE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         OF       EXPENDITURE       Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Constituents Refreshments										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/25/2024	Refuel									
	Amount (\$) \$72.98	Payee address; City; State; Zip Code 2850 State Highway 71 W Cedar Creek, TX 78612									
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel of	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									
	11/12/2024	Royal Sonesta									
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 2222 W Loop S									
		Houston, TX 77027									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense for Event								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 25/36 Rpt: 39/50		Lalani, Suleman (The Honorable)				00083882				
4	Date 11/18/2024		Payee name Shell -Austin								
6	Amount (\$) \$63.02	7       Payee address; City; State; Zip Code         \$63.02       3828 N Interstate 35         Austin, TX 78751									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Austin Commute Fuel											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ıht		Office held				
	Date		Payee name								
	12/09/2024		Shell -Austin								
	Amount (\$)Payee address;City;State;Zip Code\$49.083828 N Interstate 35										
	PURPOSE		Austin, TX 78751								
	OF		Category (See Categories listed at the top of this sch Travel Out of District	edule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	12/12/2024		Shell -Austin								
	Amount (\$) \$45.87		Payee address; City; State; 3828 N Interstate 35	Zip Co	le						
			Austin, TX 78751								
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Commute Fuel										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	Jht		Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 26/36 Rpt: 40/50	Lalani, Suleman (The Honorable)	00083882								
4	Date 10/28/2024	Payee name Shell Oil									
6	Amount (\$) \$59.00	7 Payee address;       City;       State;       Zip Code         00       4720-A Sweetwater Blvd         Sugar Land, TX 77479									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/07/2024	Shell Oil									
	Amount (\$) \$55.99	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd Sugar Land, TX 77479									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, 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									
	12/04/2024	Shell Oil									
	Amount (\$) \$57.70	Payee address;City;State;ZipCode4720-A Sweetwater Blvd									
		Sugar Land, TX 77479									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FI		-		<u> </u>	3	Filer ID (Ethics Commission Filers)		
	Sch: 27/36 Rpt: 41/50		alani, Suleman (The Honora	able)				00083882		
4	Date 12/26/2024		ayee name nell Oil							
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$61.34       4720-A Sweetwater Blvd       5ugar Land, TX 77479       5ugar Land, TX 77479									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Fuel										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pa	ayee name							
	12/20/2024	S	nine, Hugh (The Honorable	)						
	Amount (\$)	Pa	ayee address; City;	State;	; Zip Coo	le				
	\$3,850.00		O. Box 793 emple, TX 76503							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the ffice Overhead/Rental Expe		nedule)		n, TX,	ide of Texas. Complete Schedule T. K, officeholder living expense nt		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pa	ayee name							
	12/19/2024	S	nooze - Stafford							
	Amount (\$) \$50.70	12 Si	ayee address; City; 2333 Southwest Fwy uite 400 cafford, TX 77477	State;	; Zip Coo	le				
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense         Breakfast Meeting								, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office 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		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: 28/36 Rpt: 42/50	Lalani, Suleman (The Honorable)	00083882								
4	Date 11/18/2024	5 Payee name Southwest Airlines									
6	Amount (\$) \$567.96	7       Payee address; City; State; Zip Code         6       7800 Airport Blvd         Houston, TX 77061									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Dallas Speaking Engagement											
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date	Payee name									
11/12/2024 Steak Spot											
Amount (\$)       Payee address;       City;       State; Zip Code         \$21.65       6037 N Fry Rd       Unit 200         Katy, TX 77449       Katy, TX 77449											
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense PShmentS								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/12/2024	Tara Grill & Cafe									
	Amount (\$) \$7.58	Payee address; City; State; Zip Code 5200 Farm to Market 2920 #120 Spring, TX 77388									
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Check if Austin, TX, officeholder living expense       Meeting Refreshments										
	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 Loan Repayment/Reimbursement Fees Od/Beverage Expense Polling Expense Gift/Awards/Memorials Expense 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: 29/36 Rpt: 43/50	Lalani, Suleman (The Honorable)	00083882								
4	Date	Payee name	•								
	11/15/2024	Terry Black's BBQ									
6	Amount (\$) \$109.12	7 Payee address;       City;       State; Zip Code         12       1003 Barton Springs Rd         Austin, TX 78704									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense Austin Meal											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
12/30/2024 Terry Black's BBQ											
	Amount (\$) Payee address; City; State; Zip Code \$307.66 1003 Barton Springs Rd Austin, TX 78704										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)     Food/Beverage Expense     Check if travel	outside of Texas. Complete Schedule T. n, 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									
	11/25/2024	Texas House Democratic Caucus									
	Amount (\$) \$1,500.00	Payee address;City;State;Zip CodePO Box 12453									
		Austin, TX 78711									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ribution								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITUR	E CATEGOR	RIES FOR	BOX 8(a)		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 Expen: Gift/Awards/Memorials e Legal Services The Instruction Gi	Expense	Office Over Polling Exp Printing Ex Salaries/W	ense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2 FILER NAME 3 F						Filer ID (Ethics Commission File	ers)								
	Sch: 30/36 Rpt: 44/50		ani, Suleman (The Hono	rable)				00083882	,								
4	Date 11/15/2024		ee name e Capitol Grill														
6	Amount (\$) \$29.50	7 Payee address; City; State; Zip Code 117 W 4th St Austin, TX 78701															
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (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       Image: Check if Austin, TX, officeholder living expense																	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office soug	ht		Office held									
	Date	Pay	ee name														
	11/18/2024	The	e Capitol Grill														
	Amount (\$) \$27.03	117	ee address; City; ' W 4th St stin, TX 78701	State;	; Zip Coo	le											
	PURPOSE OF EXPENDITURE		egory (See Categories listed at t d/Beverage Expense	he top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	С	Office sou	ht		Office held									
	Date	Pay	ee name														
	11/25/2024	The	e Capitol Grill														
	Amount (\$) \$50.36		ee address; City; ' W 4th St	State;	; Zip Coo	le											
		Aus	stin, TX 78701														
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Meal																
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder name	C	Dffice 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	/ - Il Cor	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)			
1	Sch: 31/36 Rpt: 45/50	2	Lalani, Suleman (The Honorable)			3	00083882			
4	Date	5	Payee name							
	12/05/2024		The Capitol Grill							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$25.21		117 W 4th St							
			Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF		Food/Beverage Expense	icuaic)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		- · ·			, тх	, officeholder living expense			
					Austin meal					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
12/09/2024 The Capitol Grill										
	Amount (\$)		Payee address; City; State	; Zip Co	de					
\$74.08 117 W 4th St										
			Austin, TX 78701							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					Austin Meal	, ., ,				
	Complete ONLY if direct		Candidate/Officeholder name 0	Office sou	ght		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	12/09/2024		The Capitol Grill							
-	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$18.94		117 W 4th St							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.			
	_/									
	Austin Meal									
-	Complete ONLV if direct	Ļ	Candidate/Officeholder name	Office sou	abt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			5000 SOU	giit		Unice neid			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · · ·		•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 32/36 Rpt: 46/50	-	Lalani, Suleman (The Honorable)			ľ	00083882			
4	Date	5	yee name							
	12/09/2024		The Capitol Grill							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$20.17		117 W 4th St							
			Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description					
-	OF		Food/Beverage Expense	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense			
					Austin Meal					
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
	11/06/2024		Tim Hortons							
_	Amount (\$)		Payee address; City; State;	Zip Co	le					
\$62.49 11411 W Airport Blvd										
	<b>402.40</b>									
			Meadows Place, TX 77477							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					Staff Refresh					
	Complete ONLV if direct		Condidate/Officebolder.nome	office cour	ubt		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date		Payee name							
	12/19/2024		Tom N Toms Coffee							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$10.18		9393 Bellaire Blvd							
			Ste A5							
			Houston, TX 77036							
	PURPOSE	(0)		1	(b) Decemination					
	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.									
	Meeting Refreshments									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	ıht		Office held			
⊢										

			EXPENDITURE CATEG	ORIES FO	R BO	<b>DX 8(a)</b>						
	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 nmittee Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	verhea xpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 Fil						Filer ID (Ethics Commission Filers)				
	Sch: 33/36 Rpt: 47/50		Lalani, Suleman (The Honorable)					00083882				
4	Date	5	Payee name									
	12/30/2024		UPS Store - Downtown Austin									
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	ode							
	\$1.15		1108 Lavaca St									
			Ste 110									
			Austin, TX 78701									
8	PURPOSE	( <sub>2</sub> )			(h)	Description						
°	OF	(a)	Category (See Categories listed at the top of this s Office Overhead/Rental Expense	chedule)		Description	outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Once Overneau/Nentai Expense					officeholder living expense				
						Postage, prin	nting	9				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
	Date		Payee name									
	12/26/2024		Uber Eats									
Amount (\$) Payee address; City; State; Zip Code												
\$57.84 1455 Market St												
			#400									
			San Francisco, CA 94158									
	PURPOSE OF EXPENDITURE						outside of Texas. Complete Schedule T. n, 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									
	11/20/2024		Uber									
-	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode							
	\$40.96		1515 Third Street									
			San Francisco, CA 94158									
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description						
	EXPENDITURE	OF Travel Out of District Check if travel outside of Texas. Complete Schedule T.										
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ught			Office held				
	expenditure to benefit C/OF				5.5							
-												

			EXP	ENDITURE CAT	EGORIES F	OR BO	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ttee Legal Ser	erage Expense Is/Memorials Expense	Office Polling Printin Salarie	Dverhea Expens J Expens s/Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FI	LER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 34/36 Rpt: 48/50		alani, Suleman (T	he Honorable)					00083882	· · ·	
4	Date 12/05/2024		ayee name ber								
6	Amount (\$) \$11.90										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description         Image: Construction of the state of the schedule of the											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	r name	Office s	ought			Office he	eld	
	Date	Pa	ayee name								
	11/12/2024	U	niversity of Houst	on Parking							
	Amount (\$) \$10.00	42 Si	ayee address; ( 224 Elgin St uite 110 ouston, TX 77204		State; Zip	Code					
	PURPOSE OF EXPENDITURE		ategory (See Categor avel Out of Distri		this schedule)	(b)		, TX,	officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	r name	Office s	ought			Office he	eld	
	Date	Pa	ayee name								
	11/12/2024	U	niversity of Houst	on Parking							
	Amount (\$) \$10.00	42 Si	ayee address; 224 Elgin St uite 110 ouston, TX 77204		State; Zip	Code					
	PURPOSE OF EXPENDITURE		ategory <sub>(See Categor</sub> avel Out of Distri		this schedule)	(b)		, TX,	officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	r name	Office s	ought			Office he	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/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)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 35/36 Rpt: 49/50		Lalani, Suleman (The Honorable)				00083882			
4	Date	5	Payee name							
	11/12/2024		University of Houston Parking							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$10.00	4224 Elgin St								
		Suite 110								
		Houston, TX 77204								
8	PURPOSE	(2)			(b) Description					
°	8 PURPOSE OF Travel Out of District (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedul					de of Texas, Complete Schedule T.				
	EXPENDITURE		Have out of District				officeholder living expense			
					Paid Parking	for	Event			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF									
	Date		Payee name							
	12/30/2024	30/2024 Voodoo Doughnut								
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$47.13									
			Austin, TX 78701							
PURPOSE OF EXPENDITURE		(a)	Category (See Categories listed at the top of this sci Food/Beverage Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Refreshments						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held			
expenditure to benefit C/OH										
-	Date		Payee name							
	11/04/2024		Walmart							
Amount (\$) Payee address; City; State; Zip Code										
	\$52.76		345 Hwy 6							
			Sugar Land, TX 77478							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description	outei	de of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Beverage Expense		Check if Austin	, тх	, officeholder living expense Refreshments			
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ght		Office held			
	expenditure to benefit C/OF				<b>y</b> -					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense (- Gift/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explained	Loan Repayment/Reimburse Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lat	ense bor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
	Total pages Schedule F1: Sch: 36/36 Rpt: 50/50	2 FILER NAME Lalani, Suleman (The Honorable)		3	Filer ID 00083882	(Ethics Commission Filers)					
	Date 11/15/2024	5 Payee name X Corp.									
6	Amount (\$) \$8.64	7 Payee address; City; State 1355 Market St Suite 900 San Francisco, TX 94103	e; Zip Code								
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 Schedule T. Image: Check if Austin, TX, officeholder living expense Subscription Fees											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought		Office he	eld					
	Date 12/16/2024	Payee name X Corp.									
	Amount (\$) \$8.64	Payee address; City; State 1355 Market St Suite 900 San Francisco, TX 94103	e; Zip Code								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Office Overhead/Rental Expense	Check it	f travel outsio f Austin, TX,	de of Texas. Com officeholder living 2S						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought		Office he	eld					