JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction | Guide explains how to complete this for | rm. Filer ID (Ethics Commission Filers) 00080198 |) | 2 Total pages filed: 49 |
|-------------------------|---|--|---------------------|--|
| 3 CANDIDATE / | MS / MRS / MR FIRST | | MI | OFFICE USE ONLY |
| OFFICEHOLDER | The Honorable Rabeea | | | |
| NAME | | | | Date Received |
| | | | | ELECTRONICALLY FILED |
| | NICKNAME LAST | | SUFFIX | 01/15/2025 |
| | Sultan Co | ollier | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / SUITE #; | CITY; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| OFFICEHOLDER | 9659 N. Sam Houston Parkway East | | | |
| MAILING ADDRESS | , | | | Receipt # Amount |
| Change of Address | Humble, TX 77396 | | | |
| | Trumble, 17, 11390 | | | Date Processed |
| | | | | |
| | | | | Date Imaged |
| E CAMPAIGN | MC (MDC (MD | | | <u> </u> |
| 5 CAMPAIGN TREASURER | MS / MRS / MR FIRST | | | MI |
| NAME | Mr. Robert | | | |
| | | | | |
| | NICKNAME LAST | | | SUFFIX |
| | Collier | | | |
| | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO BOX PLEAS | | Ξ#; CITY; | STATE; ZIP CODE |
| ADDRESS | 9659 N. Sam Houston Parkway East | , Suite 150 #129 | | |
| (Residence or Business) | | | | |
| (| Humble, TX 77396 | | | |
| | | | | |
| 7 CAMBAICNI | AREA CODE PHONE NUMBER | N EVTENCION | | |
| 7 CAMPAIGN TREASURER | | R EXTENSION | | |
| PHONE | (832) 527-2695 | | | |
| 8 REPORT | | | | |
| TYPE | X January 15 30th day | before election Runoff | Г | 15th day after campaign treasurer |
| | | | <u> </u> | appointment (officeholder only) |
| | July 15 8th day b | efore election Exceeded reporting | d modified limit | Final Report (Attach C/OH-FR) |
| | | | | |
| 9 PERIOD COVERED | Month Day Year | | lonth Day | Year |
| COVERED | 07/01/2024 | THROUGH | 12/31/2024 | 1 |
| 40 51 507/01/ | FLEOTION SATE | | | |
| 10 ELECTION | ELECTION DATE | | TION TYPE | |
| | Month Day Year | Primary Ru | unoff | Other |
| | | General Sp | pecial | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFF | FICE SOUGHT | (if known) |
| | District Judge District 113 Harris | | | |
| | | | | |
| | 1 | <u> </u> | | |
| | | | | |
| | , | CO TO DAGE 2 | | |
| | • | GO TO PAGE 2 | | |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 49

| 13 C / OH NAME | Sultan Collier, Rabee | a (The Honorable) | 14 Filer ID 00080198 | (Ethics Commission Filers) | | |
|--|--|--|--|----------------------------|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political These expenditures may have been man d officeholders are required to report this | de without the candidate's or offic | eholder's knowledge or | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | | | | | |
| COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURE | R ADDRESS | | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS(OT ES OF LOANS, OR CONTRIBUTIONS N | | \$ 0.00 | | |
| | | ICAL CONTRIBUTIONS | OF LOANS) | \$ 0.00 | | |
| EXPENDITURE | · · | PLEDGES, LOANS, OR GUARANTEES IZED POLITICAL EXPENDITURES | OF LUANS) | . 0.00 | | |
| TOTALS | | | \$ 0.00 | | | |
| 4. TOTAL POLITICAL EXPENDITURES | | | | \$ 31,869.75 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS | OF THE LAST DAY OF THE | \$ 45,707.63 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING L TING PERIOD | OANS AS OF THE LAST DAY | \$ 0.00 | | |
| 17 AFFIDAVIT | | | | | | |
| | | | nder penalty of perjury, that the ac includes all information required ion Code. | | | |
| | | The | e Honorable Rabeea Sultan C | ollier | | |
| | | | ignature of Candidate or Officeho | | | |
| AFFIX NOT | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | |
| Sworn to and subso | Sworn to and subscribed before me, by the said, this the day | | | | | |
| | | ertify which, witness my hand and seal of | | | | |
| | | | | | | |
| Signature of office | er administering oath | Printed name of officer administeri | ng oath Title of office | r administering oath | | |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | 3 of 49 | | | | | | | |
|-------|--|----------|---------------------|--|--|--|--|--|
| | 8 FILER NAME Sultan Collier, Rabeea (The Honorable) 19 Filer ID (Ethics Commission Filers) 00080198 | | | | | | | |
| l | 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | | | |
| 1. | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | | |
| 3. | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | | | | | |
| 4. | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | | | | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 31,869.75 | | | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | | | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 12. X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ 779.16 | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| ┝ | T. 1 | |
| 1 | Total pages Schedule F1: Sch: 1/44 Rpt: 4/49 | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080198 |
| 4 | Date | 5 Payee name |
| | 07/24/2024 | ActBlue |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 366 SUMMER ST |
| | | SOMERVILLE, MA 02144 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | GOTV contribution |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 07/24/2024 | ActBlue |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 366 SUMMER ST |
| | | |
| | | SOMERVILLE, MA 02144 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense contribution |
| | | Continuation |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 07/15/2024 | Adobe Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$32.16 | 345 Park Ave. |
| | | |
| | | San Jose, CA 95110 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | subscription fees |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/44 Rpt: 5/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 08/12/2024 | Adobe Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$32.16 | 345 Park Ave. |
| | | |
| | | San Jose, CA 95110 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Subscription fee |
| | | oussell plant to |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | Date | Payeo namo |
| | 09/12/2024 | Payee name Adobe Inc. |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$32.16 | 345 Park Ave. |
| | | |
| | | San Jose, CA 95110 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense dues |
| | | uues |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| \vdash | Data | Davis same |
| | Date 10/15/2024 | Payee name |
| | | Adobe Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$32.16 | 345 Park Ave. |
| | | |
| L | | San Jose, CA 95110 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | - | Check if Austin, TX, officeholder living expense subscription fee |
| | | Subscription lee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. | | | |
|---|---|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 3/44 Rpt: 6/49 | Sultan Collier, Rabeea (The Honorable) 00080198 | | | |
| 4 | Date | 5 Payee name | | | |
| | 11/12/2024 | Adobe Inc. | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$32.16 | 345 Park Ave. | | | |
| | | | | | |
| | | San Jose, CA 95110 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | subscription fees | | | |
| | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | 1 | | | |
| | Date | Payee name | | | |
| | 12/12/2024 | Adobe Inc. | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$32.16 | 345 Park Ave. | | | |
| | | | | | |
| | | San Jose, CA 95110 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | | subscription fee | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | | | |
| | Date | Payee name | | | |
| | 07/03/2024 | American Bar Association | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$200.00 | 321 North Clark Street | | | |
| | | | | | |
| | | Chicago, IL 60654 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | dues | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OH | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|----------|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/44 Rpt: 7/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 07/19/2024 | American Express |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$695.00 | 200 Vesey Street |
| | | |
| | | New York, NY 10285-3106 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | credit card fee |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | experientare to benefit Grot | ' |
| | Date | Payee name |
| l | 12/16/2024 | An Nisa |
| | Amount (\$) | Payee address; City; State; Zip Code |
| l | \$250.00 | 7100 Regency Square |
| l | | 290 |
| l | | Houston, TX 77036 |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| l | LXI LINDITORE | Candidate/Officeholder/Political Committee |
| l | | contribution |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | y |
| ⊨ | <u> </u> | |
| | Date | Payee name |
| L | 08/01/2024 | Birraporettis |
| l | Amount (\$) | Payee address; City; State; Zip Code |
| | \$252.74 | 500 Louisiana |
| l | | |
| | | Houston, TX 77002 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | staff lunch |
| | | Stati fariori |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| - | | |
| | | |
| | | |

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/44 Rpt: 8/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 11/20/2024 | Brennans of Houston |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$150.00 | 3000 Smith |
| | | |
| | | Houston, TX 77006 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | judges' holiday party |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 10/28/2024 | Canva |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$119.99 | 200 E 6th Street |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | subscription fee |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 08/14/2024 | Caucus |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | PO Box 66664 |
| | | |
| | | Houston, TX 77266 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense dues |
| | | ducs |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/44 Rpt: 9/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 09/06/2024 | Chevron |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$40.07 | 6001 BOLLINGER CANYON RD |
| | | |
| | | SAN RAMON, CA 94583 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | gas expense |
| | | guo exponed |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/O | |
| | · | |
| | Date | Payee name |
| | 10/28/2024 | Costco |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$106.94 | 999 Lake Dr |
| | | |
| | | Issaquah , WA 98027 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense jury |
| | | jui y |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office cought Office hold |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 11/20/2024 | DirectTV |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$115.36 | 2230 E. Imperial Hwy |
| | | |
| | | El Segundo , CA 90245 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | subscription fees |
| _ | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | experience to benefit C/Of | • |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/44 Rpt: 10/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 12/05/2024 | DirectTV |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$119.58 | 2230 E. Imperial Hwy |
| | | |
| | | El Segundo , CA 90245 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | subscription fees |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 07/22/2024 | Doordash |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$209.52 | 116 New Montgomery Street 4th Floor |
| | 4200.02 | |
| | | Con Francisco CA 0410F |
| | | San Francisco , CA 94105 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | intern lunch |
| | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | _ | |
| | Date | Payee name |
| | 07/27/2024 | Doordash |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$53.26 | 116 New Montgomery Street 4th Floor |
| | | |
| | | San Francisco , CA 94105 |
| | 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. |
| | ZAI ZIAZITORZ | Check if Austin, TX, officeholder living expense |
| | | judges' meeting expnse |
| | 2 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | onponditure to benefit 6/01 | • |
| | | |
| | | |

SCHEDULE F1

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/44 Rpt: 11/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 09/27/2024 | Doordash |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$126.72 | 116 New Montgomery Street 4th Floor |
| | | |
| | | San Francisco , CA 94105 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Staff lunch |
| | | Stail lation |
| <u>_</u> | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | |
| | · | |
| | Date | Payee name |
| | 11/20/2024 | Doordash |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$317.32 | 116 New Montgomery Street 4th Floor |
| | | |
| | | San Francisco , CA 94105 |
| | 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 jury meeting |
| | | july incenting |
| | Complete ONL V if direct | Condidate/Officeholder name Office cought Office hold |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 12/06/2024 | Doordash |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$95.00 | 116 New Montgomery Street 4th Floor |
| | | |
| | | San Francisco , CA 94105 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | staff lunch |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Superiorder to beliefft 6/01 | • |
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| | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains h | | ense ges/Contract Labor | Travel in District Travel Out of District OTHER (enter a category | not listed above) |
|---|--|---|------------|----------------------------|---|--------------------|
| 1 | Total pages Schedule F1: Sch: 9/44 Rpt: 12/49 | FILER NAME Sultan Collier, Rabeea (The Honorable) |) | | 3 Filer ID (Ethics 00080198 | Commission Filers) |
| 4 | · | · | , | | 00000100 | |
| | Date 07/19/2024 | Payee name Driskill | | | | |
| 6 | Amount (\$) | | Zip Cod | e | | |
| | \$18.98 | 604 BRAZOS STREET | | | | |
| | | Austin, TX 78701 | | | | |
| 8 | PURPOSE | A) Category (See Categories listed at the top of this sche | edule) (| b) Description | | |
| | OF EXPENDITURE | Food/Beverage Expense | | | outside of Texas. Complete Schen, TX, officeholder living expense | edule T. |
| | | | | food expense | | |
| | | | | • | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name O | ffice soug | nt | Office held | |
| | Date | Payee name | | | | |
| | 07/19/2024 | EASIRENT.COM-AUS | | | | |
| | Amount (\$) | Payee address; City; State; | Zip Cod | е | | |
| | \$45.17 | 115 INDUSTRIAL BLVD | | | | |
| | | | | | | |
| | | Austin, TX 78745 | | | | |
| | PURPOSE OF | a) Category (See Categories listed at the top of this sche | edule) (| b) Description | outside of Toyon Complete Cala | odulo T |
| | EXPENDITURE | Travel Out of District | | | outside of Texas. Complete Schen, TX, officeholder living expense | suule I. |
| | | | | car rental | | |
| | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name O | ffice soug | ht | Office held | |
| | Date | Payee name | | | | |
| L | 12/03/2024 | Edible Arrangement | | | | |
| | Amount (\$) | | Zip Cod | e | | |
| | \$242.46 | 6777 Woodlands Pkwy STE 322 | | | | |
| | | The Woodlands, TX 77382 | | | | |
| | PURPOSE OF | A) Category (See Categories listed at the top of this sche | edule) (| b) Description | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense | | | outside of Texas. Complete Schen, TX, officeholder living expense | eaule T. |
| | | | | congratulator | | |
| | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name O | ffice soug | ht | Office held | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | |
|---|--|--|--|--|--|
| | | | | | |
| 1 | Total pages Schedule F1: Sch: 10/44 Rpt: 13/49 | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080198 | | | |
| _ | · | | | | |
| 4 | Date | 5 Payee name | | | |
| | 12/17/2024 | Eli Valet Services LLC | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$20.00 | 5353 WEST ALABAMA STREET | | | |
| | | | | | |
| | | Houston, TX 77056 | | | |
| | | 1 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | | parking cost | | | |
| | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | | | | |
| | Date | Payee name | | | |
| | 12/29/2024 | Evite, Inc. | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | ` , | | | | |
| | \$266.49 | 600 WILSHIRE BLVD | | | |
| | | | | | |
| | | Los Angeles, CA 90017 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | |
| | | subscription fee | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | 1 | | | |
| H | Date | Payoo namo | | | |
| | | Payee name | | | |
| | 11/06/2024 | GOAT Parking Service | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$31.00 | 2300 PIERCE ST | | | |
| | | | | | |
| | | Houston, TX 77003 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | |
| | | parking cost | | | |
| | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 11/44 Rpt: 14/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 09/24/2024 | Google |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$21.31 | 1600 Amphitheatre Parkway |
| | | |
| | | Mountain View, CA 94043 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | storage fees |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | - CAPCHARATO TO DOMONE GAO | |
| | Date | Payee name |
| | 11/12/2024 | Guard and Grace |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | ONE ALLEN CNTR 500 DALLAS |
| | | |
| | | Houston, TX 77002 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense Staff lunch |
| | | Stail fulleri |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Davies same |
| | 09/30/2024 | Payee name HEB |
| | | |
| | Amount (\$) \$37.55 | Payee address; City; State; Zip Code 646 S. Flores St. |
| | φ37.55 | 040 S. FIDIES St. |
| | | C A |
| | | San Antonio , TX 78024 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | paper products for judges' meeting |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| _ | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | neu above) |
|---|--|--|------------------|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | nmission Filers) |
| | Sch: 12/44 Rpt: 15/49 | | , |
| 4 | Date | 5 Payee name | |
| | 07/19/2024 | HYATT THE DRISKILL | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$483.63 | 604 BRAZOS STREET | |
| | | | |
| | | Austin, TX 78701 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule | Т. |
| | | X Check if Austin, TX, officeholder living expense lodging expense | |
| | | loughing expense | |
| 0 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| 9 | expenditure to benefit C/OI | | |
| _ | | | |
| | Date | Payee name | |
| | 12/06/2024 | Hermès | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$23.45 | 4444 Westheimer Rd | |
| | | | |
| | | Houston, TX 77027 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule | T. |
| | ZA ZADITORZ | Check if Austin, TX, officeholder living expense | |
| | | outgoing judicial award | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| | | | |
| | Date | Payee name | |
| | 09/11/2024 | Houston ISD Foundation | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$100.00 | 4400 WEST 18TH ST FL 1 | |
| | | | |
| | | Houston, TX 77092 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Contributions/Donations Made By | Т. |
| | | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense contribution | |
| | | Contribution | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office hald | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held OH | |
| | | | |
| | | | |
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SCHEDULE F1

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 Expens nmittee Legal Services The Instruction Guide ex | Office Ove Polling Ex e Printing E Salaries/V | erhea pense xpens Vages | se s/Contract Labor | | Travel in District Travel Out of Dist | quipment & Related Expense |
|---|---|-----|---|--|----------------------------------|------------------------|-----|--|----------------------------|
| 1 | Total pages Cabadula F1: | 12 | | | | | 3 | Filor ID | (Ethics Commission Filers) |
| 1 | Total pages Schedule F1: Sch: 13/44 Rpt: 16/49 | | Sultan Collier, Rabeea (The Hon | orable) | | | 3 | Filer ID 00080198 | (Ethics Commission Filers) |
| 4 | Date | 5 | Payee name | | | | | | |
| | 10/20/2024 | | Hyatt Regency | | | | | | |
| 6 | Amount (\$) \$1,445.14 | 7 | Payee address; City; 300 REUNION BLVD Dallas, TX 75207-4409 | State; Zip Co | ode | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of Travel Out of District | this schedule) | (b) | = | TX, | de of Texas. Comp | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | | Candidate/Officeholder name | Office sou | ght | | | Office he | ld |
| | Date | | Payee name | | | | | | |
| | 07/19/2024 | | IAH Parking | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip Co | de | | | | |
| | \$50.00 | | 2800 NORTH TERMINAL RD | | | | | | |
| | | | Houston, TX 77032 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of Travel Out of District | this schedule) | (b) | = | | de of Texas. Comp | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ght | | | Office he | ld |
| | Date | | Payee name | | | | | | |
| | 10/20/2024 | | IAH Parking | | | | | | |
| | Amount (\$) \$5.00 | | Payee address; City; 2800 NORTH TERMINAL RD | State; Zip Co | ode | | | | |
| | | | Houston, TX 77032 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of Travel Out of District | this schedule) | (b) | | TX, | de of Texas. Comp officeholder living | |
| | Complete ONLY if direct expenditure to benefit C/Oh | | Candidate/Officeholder name | Office sou | ght | | | Office he | ld |
| | forms provided by Tayas Ethics Commission www.athics state ty us. | | | | | | | | |

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | |
|----------|--|--|----------|--|--|
| 1 | Total pages Cabadula F1: | | _ | | |
| 1 | Total pages Schedule F1: | | | | |
| | Sch: 14/44 Rpt: 17/49 | Sultan Collier, Rabeea (The Honorable) 00080198 | | | |
| 4 | Date | 5 Payee name | | | |
| | 10/23/2024 | J&G Valet Services | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ | | |
| | \$12.00 | 676 S RIPPLE CREEK DR | | | |
| | | | | | |
| | | Houston, TX 77057 | | | |
| | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense transportation cost | | | |
| | | tiansportation cost | | | |
| Ļ | 0 1. 0 | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| L | | | | | |
| | Date | Payee name | | | |
| | 09/07/2024 | JW Marriott | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | \neg | | |
| | \$1,008.19 | 23808 RESORT PKWY | | | |
| | . , | | | | |
| | | Con Antonio TV 70261 2010 | | | |
| | | San Antonio, TX 78261-2018 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | lodging expense | | | |
| | | loughig expense | | | |
| <u> </u> | Complete ONLY if direct | Condidate/Officeholder name Office sought Office hald | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | | | |
| | | | _ | | |
| | Date | Payee name | | | |
| | 08/01/2024 | Kroger | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$116.15 | 1938 West Gray | | | |
| | | | | | |
| | | Houston, TX 77019 | | | |
| | | | _ | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description City A product of Toyas Complete Schedule T | | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | staff birthday gift | | | |
| | | January gui | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | \dashv | | |
| | expenditure to benefit C/OI | | | | |
| | · | | | | |
| | | | | | |
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| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 15/44 Rpt: 18/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 10/01/2024 | Kroger |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.75 | 1938 West Gray |
| | | |
| | | Houston, TX 77019 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Staff expense |
| | | Stail expense |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| \vdash | Date | Davies same |
| | | Payee name |
| | 11/09/2024 | Kroger |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$97.03 | 1938 West Gray |
| | | |
| | | Houston, TX 77019 |
| | 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 Staff |
| | | Stall |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | David and the second se |
| | Date | Payee name |
| | 12/16/2024 | Kroger |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,894.44 | 1938 West Gray |
| | | |
| | | Houston, TX 77019 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. |
| | | ☐ Check if Austin, TX, officeholder living expense staff and admin gifts |
| | | Stall and admin yirts |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

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

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

| | Credit Card Payment | | The Instruction Guide explains how to co | omple | olete this form. |
|---|---|-----|--|-------|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 16/44 Rpt: 19/49 | | Sultan Collier, Rabeea (The Honorable) | | 00080198 |
| 4 | Date | 5 | Payee name | | · |
| | 12/28/2024 | | Kroger | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Co | ode | |
| | \$191.28 | | 1938 West Gray | | |
| | | | | | |
| | | | Houston, TX 77019 | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) |) Description |
| | OF EXPENDITURE | | Gift/Awards/Memorials Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | | Check if Austin, TX, officeholder living expense gifts and cards expense |
| | | | | | gins and cards expense |
| 9 | Complete ONLY if direct | Щ | Candidate/Officeholder name Office sou | Liaht | t Office held |
| | expenditure to benefit C/O | | Sandidator Sinderiorder Harne | agiit | C Cindo Hold |
| _ | Date | 一 | Payee name | _ | |
| | 12/16/2024 | | Landers Brannon | | |
| | Amount (\$) | ╀ | Payee address; City; State; Zip Co | odo | |
| | \$194.79 | | 2900 N Quinlan Park Rd | oue | • |
| | φ194.79 | | 2900 N Quillian Faik Ku | | |
| | | | Atin TV 70700 | | |
| | | Ļ | Austin, TX 78732 | T | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | TADJ expense | | Check if dustin, TX, officeholder living expense |
| | | | | | communication fee |
| | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | Н | | | |
| | Date | T | Payee name | | |
| | 07/18/2024 | | Lyft | | |
| | Amount (\$) | T | Payee address; City; State; Zip Co | ode | |
| | \$65.78 | | 185 Berry Street, Suite 5000 | | |
| | | | | | |
| | | | San Franscico, CA 94107 | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) |) Description |
| | OF | `´ | Travel Out of District | `´ | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | | Check if Austin, TX, officeholder living expense |
| | | | | | transportation cost |
| | | 上 | | Ļ | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name Office sou | ught | t Office held |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 17/44 Rpt: 20/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 07/19/2024 | Lyft |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$35.83 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | transportation cost |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experientare to benefit Grot | ' |
| | Date | Payee name |
| | 10/18/2024 | Lyft |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$62.02 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | transportation expense |
| | Operation ONLY # discort | One districts (Office health are assets as the control of the health |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 10/18/2024 | Lyft |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$96.42 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | transportation cost |
| | Complete ONL V if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 18/44 Rpt: 21/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 10/20/2024 | Lyft |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$93.69 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | transportation expense |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to benefit Gree | |
| | Date | Payee name |
| | 11/10/2024 | Lyft |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$46.01 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | transportation cost |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | Date | Payee name |
| | 11/10/2024 | Lyft |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$52.69 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | transportation cost |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | • |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 19/44 Rpt: 22/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 11/15/2024 | Lyft |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$51.10 | 185 Berry Street, Suite 5000 |
| | | San Franscico, CA 94107 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | transportation cost |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 11/16/2024 | Lyft |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$253.33 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | transportation costs |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 11/17/2024 | Lyft |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$98.25 | 185 Berry Street, Suite 5000 |
| | 400.20 | |
| | | San Franscico, CA 94107 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense transportation costs |
| | | tansportation costs |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|----------------------------|---|
| 1 | Total pages Schedule F1: | |
| | Sch: 20/44 Rpt: 23/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 11/18/2024 | Lyft |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$154.84 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | transportation costs |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 12/12/2024 | Lyft |
| | | |
| | Amount (\$) \$19.80 | Payee address; City; State; Zip Code 185 Berry Street, Suite 5000 |
| | Φ13.00 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | transportation cost |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Davido namo |
| | 12/13/2024 | Payee name Lyft |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$197.42 | 185 Berry Street, Suite 5000 |
| | | |
| | | San Franscico, CA 94107 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | transportation cost |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | |
|---|--|---|--|--|--|
| _ | Tatal manage Calculate E4. | · · · · · · · · · · · · · · · · · · · | | | |
| 1 | Total pages Schedule F1: Sch: 21/44 Rpt: 24/49 | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080198 | | | |
| 4 | Date | 5 Payee name | | | |
| | 12/06/2024 | M Penner | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$45.55 | 1180 - 06 Uptown Park Blvd | | | |
| | 7 | | | | |
| | | | | | |
| | | Houston, TX 77056 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense | | | |
| | LAFLINDITORL | Check if Austin, TX, officeholder living expense | | | |
| | | outgoing judicial gift | | | |
| | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | 1 | | | |
| H | Date | Payee name | | | |
| | 07/03/2024 | · | | | |
| | | MailChimp | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$140.71 | 675 Ponce de Leon Ave NE | | | |
| | | Suite 5000 | | | |
| | | Atlanta, GA 30308 | | | |
| | PURPOSE | (6) 6 | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | communication fee | | | |
| | | Communication 100 | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| | <u>'</u> | | | | |
| | Date | Payee name | | | |
| | 08/05/2024 | MailChimp | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$140.71 | 675 Ponce de Leon Ave NE | | | |
| | * | Suite 5000 | | | |
| | | | | | |
| | | Atlanta, GA 30308 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | |
| | ZA ZHOHOKZ | Check if Austin, TX, officeholder living expense | | | |
| | | communication fee | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | 1 | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

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

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

| | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | |
|---|--|---|--|--|--|--|
| 1 | Total pages Schedule F1: Sch: 22/44 Rpt: 25/49 | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080198 | | | | |
| 4 | Date 09/03/2024 | 5 Payee name MailChimp | | | | |
| | Amount (\$) \$140.71 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense communication fee | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date 10/03/2024 | Payee name MailChimp | | | | |
| | Amount (\$) \$140.71 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense communication fee | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date 11/04/2024 | Payee name MailChimp | | | | |
| | Amount (\$) \$140.71 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense communication fee | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | | | | | | |

SCHEDULE F1

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

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 23/44 Rpt: 26/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 12/02/2024 | MailChimp |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$140.71 | 675 Ponce de Leon Ave NE |
| | | Suite 5000 |
| | | Atlanta, GA 30308 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Subscription fees |
| | | Subscription |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 07/30/2024 | Mesa Food |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$220.48 | 9830 COLONNADE BLVD |
| | | |
| | | SAN ANTONIO, TX 78230 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | food expense |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 08/19/2024 | Metropolis Parking |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$20.99 | 144 2ND AVE NORTH |
| | | |
| | | Nashville, TN 37201 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | parking |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to co | mple | ete this form. |
|---|---|--|-------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 24/44 Rpt: 27/49 | Sultan Collier, Rabeea (The Honorable) | | 00080198 |
| 4 | Date | 5 Payee name | | - |
| | 11/08/2024 | Microsoft | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| | \$108.24 | One Microsoft Way | | |
| | | | | |
| | | Redmond, WA 98052 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Fees | | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | subscription fees |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sou | laht | Office held |
| 9 | expenditure to benefit C/OI | | igni | Office field |
| | Data | | | |
| | Date 07/10/2024 | Payee name | | |
| | 07/19/2024 | Mr. Express Fuel | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$14.98 | 15921 JFK BLVD | | |
| | | | | |
| | | Houston, TX 77032 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | EXPENDITURE | Travel Out of District | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | gas expense |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ıght | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 08/14/2024 | Muslim Bar Association of Houston | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$5,000.00 | 1300 MCGOWEN ST STE 270 | | |
| | | | | |
| | | Houston, TX 77004 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF | Event Expense | \ `´ | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | · | | Check if Austin, TX, officeholder living expense |
| | | | | sponsorship |
| | Operation ONE VIII II | Condidate/Officeholders | | 0#:!!! |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ignt | Office held |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this for | rm. |
|---|-----------------------------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 25/44 Rpt: 28/49 | Sultan Collier, Rabeea (The Honorable) | 00080198 |
| 4 | Date | 5 Payee name | |
| | 07/09/2024 | Muslim Bar Association of Houston | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$20.00 | 1300 MCGOWEN ST STE 270 | |
| | | | |
| | | Houston, TX 77004 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | |
| | EXPENDITURE | | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |
| | | dues | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | Date | Payee name | |
| | 11/14/2024 | National Association of Muslim Lawyers | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$75.00 | 2670 Miriam Ln | |
| | | | |
| | | Decantur, GA 30032 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Descripti | |
| | EXPENDITURE | 1 1 663 | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |
| | | dues | 3. . |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | Date | Payee name | |
| | 08/02/2024 | Nothing Bundt Cakes | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$36.50 | 5115 Buffalo Speedway | |
| | | | |
| | | Houston, TX 77005 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | 1 000/Beverage Expense | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |
| | | | / expense |
| | | | , |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mittee Legal Services | emorials Expense s tion Guide explains | | /ages | /Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed ab | ove) |
|----------|--|----------|----------------------------|--|------------|-------|-----------------|--------|--|----------------------------------|-------------|
| 1 | Total pages Cobadula F1 | 1 | | | | | | 2 | Filor ID | (Ethios Commission | ion Eilore\ |
| 1 | Total pages Schedule F1: | I | | o (The Herrich) | -) | | | 3 | Filer ID | (Ethics Commiss | ion Fileis) |
| | Sch: 26/44 Rpt: 29/49 | | Sultan Collier, Rabee | a (The Honorable | =) | | | | 00080198 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 11/18/2024 | | Omni Hotel | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City | ; State | ; Zip Co | de | | | | | |
| | \$1,760.23 | I | 4949 E LINCOLN DR | | - | | | | | | |
| | | | | | | | | | | | |
| | | | COTTODALE TV 0 | 5050 4100 | | | | | | | |
| | | ├ | SCOTTSDALE, TX 8! | | | | | | | | |
| 8 | PURPOSE OF | | Category (See Categories I | sted at the top of this sch | nedule) | (b) | Description | | | | |
| | EXPENDITURE | ' | Travel Out of District | | | | = | | de of Texas. Com | | |
| | | | | | | | lodging expen | | officeholder living | expense | |
| | | | | | | | loughing expen | 130 | | | |
| <u>_</u> | 0 1. 5 | <u> </u> | | | 200 | | | | | 1.1 | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | andidate/Officeholder na | ame (| Office sou | ght | | | Office he | eia | |
| L | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 12/11/2024 | | Parkmobile | | | | | | | | |
| | Amount (\$) | | Payee address; City | ; State | ; Zip Co | de | | | | | |
| | \$4.20 | | 1100 SPRINGS STRI | EET | | | | | | | |
| | | | 200 | | | | | | | | |
| | | | | | | | | | | | |
| | | _ | Atlanta, GA 30309 | | | | | | | | |
| | PURPOSE OF | | Category (See Categories I | sted at the top of this sch | nedule) | (b) | Description | | do of Toy O | alata Cabadula T | |
| | EXPENDITURE | ' | Travel In District | | | | = | | de of Texas. Comp officeholder living | | |
| | | | | | | | parking cost | .,, | omoonolder nving | одренее | |
| | | | | | | | parrang coot | | | | |
| \vdash | Complete ONLY if direct | | andidate/Officeholder na | ame (| Office sou | aht | | | Office he | ald. | |
| | expenditure to benefit C/O | | andidate/OniceHoldel He | anc (| ome sou | grit | | | Onice He | ,iu | |
| L | | _ | | | | | | | | | |
| | Date | ı | Payee name | | | | | | | | |
| | 12/04/2024 | | Propay Wells Fargo F | Plaza | | | | | | | |
| | Amount (\$) | | Payee address; City | ; State | ; Zip Co | de | | | | | |
| | \$34.00 | | 1000 LOUISIANA ST | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77002 | | | | | | | | |
| \vdash | PURPOSE | | Category (See Categories I | intend at the ten of this | odule) | (h) | Description | | | | |
| | OF | | Travel In District | isted at the top of this sch | iedule) | (~) | | outsio | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | Travel III District | | | | = | | officeholder living | | |
| | | | | | | | parking | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | C | andidate/Officeholder na | ame (| Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/O | Н | | | | | | | | | |
| | | | | | | | | | | | |
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SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|--|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| | Sch: 27/44 Rpt: 30/49 | Sultan Collier, Rabeea (The Honorable) 00080198 | |
| 4 | Date | 5 Payee name | |
| | 07/18/2024 | Qi Austin | |
| 6 | Amount (\$) \$83.19 | 7 Payee address; City; State; Zip Code 835 WEST 6TH STREET Austin, TX 78703 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 11/08/2024 | Royal Sonesta Hotel | |
| | Amount (\$) \$20.00 | Payee address; City; State; Zip Code 2222 WEST LOOP SOUTH Houston, TX 77027 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking cost | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date 07/30/2024 | Payee name Shipley Donuts | |
| | Amount (\$) \$103.08 | Payee address; City; State; Zip Code 15135 Old Humble Rd Humble, TX 77396 | |
| | 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 jury expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete the | his form. | | | | | |
|----|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 28/44 Rpt: 31/49 | Sultan Collier, Rabeea (The Honorable) | 00080198 | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 12/12/2024 | Shipley Donuts | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$115.27 | 6115 Washington Ave. | | | | | | |
| | | | | | | | | |
| | | Houston, TX 77007 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Des | scription | | | | | |
| | OF EXPENDITURE | 1 ood/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | I — I — I — I | Check if Austin, TX, officeholder living expense od for event | | | | | |
| | | | or for event | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| اً | expenditure to benefit C/OI | | 2002 | | | | | |
| H | Date | Payee name | | | | | | |
| | 07/26/2024 | Shipt | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$90.73 | 17 20th Street North Suite 100 | | | | | | |
| | 400.110 | 17 20th off off the fall of th | | | | | | |
| | | Birmingham , AL 35203 | | | | | | |
| | PURPOSE | | | | | | | |
| | OF | | SCRIPTION Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | 1 000/Develage Expense | Check if Austin, TX, officeholder living expense | | | | | |
| | | sta | aff food expense | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | | |
| | experiditure to beliefit C/Of | 1 | | | | | | |
| | Date | Payee name | | | | | | |
| | 09/23/2024 | Shipt | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$152.96 | 17 20th Street North Suite 100 | | | | | | |
| | | | | | | | | |
| | | Birmingham , AL 35203 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Des | scription | | | | | |
| | OF EXPENDITURE | 1 000/Deverage Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | | Check if Austin, TX, officeholder living expense | | | | | |
| | | 3.00 | an iood oxponio | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
| H | | | | | | | | |
| 1 | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 29/44 Rpt: 32/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 07/12/2024 | Southwest Democrats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.00 | PO Box 2053 |
| | | |
| | | Bellaire, TX 77402-2053 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense dues |
| | | uucs |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 08/12/2024 | Southwest Democrats |
| L | | |
| | Amount (\$) | |
| | \$10.00 | PO Box 2053 |
| | | |
| | | Bellaire, TX 77402-2053 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | dues |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 09/12/2024 | Southwest Democrats |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | PO Box 2053 |
| | | |
| | | Bellaire, TX 77402-2053 |
| Н | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| 1 | | dues |
| L | Operation Chilly III | Out that Office halden are a second of the s |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | <u> </u> |
| | Sch: 30/44 Rpt: 33/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 10/15/2024 | Southwest Democrats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.00 | PO Box 2053 |
| | | |
| | | Bellaire, TX 77402-2053 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | dues |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 11/12/2024 | Southwest Democrats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | PO Box 2053 |
| | | |
| | | Bellaire, TX 77402-2053 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | dues |
| | Complete ONLY if direct | Candidata/Officeholder name Office country Office hold |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 12/12/2024 | Southwest Democrats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | PO Box 2053 |
| | | |
| | | Bellaire, TX 77402-2053 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense dues |
| | | uues |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 31/44 Rpt: 34/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 08/15/2024 | Tacos a Go Go |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$168.26 | 3704 Main St. |
| | | |
| | | Houston, TX 77002 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense food expense for meeting |
| | | lood expense for meeting |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| - | Date | Dougo nama |
| | 09/30/2024 | Payee name |
| | | Tacos a Go Go |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$143.41 | 3704 Main St. |
| | | |
| | | Houston, TX 77002 |
| | 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 jury meeting |
| | | jury meeting |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| _ | Date | Davies same |
| | 12/16/2024 | Payee name Tacos a Go Go |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$260.22 | 3704 Main St. |
| | | |
| | | Houston, TX 77002 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense staff holiday lunch |
| | | Stati Holiday Idiloli |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card F ayment | The Instruction Guide explains how to compl | ete this form. | | |
|---|---|--|---------------------------------|-------------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 32/44 Rpt: 35/49 | Sultan Collier, Rabeea (The Honorable) | | 00080198 | |
| 4 | Date | 5 Payee name | | | |
| | 10/02/2024 | Texas Association Of Civil Trial And Appellate Spo | ecialists | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$400.00 | 609 Main St. | | | |
| | | Herester TV 77000 | | | |
| _ | | Houston, TX 77002 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Fees | Description Check if travel of | outside of Texas. Com | plete Schedule T. |
| | EXPENDITURE | rees | = | TX, officeholder living | |
| | | | dues | | |
| | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | | Office he | eld |
| | | | | | |
| | Date | Payee name | | | |
| | 08/17/2024 | Texas Association of District Judges | | | |
| | Amount (\$) \$50.00 | Payee address; City; State; Zip Code | | | |
| | \$30.00 | 505 Regency Dr | | | |
| | | El Campo , TX 77437 | | | |
| | PURPOSE | (a) a | Description | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Fees | | outside of Texas. Com | plete Schedule T. |
| | EXPENDITURE | , 535 | | TX, officeholder living | expense |
| | | | dues | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office he | ald. |
| | expenditure to benefit C/O | • | | Office fie | au |
| | Date | Payee name | | | |
| | 09/12/2024 | Texas Association of District Judges | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$5,001.06 | 505 Regency Dr | | | |
| | | • , | | | |
| | | El Campo , TX 77437 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | |
| | OF EXPENDITURE | Fees | | outside of Texas. Comp | |
| | | | Lifetime Spor | TX, officeholder living | expense |
| | | | Eliculitic Opol | isorship rec | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office he | eld |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

| Candidate Credit Card F | e/Officeholder/Politica Payment | | Salaries/ Guide explains how to co | Wages/Contract Lab complete this forn | , | er a category not listed above) |
|----------------------------|---|--|---------------------------------------|--|---|---------------------------------|
| 1 Total pages | s Schedule F1: | 2 FILER NAME | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 33/4 | 4 Rpt: 36/49 | Sultan Collier, Rabeea (Tl | ne Honorable) | | 0008019 | 8 |
| 4 Date | | 5 Payee name | | | | |
| 09/04/202 | 24 | Texas Center for the Judi | ciary | | | |
| 6 Amount (\$) | | 7 Payee address; City; | State; Zip Co | ode | | |
| | \$1,000.00 | 1210 San Antonio St | | | | |
| | | | | | | |
| | | Austin, TX 78701 | | | | |
| 8 PURPO | | (a) Category (See Categories listed a | | (b) Description | | |
| EXPENDI | | Contributions/Donations N | | | travel outside of Texas. C Austin, TX, officeholder li | |
| | | Candidate/Officeholder/Po | onnicai Comminee | contribut | | wing expense |
| | | | | | | |
| | ONLY if direct to benefit C/O | Candidate/Officeholder name | Office sou | <u>l</u> ught | Office | e held |
| Date | | Payee name | | | | |
| 11/19/202 | 24 | Texas Chili Parlor | | | | |
| | | | 0 7. 0 | | | |
| Amount (\$) | | Payee address; City; | State; Zip Co | ode | | |
| | \$19.54 | 1409 LAVACA ST | | | | |
| | | | | | | |
| | | Austin, TX 78701-1634 | | | | |
| PURPO | | (a) Category (See Categories listed a | t the top of this schedule) | (b) Description | n | |
| OF EXPENDI | | Food/Beverage Expense | | ı <u>—</u> | travel outside of Texas. 0 | |
| | | | | | Austin, TX, officeholder li | iving expense |
| | | | | food exp | ense | |
| | 2111 1/1/11 | 0 "1 1 10" 1 11 | O.W. | <u> </u> | | |
| | <u>ONLY</u> if direct e to benefit C/O | Candidate/Officeholder name | Office sou | ugnt | Office | e neid |
| | | | | | | |
| Date | | Payee name | | | | |
| 10/20/202 | 24 | Texas Southern University | У | | | |
| Amount (\$) |) | Payee address; City; | State; Zip Co | ode | | |
| | \$200.00 | 3100 Cleburne | | | | |
| | | | | | | |
| | | Houston, TX 77004 | | | | |
| PURPO | | (a) Category (See Categories listed a | t the top of this schedule) | (b) Description | on | |
| OF EXPENDI | | Event Expense | | I <u>—</u> | travel outside of Texas. (| |
| | TORL | | | | Austin, TX, officeholder li | iving expense |
| | | | | sponsors | snip | |
| 0-11 | 2011 37 15 17 11 11 11 11 11 11 11 11 11 11 11 11 | On and distant a lost of the last of the l | | | | . 11.1 |
| | <u>ONLY</u> if direct e to benefit C/O | Candidate/Officeholder name | Office sou | ugnt | Office | e neid |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 34/44 Rpt: 37/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 07/19/2024 | The Capitol Grille |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$20.78 | 1400 CONGRESS AVE |
| | | |
| | | Austin, TX 78701-1932 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | LXI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | food cost |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 09/08/2024 | The Caucus |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 401 BRANARD ST |
| | Φ1,000.00 | 401 BICAINAIND 31 |
| | | |
| | | Houston, TX 77006 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | sponsorship |
| | 0 1: 01 1/4 1 | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 07/15/2024 | The Caucus |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | 401 BRANARD ST |
| | | |
| | | Houston, TX 77006 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | dues |
| L | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |
| l | | |

SCHEDULE F1

Advertising Expense Eve
Accounting/Banking Fee
Consulting Expense Foo
Contributions/ Donations Made By - Gift

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 35/44 Rpt: 38/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 09/16/2024 | The Caucus |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.00 | 401 BRANARD ST |
| | | |
| | | Houston, TX 77006 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | dues |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 10/15/2024 | The Caucus |
| L | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | 401 BRANARD ST |
| | | |
| L | | Houston, TX 77006 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense dues |
| | | ducs |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Davisa nama |
| | 11/14/2024 | Payee name The Caucus |
| L | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | 401 BRANARD ST |
| | | |
| | | Houston, TX 77006 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | dues |
| 1 | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| L | | |

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/V The Instruction Guide explains how to co | | es/Contract Labor OTHER (enter a category not listed above) olete this form. | |
|---|--|--|-----|---|----|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filer | s) |
| | Sch: 36/44 Rpt: 39/49 | Sultan Collier, Rabeea (The Honorable) | | 00080198 | |
| 4 | Date | 5 Payee name | | | |
| | 12/16/2024 | The Caucus | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | de | | |
| | \$10.00 | 401 BRANARD ST | | | |
| | | | | | |
| | | Houston, TX 77006 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) |) Description | |
| | OF EXPENDITURE | Fees | | Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITORE | | | Check if Austin, TX, officeholder living expense | |
| | | | | dues | |
| _ | | | | 255 | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou H | ght | t Office held | |
| | · | | | | |
| | Date | Payee name | | | |
| | 09/08/2024 | The Post Oak at Uptown | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | | |
| | \$23.80 | 1600 W Loop S | | | |
| | | | | | |
| | | Houston, TX 77027 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description | |
| | OF EXPENDITURE | Travel In District | | Check if travel outside of Texas. Complete Schedule T. | |
| | | | | Check if Austin, TX, officeholder living expense parking expense | |
| | | | | parking expense | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | aht | t Office held | |
| | expenditure to benefit C/O | | 9 | | |
| | Date | Payee name | | | |
| | 09/23/2024 | Tiff's Treats | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | nde | | |
| | \$50.00 | 2507 Bagby St | uc | | |
| | 400.00 | | | | |
| | | Houston, TX 77006 | | | |
| | PURPOSE | | (h) |) Decements | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (D) | Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | 1 000/Deverage Expense | | Check if Austin, TX, officeholder living expense | |
| | | | | staff | |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ght | t Office held | |
| | experiulture to beliefft C/O | <u> </u> | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 37/44 Rpt: 40/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 11/05/2024 | Tiff's Treats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$47.63 | 2507 Bagby St |
| | | |
| | | Houston, TX 77006 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense staff |
| | | Guar. |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| _ | Date | Dayso nama |
| | 12/02/2024 | Payee name Tiff's Treats |
| | | 1 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$50.00 | 2507 Bagby St |
| | | |
| | | Houston, TX 77006 |
| | 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 staff |
| | | Starr |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Date | Dayso nama |
| | 12/09/2024 | Payee name Tiff's Treats |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$141.29 | 2507 Bagby St |
| | | |
| | | Houston, TX 77006 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | judicial jury awards |
| | | , , , , , , , , , , , , , , , , , , , |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | <u> </u> |
| | Sch: 38/44 Rpt: 41/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 12/06/2024 | Tiffany's |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$175.90 | 5015 Westheimer Road Houston |
| | | |
| | | Houston, TX 77053 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | outgoing judicial gift |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 07/25/2024 | Twisted Grilled Cheese |
| | | |
| | Amount (\$) \$12.98 | Payee address; City; State; Zip Code 401 FRANKLIN ST |
| | \$12.98 | 401 FRANKLIN ST |
| | | Houston, TX 77002-1569 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | intern |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 4 |
| | Date | Payee name |
| | 07/16/2024 | United Airlines |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$633.95 | Po Box 06649 |
| | • | |
| | | Chicago, IL 60606 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | travel to Austin |
| | 0 1 0 0 1 1 1 1 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. | | |
|---|---|--|--------------------------------------|--------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 39/44 Rpt: 42/49 | Sultan Collier, Rabeea (The Honorable) | | 00080198 | |
| 4 | Date | 5 Payee name | | | |
| | 10/17/2024 | United Airlines | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$552.95 | Po Box 06649 | | | |
| | | | | | |
| | | Chicago, IL 60606 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | |
| | OF EXPENDITURE | Travel Out of District | Check if travel outs | side of Texas. Com | plete Schedule T. |
| | EXPENDITORE | | Check if Austin, TX | | g expense |
| | | | transportation c | OST | |
| _ | Opening ONE V if direct | Out did to 10 ff and add an arrange | | Off I- | -1.4 |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | | Office h | eia |
| | | | | | |
| | Date | Payee name | | | |
| | 10/20/2024 | United Airlines | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$120.00 | Po Box 06649 | | | |
| | | | | | |
| | | Chicago, IL 60606 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | |
| | OF EXPENDITURE | Travel Out of District | Check if travel outs | | |
| | | | Check if Austin, TX transportation c | | g expense |
| | | | i ansportation o | 051 | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office h | eld |
| | expenditure to benefit C/O | 9 | | | |
| | Date | Payee name | | | |
| | 11/05/2024 | United Airlines | | | |
| | | Payee address; City; State; Zip Code | | | |
| | Amount (\$) \$492.62 | Po Box 06649 | | | |
| | Ψ492.02 | F 0 D0X 00049 | | | |
| | | Chicago II COCOC | | | |
| | | Chicago, IL 60606 | | | |
| | PURPOSE OF | , | Description X Check if travel outs | cido of Toyas Com | anlata Schadula T |
| | EXPENDITURE | Travel Out of District | Check if Austin, TX | | |
| | | | transportation c | ost | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office h | eld |
| | expenditure to benefit C/O | 1 | | | |
| _ | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | |
|---|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | |
| l | Sch: 40/44 Rpt: 43/49 | Sultan Collier, Rabeea (The Honorable) 00080198 | | |
| 4 | Date | 5 Payee name | | |
| l | 11/15/2024 | United Airlines | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| l | \$210.00 | Po Box 06649 | | |
| l | | | | |
| | | Chicago, IL 60606 | | |
| 8 | PURPOSE | - | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | | change fees | | |
| | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| L | experientare to benefit Great | | | |
| l | Date | Payee name | | |
| l | 11/25/2024 | United Airlines | | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | | |
| l | \$8.00 | Po Box 06649 | | |
| | | | | |
| | | Chicago, IL 60606 | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| l | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | |
| | Cneck if Austin, 1X, officenoider living expense | | | |
| | | internet fee | | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OI | | | |
| ⊨ | Dete | | | |
| l | Date 11/13/2024 | Payee name United States Postal Service | | |
| | | | | |
| l | Amount (\$) | Payee address; City; State; Zip Code | | |
| l | \$1.46 | 1900 West Gray | | |
| l | | He stee TV 77040 | | |
| L | | Houston, TX 77019 | | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | | |
| l | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| l | | postage | | |
| | | | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OI | 1 | | |
| H | | | | |
| | | | | |
| ĺ | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|--|---|
| 1 | Total pages Schedule F1: | | _ |
| - | Sch: 41/44 Rpt: 44/49 | Sultan Collier, Rabeea (The Honorable) 00080198 | |
| 4 | Date | 5 Payee name | |
| | 11/25/2024 | Vimeo Plus | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$89.54 | 330 W 34th St | |
| | | Floor 10 | |
| | | New York, NY 10001 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | subscription fees | |
| | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | = |
| | 09/25/2024 | Voodoo | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$66.25 | 828 SOUTH WEST 1ST AVE | |
| | | | |
| | | Portland, OR 97204 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | jury | |
| | | ,, | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | = |
| | 07/29/2024 | Webconnex | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$59.00 | 914 2nd St | |
| | Ψ39.00 | | |
| | | Sacremento , CA 95814 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | transactions fees | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | 1 | |
| | | | _ |
| | | | |
| | | | |

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| - | Total pages Cabadula 51: | |
| 1 | Total pages Schedule F1: Sch: 42/44 Rpt: 45/49 | 2 FILER NAME Sultan Collier, Rabeea (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080198 |
| 4 | Date | F. Davis same |
| 4 | | 5 Payee name |
| | 08/27/2024 | Webconnex |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$59.00 | 914 2nd St |
| | | |
| | | |
| | | Sacremento , CA 95814 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | transaction fee |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ا | expenditure to benefit C/OI | |
| _ | | |
| | Date | Payee name |
| | 09/27/2024 | Webconnex |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$59.00 | 914 2nd St |
| | 400.00 | |
| | | |
| | | Sacremento , CA 95814 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | transaction fees |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | | |
| | Date | Payee name |
| L | 10/28/2024 | Webconnex |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$59.00 | 914 2nd St |
| | | |
| | | Sacramento, CA 05914 |
| | | Sacremento , CA 95814 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | transaction fee |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 43/44 Rpt: 46/49 | Sultan Collier, Rabeea (The Honorable) 00080198 |
| 4 | Date | 5 Payee name |
| | 11/27/2024 | Webconnex |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$59.00 | 914 2nd St |
| | | |
| | | Sacremento , CA 95814 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense transaction fees |
| | | than Saddon 1665 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ĺ | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 12/27/2024 | Webconnex |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$59.00 | 914 2nd St |
| | 400.00 | |
| | | Sacremento , CA 95814 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | transaction fee |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiditure to beliefit C/Of | |
| | Date | Payee name |
| | 09/03/2024 | WebsiteBuilder.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$22.00 | 10 Corporate Dr |
| | | |
| | | Birlington , MA 01803 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Website |
| | | 1103010 |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Committee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl | | se s/Contract Labor | Travel in Distric Travel Out of Di OTHER (enter a | t strict category not listed above) |
|---|--|---------------------|--|------------------|------------------------|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAM | ИЕ | | | 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 44/44 Rpt: 47/49 | | llier, Rabeea (The Honor | able) | | 00080198 | |
| 4 | Date | 5 Payee nam | ne | | | | |
| | 10/15/2024 | | uilder.com | | | | |
| 6 | Amount (\$) | 7 Payee add | ress; City; S | tate; Zip Code | | | |
| | \$96.00 | 10 Corpoi | rate Dr | | | | |
| | | | | | | | |
| | | Birlington | , MA 01803 | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the top of th | is schedule) (b) | Description | | |
| | OF EXPENDITURE | | g Expense | | _ | outside of Texas. Con | |
| | EXI ENDITORE | | | | _ | TX, officeholder living | g expense |
| | | | | | website | | |
| | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/C H | fficeholder name | Office sought | | Office h | eld |
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 48/49 2 FILER NAME Filer ID (Ethics Commission Filers) Sultan Collier, Rabeea (The Honorable) 00080198 8 Amount (\$) Date 5 Name of person from whom amount is received 08/31/2024 **Texas Association of District Judges** \$584.37 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767 Purpose for which amount is received Check if political contribution returned to filer reimbursement for Landers Brannon Amount (\$) Name of person from whom amount is received Date 08/31/2024 Texas Association of District Judges \$194.79 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767 Purpose for which amount is received Check if political contribution returned to filer reimbursement for Brannon Landers

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 49/49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sultan Collier, Rabeea (The Honorable) 00080198 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Collier, Rabeea 8 Departure city or name of departure location 11/15/2024 9 Destination city or name of destination location 11/18/2024 Phoenix 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane event