FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 93 00085598 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Salman NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Bhojani CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 392 MAILING Amount Receipt # **ADDRESS** Change of Address Euless, TX 76039 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Brian D. NAME NICKNAME LAST **SUFFIX** Patrick STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3004 Starlight Ct **ADDRESS** (Residence or Business) Euless, TX 76039 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (203) 675-8821 **PHONE**

January 15

Day

Day

OFFICE HELD (if any)

ELECTION DATE

State Representative District 92

01/01/2025

Year

Year

July 15

Х

Month

Month

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

Primary

General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2025

12 OFFICE SOUGHT (if known)

Year

Other

reporting limit

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 93

13 C / OH NAME	Bhojani, Salman (The	Honorable)		14 Filer ID 00085598	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted of These expenditures may have land officeholders are required to re	been made without th	he candidate's or of	ficeholder's kı	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	S		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTI ES OF LOANS, OR CONTRIBU			S, \$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	ANTEES OF LOANS)	\$	7,800.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	69,915.79
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAI RIOD	NED AS OF THE LA	AST DAY OF THE	\$	177,642.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	NDING LOANS AS (OF THE LAST DAY	\$	79.14
17 AFFIDAVIT		true and co	affirm, under penalty rrect and includes all 15, Election Code.			
			The Honor	rable Salman Bho	ojani	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	rtify which, witness my hand an	nd seal of office.			
Signature of office	eer administering	Printed name of officer ad	ministering	Title of off	icer administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 93
_	LER NAN	ME Salman (The Honorable)	19 Filer ID 00085598	(Ethic	s Commission Filers)
		· · · ·	00000090	,	
		E SUBTOTALS SCHEDULE		5	SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7,800.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	49,694.21	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	19,579.75
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	641.83	
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	\$	146.91		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCH	HED	UL	E	Α2

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 4/93			
2 FILER NAME Bhojani, Sa	≣ alman (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085598			
4 TOTAL OI	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 01/01/2025	6 Full name of contributor out-of-state PAC (ID#: 6301 ECC LLC 7 Contributor address; City; State; Zip Code Irving, TX 75063		8 Amount of contribution (\$) 9 In-kind contribution description \$1,300.00 Office space			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 02/01/2025	Full name of contributor out-of-state PAC (ID#: 6301 ECC LLC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,300.00 Office space			
	Irving, TX 75063		I I Check if travel outside of Texas. Complete Schedule T.			
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 03/01/2025	Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,300.00 Office space			
Principal occ	Irving, TX 75063 supation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/93		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Bhojani, Sal	man (The Honorable)	00085598			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description		
04/01/2025	0001 200 220		\$1,300.00 Office space		
	7 Contributor address; City; State; Zip Code				
	Irving, TX 75063		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 05/01/2025	Full name of contributor Out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description		
05/01/2025	6301 ECC LLC		\$1,300.00 Office space		
	Contributor address; City; State; Zip Code				
	Irving, TX 75063		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Combuile	employer/law firm (FOR JUDICIAL)	Lauréinea af a antaile sta	and a march (if any) (FOR AUDICIAL)		
Contributors	employemaw iimi (FOR JODICIAL)	Law IIIII of Contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
06/01/2025	6301 ECC LLC		contribution (\$) description		
i i	Contributor address; City; State; Zip Code		\$1,300.00 Office space		
	In in a TV 75000		_		
Duineinelees	Irving, TX 75063	Franks von (FOR NON	Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
			(()		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	t/Awards/Memorials I gal Services ne Instruction Gu			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/32 Rpt: 6/93	_	Bhojani, Salm	an (The Hono	rable)				_	00085598	(Euros Commission	1 11010)
4	Date	5	Payee name									
	05/27/2025		AT&T									
6	Amount (\$) \$55.54	7	Payee address; 208 S Akard S Dallas, TX 75	St	State;	Zip Cod	de					
8	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF	``	Officeholder L			oddie)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			5 ,				X Check if Austin, Utilities for Au		officeholder living n apartment		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	holder name	0	office souç	ght			Office he	eld	
	Date		Payee name									
	04/28/2025		AT&T									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$50.16		208 S Akard S	St								
		┝	Dallas, TX 75				4.					
	PURPOSE OF	(a)	Category (See			edule)	(b)	Description	outoi	de of Toyon Com	nlata Cabadula T	
	EXPENDITURE		Officeholder L	iving Expense	!			Check if travel of X Check if Austin,		de of Texas. Com officeholder living		
								Internet for A				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name	0	office souç	ght			Office he	eld	
	Date		Payee name									
	03/31/2025		AT&T									
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$73.22		208 S Akard S	St								
			Dallas, TX 75	202								
	PURPOSE OF	(a)	Category (See			edule)	(b)	Description				
	EXPENDITURE		Officeholder L	iving Expense	!			ш		de of Texas. Com officeholder living	•	
								Internet for A				
								torriot for A	40 0	aparamen	•	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Office	holder name	0	office souç	ght			Office he	eld	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 2/32 Rpt: 7/93	L	Bhojani, Sa	man (The Hond	orable)					00085598	
4	Date	5	Payee name								
	03/17/2025		Action Netw	ork							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$10.00		1900 L Stre	et NW							
			Ste 900								
			Washington	, DC 20036							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising			,		=		de of Texas. Comp	
	TVI FIADITORE							—		officeholder living	expense
								Email platforn	11		
<u>_</u>	Complete ONII V if allows:	Ļ	Condidate (Off	acholder record		office	10,64			O#:!	ld.
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name		office sou	ignt			Office he	eiu ————————————————————————————————————
	Date		Payee name								
	02/18/2025		Action Netw	ork							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$10.00		1900 L Stre	et NW							
			Ste 900								
			Washington	, DC 20036							
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising					_		de of Texas. Comp	
								_		officeholder living	expense
								Email platforn	11		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	laht I			Office he	eld
	expenditure to benefit C/O			Section of Humo			-9·11				
	Date		Payee name								
	01/17/2025	L	Action Netw	ork							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$10.00		1900 L Stre	et NW							
			Ste 900								
			Washington	, DC 20036							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising							de of Texas. Comp	
								Check if Austin, Email platforn		officeholder living	expense
								Liliali piatiott	11		
	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		Office sou	lapt			Office he	ald
	expenditure to benefit C/O		Januale/OIII	ocholaci Haille	C	300	agrit			Office He	iiu

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

Travel Out of District

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

Credit Card F	Payment	•	de explains how to co	-	ete this form.			
1 Total pages	s Schedule F1:	2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commis	sion Filers)		
	2 Rpt: 8/93		Bhojani, Salman (The Honorable) 00085598					
4 Date		5 Payee name			<u>'</u>			
06/05/202	.5	Adobe						
6 Amount (\$)		7 Payee address; City;	State; Zip Co	de				
	\$21.64	345 Park Avenue						
		San Jose, CA 95110						
8 PURPO	SE	(a) Category (See Categories listed at the	e top of this schedule)	(b)	Description			
OF EXPENDI	TURF	Advertising Expense	,		Check if travel outside of Texas. Complete Schedule T.			
2/11 2/113/					Check if Austin, TX, officeholder living expense Adobe Acrobat			
					Adobe Acrobat			
9 Complete 0	ONLY if direct	Candidate/Officeholder name	Office sou	aht	Office held			
	e to benefit C/O		Office Sou	giit	Office field			
Data								
Date 05/05/202	· F	Payee name						
		Adobe						
Amount (\$)		Payee address; City;	State; Zip Co	de				
	\$21.64	345 Park Avenue						
		San Jose, CA 95110						
PURPO OF		(a) Category (See Categories listed at the	e top of this schedule)	(b)	Description			
EXPENDI		Advertising Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
					Adobe Acrobat			
Complete <u>C</u>	ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held			
expenditure	e to benefit C/O	Н						
Date		Payee name						
04/07/202	.5	Adobe						
Amount (\$)		Payee address; City;	State; Zip Co	de				
(' /	\$21.64	345 Park Avenue	•					
		San Jose, CA 95110						
PURPO)SE	(a) Category (See Categories listed at the	e ton of this schedule)	(b)	Description			
OF EXPENDI		Advertising Expense	s top or time confidency		Check if travel outside of Texas. Complete Schedule T.			
EXPENDI	IUKE				Check if Austin, TX, officeholder living expense			
					Adobe Acrobat			
Committee	DAIL V. H 15 2	Condidate Office Is all and a second	04:	er le 4	0.00 L-1.1			
	<u>ONLY</u> if direct to benefit C/O	Candidate/Officeholder name H	Office sou	ynt	Office held			

SCHEDULE F1

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

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 4/32 Rpt: 9/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	03/05/2025	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	345 Park Avenue
		San Jose, CA 95110
8	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 Adobe Acrobat
		Adobe Actobat
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/05/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Avenue
		San Jose, CA 95110
	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 Adobe Acrobat
		Adobe Actobat
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	01/06/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Avenue
		San Jose, CA 95110
	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 Adobe Acrobat
		Adobe Actobat
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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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 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/32 Rpt: 10/93	2 FILER NAME Bhojani, Salman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085598
4	Date 02/04/2025	5 Payee name Arrenzola, Kenneth
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1609 Saldana Ave
		Laredo, TX 78041
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	Arrenzola, Kenneth
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 1609 Saldana Ave
		Laredo, TX 78041
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff parking reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/24/2025	Payee name Arwani, Ali
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 13699 Marmolada Drive
		Frisco, TX 75035
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking reimbursement
	Complete ONLY if direct expenditure to benefit C/OF	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
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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	? FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 6/32 Rpt: 11/93	Bhojani, Salman (The Honorable)		00085598	
4	Date	Payee name			
	01/29/2025	Asian Texans for Justice			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$120.00	PO Box 142176			
		Austin, TX 78714			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	· · · · · · · · · · · · · · · · · · ·	vel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Carranaaco, Ciniconolaci, Continuaco	ıstin, TX	, officeholder living	expense
		Donation			
L					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	06/05/2025	Austin Water			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$78.37	625 E 10th St			
		Austin, TX 78701			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Officeriolder Living Experise		ide of Texas. Com	
				, officeholder living in apartment	
		Ounties for	/ lust	птараганста	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	5ld
	expenditure to benefit C/O	Canada de modificación name		Omico ne	, i
_	Date	Davida nama			
	05/12/2025	Payee name Austin Water			
	Amount (\$) \$53.12	Payee address; City; State; Zip Code 625 E 10th St			
	Φ03.12	025 E 10til St			
		A .: TV 70704			
		Austin, TX 78701			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Officeriolider Living Experise		ide of Texas. Com , officeholder living	•
		-		in apartment	
				•	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	Ç			
-					

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 Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense		oense ages/Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:			-1->			3	Filer ID	(Ethics Commission Filers)
	Sch: 7/32 Rpt: 12/93		alman (The Honorat	oie) ———				00085598	
4	Date	5 Payee name							
L	04/11/2025	Austin Wat							
6	Amount (\$)	7 Payee addre		State;	Zip Cod	le			
	\$29.21	625 E 10th	ડા						
		Austin, TX	78701						
8	PURPOSE	(a) Category (S	See Categories listed at the to	p of this sched	(elut	(b) Description			
	OF EXPENDITURE	Officeholde	er Living Expense						nplete Schedule T.
Check if Austin, TX, officeholder living ex Utilities for Austin apartment									
								-	
9	Complete ONLY if direct expenditure to benefit C/Oł		ficeholder name	Of	ffice soug	ht		Office h	eld
	Date	Payee name	ı.				_		
	03/14/2025	Austin Wat							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	'e			
	\$31.04	625 E 10th	St						
		Austin, TX	78701						
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this sched	(elub	(b) Description			
	OF EXPENDITURE		er Living Expense					side of Texas. Com K, officeholder living	nplete Schedule T.
								in apartmen	
								- 4× 31.1011	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office h	eld
H	Date	Payee name	1				—		
	02/11/2025	Austin Wat							
	Amount (\$)	Payee addre		State;	Zip Cod	<u>е</u>			
	\$42.43	625 E 10th		,					
		Austin, TX	78701						
	PURPOSE OF	l .	See Categories listed at the to	p of this sched	dule)	(b) Description			
	EXPENDITURE	Officeholde	er Living Expense					side of Texas. Com I, officeholder living	nplete Schedule T. g expense
								in apartmen	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office h	eld

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	not listed above)						
1	Total pages Schedule F1:		s Commission Filers)						
	Sch: 8/32 Rpt: 13/93	Bhojani, Salman (The Honorable) 00085598							
4	Date	Payee name							
	02/05/2025	Belanger, Katherine							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$100.00	10600 Brezza Ln							
		Apt 523							
		Austin, TX 78748							
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 Sch							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	9						
		Staff headshots							
_	Commiste ONII V if diseast	Condidate/Officeholder name							
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH							
	·								
	Date	Payee name							
	06/30/2025	Bhojani, Salman (Rep.)							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$275.66	5 1034 Lone Ivory Trl							
		Arlington, TX 76005							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Sch							
		Check if Austin, TX, officeholder living expense Reimbursement of American Expr							
		personal funds	cos billo pala from						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	o							
_	Date	Davide name							
	06/30/2025	Payee name Bhojani, Salman (Rep.)							
	Amount (\$) \$439.68	Payee address; City; State; Zip Code							
	\$439.08	3 1034 Lone Ivory Trl							
		Adia star. TV 7000F							
		Arlington, TX 76005							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Set	vadula T						
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living expense							
		Reimbursement of toll tag charges							
		personal funds							
	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 Comm 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 9/32 Rpt: 14/93	2 FILER NAME Bhojani, Salman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085598
4	Date	5 Payee name
	05/12/2025	Botani, Bryan
6	Amount (\$) \$96.88	7 Payee address; City; State; Zip Code 3530 Brackenfern Rd
		Katy, TX 77449
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Staff reimbursement for printing one-pagers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/22/2025	Botani, Bryan
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.15	3530 Brackenfern Rd
	Ψ020	
		Katy, TX 77449
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff reimbursement for printing flyers
		Stan reinbursement for printing nyers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	Botani, Bryan
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	3530 Brackenfern Rd
		Katy, TX 77449
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff parking reimbursement
		Stan parking reinbursement
	Operation Children	Overflideta (Official telephone and Community
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portandio to bolloni 0/01	

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	al 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 Fil	ers)
	Sch: 10/32 Rpt: 15/93	Bhojani, Salman (The Honorable) 00085598	
4	Date	5 Payee name	
	01/15/2025	Campaign Verify	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$95.00	8605 Westwood Center Dr Suite 505	
		Vienna, VA 22182	
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	
		Account verification for texting platform	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/23/2025	Citibank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,140.40	6460 Las Colinas Blvd	
		Irving, TX 75039	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Credit card payment	
		Orean cara payment	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
	05/22/2025	Citibank	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,916.49	6460 Las Colinas Blvd	
		Irving, TX 75039	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Credit card payment	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Leç	/Awards/Memorials E pal Services e Instruction Gui			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
<u>_</u>	Tatal name C	٦		- monaction Gui	ac capianis i		թ.с	1	_	E3 IB	(Ethios Convenience E''	-\
1	Total pages Schedule F1:	2		/ 1					3	Filer ID	(Ethics Commission Filers	5)
	Sch: 11/32 Rpt: 16/93		Bhojani, Salm	an (The Honor	abie)					00085598		
4	Date	5	Payee name									
	04/22/2025		Citibank									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Cod	de					
	\$5,503.79		6460 Las Coli	-		-						
			Indiaa TV 750	20								
L		_	Irving, TX 750									
8	PURPOSE OF	(a)	Category (See C		e top of this sch	edule)	(b)	Description				
	EXPENDITURE		Credit Card Pa	ayment				-		de of Texas. Con officeholder livin	plete Schedule T.	
								Credit card pa			3 evhense	
								orcan cara po	ayıı	nont.		
_	Complete ONU V if alice	<u> </u>	20 malialo + - / Offi 1	alden ec)#:	ou los 4			04:	ماما	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officel	ıvıder name	C	Office sou	ynt			Office h	eiu	
L												
	Date		Payee name		<u>-</u>							
	03/24/2025		Citibank									
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$8,732.27		6460 Las Coli	nas Blvd								
			Irving, TX 750	30								
	DUDDOG	ļ.				П	<i>a</i> :					
	PURPOSE OF	(a)	Category (See C		e top of this sch	edule)	(a)	Description	nuto:	do of Toyon Com	anloto Schodulo T	
	EXPENDITURE		Credit Card Pa	ayment				=		officeholder livin	nplete Schedule T. g expense	
								Credit card pa			ν - Γείτε	
								- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	٠٠,٠٠	2 -		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Office	nolder name		Office soug	tdr			Office h	eld.	
	expenditure to benefit C/O		Januluale/Onicei	IOIGOI HAIHE	C	zinec souţ	JIIL			Onice II	oiu -	
L		_										
	Date		Payee name									
L	02/24/2025	L	Citibank									
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$1,110.14		6460 Las Coli	nas Blvd								
			Irving, TX 750	39								
	PURPOSE	(2)					(h)	Description				
	OF	^(ه)	Category (See C		e top of this sche	edule)	(U)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Credit Card Pa	ayını c ını				ш		officeholder livin	•	
								Credit card pa				
	Complete ONLY if direct		Candidate/Office	nolder name	C	Office soug	ght			Office h	eld	
	expenditure to benefit C/O						٠.٠					

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

Travel in District
e Travel Out of District
(Contract Labor OTHER (enter a category n

	Candidate/Officenoider/Politica Credit Card Payment	ai Co	The Instruction Guide explains how to co	-	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 12/32 Rpt: 17/93		Bhojani, Salman (The Honorable) 00085598								
4	Date	5	Payee name								
l	01/22/2025		Citibank								
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode							
l	\$4,719.31		6460 Las Colinas Blvd								
l											
L			Irving, TX 75039								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description						
l	EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l					Credit card payment						
l											
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held						
L	expenditure to benefit C/Ol	H									
Г	Date		Payee name								
	04/17/2025		Clayton Spangler Photographic Design								
l	Amount (\$)		Payee address; City; State; Zip Co	ode							
\$549.00 235 Point Lick Drive											
l											
L			Charleston, WV 25306								
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		Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense						
l					89th Legislature panoramic photo						
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ıght	Office held						
L	experialiture to benefit C/O										
l	Date		Payee name								
	01/14/2025		Comerica Bank								
l	Amount (\$)		Payee address; City; State; Zip Co	ode							
l	\$4.40		PO Box 650282								
l			D. II TV 75005								
L		Ĺ.,	Dallas, TX 75265								
l	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T.						
l	EXPENDITURE		Accounting/Banking		Check if Austin, TX, officeholder living expense						
l					Bank service fee						
L											
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ıght	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 13/32 Rpt: 18/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	03/10/2025	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.31	2601 E State Hwy 114
		Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Supplies for Iftar event
		Supplies is that stolk
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	05/27/2025	Dillard, Jordyn
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	715 W 23rd St
l	, ,	
		Austin, TX 79705
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payroll
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
⊨	D-1-	
	Date 01/27/2025	Payee name Dillard, Jordyn
L		-
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 715 W 23rd St
	φ30.00	713 W 23iu 3i
		Auctin TV 70705
L		Austin, TX 79705
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Oan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff parking reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	ift/Awards/Memorials E egal Services he Instruction Gu		s/Wage	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed at	oove)
1	Total pages Schedule F1:	2	FII FR NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 14/32 Rpt: 19/93	-		nan (The Hono	rable)				00085598	(======	,
4	Date	5	Payee name					_			
	01/28/2025		Dosanjh, Sun	nanpreet							
6	Amount (\$)	7	Payee address	; City;	State; Zip (Code					
	\$50.00		4503 Frontier	Trl							
			Austin, TX 78	745							
8	PURPOSE	(a)	Category (See	Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			nent/Reimburse			Check if travel			nplete Schedule T.	
	EXI ENDITORE						\Box		, officeholder livin		
							Staff parking	rei	mbursemen	ι	
_	Complete ONLY if direct	<u>L</u>	Candidata/Office	bolder neme	Office	ought.			Office h	old	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	moider name	Office s	Jugni			Office h	eiu	
	Date		Payee name								
	01/27/2025		Eniola, Joshu	a							
	Amount (\$)		Payee address	; City;	State; Zip (Code					
	\$1,000.00		12401 NE 10	3rd Way							
			Vancouver, T	X 98682							
	PURPOSE	(a)	Category (See	Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Consulting Ex				=			nplete Schedule T.	
	EX. ENDITORE						ш		, officeholder livin	g expense	
							Team-buildin	y s	реакег		
	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name	Office s	ought.			Office h	eld.	
	expenditure to benefit C/OI		ourialacto, omoc	moldor mamo		Jugin			01110011	oid	
	Date	Τ	Payoo namo								
	06/05/2025		Payee name Google								
	Amount (\$)	┝	Payee address	; City;	State; Zip (- Odo					
	\$7.68		1600 Amphith		State, Zip (Joue					
	Ψ1.00		1000 Ampiliu	icalic i kwy							
			Mountain Vie	w CV 04043							
	DUDDOCE	(2)				(1-)	5				
	PURPOSE OF	(a)		Categories listed at th	e top of this schedule)	(a)	Description Check if travel	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Fees						, officeholder livin		
							Web domain				
	Complete ONLY if direct		Candidate/Office	holder name	Office s	ought			Office h	eld	
	expenditure to benefit C/OI	Н									

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/Political Committee Credit Card Payment			mmittee							category not listed above)	
				The Instruction Gui	ide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filer	s)
	Sch: 15/32 Rpt: 20/93		Bhojani, Sal	man (The Honor	rable)				00085598		
4	Date	5	Payee name								
	06/02/2025		Google								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$26.05		1600 Amphi	theatre Pkwy							
			Mountain Vi	ew, CA 94043							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees							plete Schedule T.	
	EXI ENDITORE						—		officeholder living	j expense	
							Google Voice)			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ught			Office he	eld	
		_									
	Date		Payee name								
	06/02/2025		Google								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$87.14		1600 Amphi	theatre Pkwy							
			Mountain Vi	ew, CA 94043							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees				=			plete Schedule T.	
	ZA ZHOHOKZ						ш		officeholder living	g expense	
							Google Suite				
	Operation ONLY if allowed	<u> </u>	0		0#:				O#: I-	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office so	ugnt			Office he	eia	
		_									
	Date		Payee name								
	05/05/2025		Google								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$7.68		1600 Amphi	theatre Pkwy							
			Mountain Vi	ew, CA 94043							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees							plete Schedule T.	
	EXI ENDITORE							, TX,	officeholder living	g expense	
							Web domain				
	0 1. 0					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office so	ught			Office he	ela	
	Orialiano to bonioni O/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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 16/32 Rpt: 21/93	Bhojani, Salman (The Honorable)		00085598
4	Date	5 Payee name		•
	05/02/2025	Google		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$26.05	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043		
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
				Google Voice
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	05/01/2025	Google		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$92.10	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Google Suite
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	Complete ONLY if direct expenditure to benefit C/OI		gni	Office field
	D :			
	Date	Payee name		
	04/07/2025	Google		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7.68	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Web domain
				voo domain
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		Aiir	Office field

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/Political Committee Credit Card Payment			gal Services ne Instruction Guide explain		ontract Labor e this form.	`				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/32 Rpt: 22/93		an (The Honorable)					00085598		
4	Date	5 Payee name								
	04/02/2025	Google								
6	Amount (\$) \$26.02	7 Payee address;1600 AmphithMountain View	eatre Pkwy	te; Zip Cod	le					
8	PURPOSE OF	,	Categories listed at the top of this s	schedule) ((b) [Description	outoi.	do of Toyon Com	plete Schedule T.	
	EXPENDITURE	Fees				_	TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office soug	ht			Office he	eld	
	Date	Payee name								
	04/01/2025	Google								
	Amount (\$)	Payee address;	City; Star	te; Zip Cod	le					
	\$92.10	1600 Amphith	eatre Pkwy							
		Mountain Viev	v, CA 94043							
	PURPOSE	(a) Category (See (Categories listed at the top of this s	schedule) ((b) [Description				
	OF EXPENDITURE	Fees			Ē	<u></u>			plete Schedule T.	
					Ĺ	Google Suite	1,	officeholder living	expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	nolder name	Office soug	ht			Office he	eld	
	Date	Payee name								
	03/05/2025	Google								
	Amount (\$)	Payee address;	City; Star	te; Zip Cod	le					
	\$7.68	1600 Amphith	eatre Pkwy							
		Mountain Viev	v, CA 94043							
	PURPOSE OF	(a) Category (See (Categories listed at the top of this s	schedule)	(b) D	Description				
	EXPENDITURE	Fees			F	≓		de of Texas. Com officeholder living	plete Schedule T.	
					V	Veb domain	17,	Socholder hvilly	, orporac	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	nolder name	Office soug	ht			Office he	eld	
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Man 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/Political Committee Credit Card Payment			mmittee							category not listed abov	ve)
	oroun oura'r aymone			The Instruction Gu	ide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 18/32 Rpt: 23/93		Bhojani, Sal	man (The Hono	rable)				00085598		
4	Date	5	Payee name								
	03/03/2025		Google								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$26.02		1600 Amphi	theatre Pkwy							
			Mountain Vi	ew, CA 94043							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees							plete Schedule T.	
	ZA ZHOHOKZ						—		officeholder living	g expense	
							Google Voice)			
_						Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ught			Office h	eld	
	Date		Payee name								
	03/03/2025		Google								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$92.10		1600 Amphi	theatre Pkwy							
			Mountain Vi	ew, CA 94043							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees				=			plete Schedule T.	
	EXI ENDITORE						ш		officeholder living	g expense	
							Google Suite				
	Operation ONLY if allowed	L_	0		0#:				O#: I-	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office so	ugnt			Office h	eia	
_		_									
	Date		Payee name								
	02/05/2025		Google								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$7.68		1600 Amphi	theatre Pkwy							
			Mountain Vi	ew, CA 94043							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees				ш			plete Schedule T.	
							ш	, TX,	officeholder living	g expense	
							Web domain				
_	Complete ONLY if direct	Ц	Candidate/O#	coholder name	Office	liaht			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Januiuale/Uπi	ceholder name	Office so	ugnt			Office no	ziu -	
	•										

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	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: 19/32 Rpt: 24/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	02/03/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.02	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
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
		Google Voice
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	02/03/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.10	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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 Google Suite
		Coogle Suite
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
⊨		
	Date	Payee name
L	01/06/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Web domain
\vdash	Complete CNII V If allows	Condidate/Officeholder name Office assists
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		
_		

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 20/32 Rpt: 25/93	Bhojani, Salman (The Honorable)	00085598
4	Date	5 Payee name	
_	01/02/2025	Google	
6	Amount (\$) \$25.88	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
	Ψ23.00	1000 Amphiliteatre Pkwy	
		Mountain View, CA 94043	
8	PURPOSE	(6) 0	
	OF	1	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Google Voice	9
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/O		Office field
_	Date	Payee name	
	01/02/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.67	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Google Suite	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	п 	
	Date	Payee name	
	01/06/2025	Ismaili Volleyball Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1010 Drake Dr	
		F.J TV 70000	
		Euless, TX 76039	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made by	n, TX, officeholder living expense
		Sports leagu	e sponsorship
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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:	
	Sch: 21/32 Rpt: 26/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	03/06/2025	Lynskey, Graeson
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.37	10600 Brezza Ln
		Apt 523
		Austin, TX 78748
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff reimbursement for purchase of Iftar event
		supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/29/2025	Lynskey, Graeson
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	10600 Brezza Ln
		Apt 523
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff parking reimbursement
		Stan parking reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/23/2025	Micropix Creations
	Amount (\$)	Payee address; City; State; Zip Code
	\$630.02	4003 Jasmine Fox Ln
		Arlington, TX 76005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Banner and backdrop for Iftar event
		25
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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: 22/32 Rpt: 27/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	02/26/2025	Patriot Promotions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.83	4317 N State Route 48
		Unit 1
		Lebanon, OH 45036
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
		89th Legislative Session lapel pin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/22/2025	Porter & Company CPAs
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	5525 N MacArthur Blvd
		Suite 135
		Dallas, TX 75038
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accounting fee
		Accounting fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/03/2025	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	1520 W Irving Blvd
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Storage rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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 Etc.	
1 Total pages Schedule F1: Sch: 23/32 Rpt: 28/93	2 FILER NAME Bhojani, Salman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085598
4 Date	5 Payee name
05/05/2025	Public Storage
6 Amount (\$) \$85.00	7 Payee address; City; State; Zip Code 1520 W Irving Blvd Irving, TX 75061
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/03/2025	Public Storage
Amount (\$)	Payee address; City; State; Zip Code
\$85.00	1520 W Irving Blvd
PUPPOG	Irving, TX 75061
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/03/2025	Public Storage
Amount (\$)	Payee address; City; State; Zip Code
\$85.00	1520 W Irving Blvd
	Irving, TX 75061
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Storage rental
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 24/32 Rpt: 29/93	2 FILER NAME Bhojani, Salman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085598
4	Date 02/03/2025	5 Payee name Public Storage
6	Amount (\$) \$85.00	7 Payee address; City; State; Zip Code 1520 W Irving Blvd
		Irving, TX 75061
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/03/2025	Payee name Public Storage
	Amount (\$) \$68.00	Payee address; City; State; Zip Code 1520 W Irving Blvd
		Irving, TX 75061
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/21/2025	Payee name Puentes, Leslie
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 342 Arborview Dr
		Garland, TX 75043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	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: 25/32 Rpt: 30/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	03/27/2025	Puentes, Leslie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.95	342 Arborview Dr
		Garland, TX 75043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff reimbursement for purchase of Iftar event
		supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/06/2025	Puentes, Leslie
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	342 Arborview Dr
		Garland, TX 75043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff parking reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	03/07/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.88	1701 W State Hwy 114
		Grapevine, TX 76051
	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 Supplies for Iftar event
		ουρρίου τοι παι ένεπτ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	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: 26/32 Rpt: 31/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	03/07/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.79	1701 W State Hwy 114
		Grapevine, TX 76051
8	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
		Supplies for Iftar event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	02/10/2025	Sanchez, Jennifer
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	807 W 25th St
	Ψ30.00	Unit 307
		Austin, TX 78705
	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	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff parking reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/03/2025	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.16	13742 Harper St
		Santa Anna, CA 92703
	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
		Texting platform
	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	

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		
<u>_</u>	Tatal name C		
1	Total pages Schedule F1:		15)
	Sch: 27/32 Rpt: 32/93	Bhojani, Salman (The Honorable) 00085598	
4	Date	5 Payee name	
	01/06/2025	Scale to Win	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.05	13742 Harper St	
		Santa Anna, CA 92703	
8	PURPOSE		
°	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Texting platform	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨	Date	Payeo namo	
	02/24/2025	Payee name Sheith, Inaya	
_		· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	812 W 23rd St	
		Austin, TX 78705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	LAI LADITURE	Check if Austin, TX, officeholder living expense	
		Staff parking reimbursement	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L		•	
	Date	Payee name	
	02/12/2025	Texas Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,430.00	PO Box 15707	
		Austin, TX 78761	
H	PURPOSE	(4)	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (D) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Voter database	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	PH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Ĺ	Sch: 28/32 Rpt: 33/93	Bhojani, Salman (The Honorable) 00085598	
4	Date	5 Payee name	
_	03/04/2025	Texas House LGBTQ Caucus	
6	Amount (\$) \$800.00	7 Payee address; City; State; Zip Code PO Box 2960	
		Austin, TX 78769	
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	
		Caucus dues	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
\vdash	Date	Payee name	=
	06/02/2025	Payee name The Shoal	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$235.57	827 W 12th St	
	Ψ233.31	027 W 1241 St	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Officeholder Living Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Apartment in Austin	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	
	05/02/2025	The Shoal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,875.23	827 W 12th St	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Officeholder Living Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Apartment in Austin	
	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/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: 29/32 Rpt: 34/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	04/02/2025	The Shoal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,871.07	827 W 12th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Officeholder Living Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expenseApartment in Austin
		7 (partition) in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payee name
	03/03/2025	The Shoal
	Amount (\$)	
	\$1,868.37	827 W 12th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Officeholder Living Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expenseApartment in Austin
		Apartinent in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	02/03/2025	The Shoal
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,824.00	827 W 12th St
L		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Officeholder Living Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Apartment in Austin
	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 Legal Services 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: 30/32 Rpt: 35/93	Bhojani, Salman (The Honorable) 00085598
4	Date	5 Payee name
	01/06/2025	The Shoal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,797.48	827 W 12th St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Officeholder Living Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Apartment in Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit croi	'
	Date	Payee name
	04/16/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	210 N Ector Dr
		Euless, TX 76039
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PO box rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Urthy Eats LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,422.50	5301 Southwest Pkwy
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dates for Iftar event
	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)
ng 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 31/32 Rpt: 36/93	2 FILER NAME Bhojani, Salman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085598
4	Date 06/24/2025	5 Payee name Virani, Hussain
6	Amount (\$) \$17.22	7 Payee address; City; State; Zip Code 3505 Delphi Ct
8	PURPOSE OF EXPENDITURE	Corinth, TX 76208 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff mileage reimbursement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/21/2025	Payee name Virani, Hussain
	Amount (\$) \$66.36	Payee address; City; State; Zip Code 3505 Delphi Ct Corinth, TX 76208
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff mileage reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/15/2025	Payee name Virani, Hussain
	Amount (\$) \$32.62	Payee address; City; State; Zip Code 3505 Delphi Ct
		Corinth, TX 76208
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff mileage reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Control Card Payment		Fees Food/Beverage E: Gift/Awards/Memo Legal Services	kpense orials Expense	Polling Expense Printing Expense	d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)
	Credit Card F dyment		The Instructio	n Guide explains l	how to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 32/32 Rpt: 37/93		Bhojani, Salman (The H	onorable)				00085598	
4	Date	5	Payee name						
	01/15/2025		Zariya Grill						
6	Amount (\$)	7	Payee address; City;	State:	Zip Code				
ľ	\$1,250.00		1212 W Parmeer Ln	,					
	Ψ1,200.00		Unit A						
L		L	Austin, TX 78727						
8	PURPOSE OF	(a)	Category (See Categories lister	d at the top of this sch	edule) (b)	Description			
	EXPENDITURE		Event Expense					de of Texas. Comp officeholder living	
						Food for oper			expense
						r dod for oper		g day event	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name)ffice sought			Office he	Id
ľ	expenditure to benefit C/O		Sandidate/Officeholder Harri		mice sought			Office fie	iu
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)			
	Sch: 1/42 Rpt: 38/93	Bhojani, Salman (T	he Honorable)			00085598					
4	CREDIT CARD ISSUER		ncial institution bank	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$55.38	(b) Date of Charge 04/24/2025	(c) Date(s) 05/22/20	Credit Card Issue 25	r Paid					
7	PAYEE	(a) Payee name Exxon		(b) Payee a 9401 N I-	35	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Gas for travel from Capitol to district							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct Candidate/Officeholder name Of expenditure to benefit C/OH			e sought		Office held					
	PAYMENT	(a) Amount Charged \$64.80	(b) Date of Charge 04/24/2025	(c) Date(s) 05/22/20	Credit Card Issue 25	r Paid					
	PAYEE	(a) Payee name Quick Trip			address; d Settler's Blvd ock, TX 78681	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Gas for travel from district to Capitol							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$472.43	(b) Date of Charge 03/26/2025	(c) Date(s) 04/22/202	Credit Card Issue 25	r Paid					
	PAYEE	(a) Payee name Maggiano's Little Ita	aly	(b) Payee a 10910 Do Ste 100 Austin, TX	main Dr	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	ITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			tion .l						
L	Non-Political	(*) 	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living exp	ense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 2/42 Rpt: 39/93	Bhojani, Salman (T	he Honorable)			00085598				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$61.75	(b) Date of Charge 03/26/2025	(c) Date(s) (04/22/202	Credit Card Issuer 5	Paid				
7	PAYEE	(a) Payee name RaceTrac		(b) Payee at 8400 N Be	eltline Rd	City,	State,	Zip Code		
L		() 5 :		Irving, TX						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Gas for travel from district to Capitol						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	omplete <u>oraz.</u> ir amost			e sought		Office held				
е	expenditure to benefit C/OH			_						
	PAYMENT	(a) Amount Charged \$6.77	(b) Date of Charge 03/26/2025	(c) Date(s) (04/22/202	Credit Card Issuer 5	[*] Paid				
Г	PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code		
		Dollar Tree		820 S Mad Ste 125 Coppell, T	Arthur Blvd X 75019					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descripti						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held				
	PAYMENT	(a) Amount Charged \$54.28	(b) Date of Charge 05/26/2025	(c) Date(s) 0 06/23/202	Credit Card Issuer 5	Paid				
	PAYEE	(a) Payee name Real Thai Food		(b) Payee at 1108 E 12 Austin, TX	th St	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Descripti Officehold	on					
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense			
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)				
Sch: 3/42 Rpt: 40/93	Bhojani, Salman (T	he Honorable)		00085598						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$17.94	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issuer 06/23/2025	r Paid						
7 PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; 503 W Martin Luther King	City, Jr Blvd	State,	Zip Code				
0. PURPOSE OF	(a) Catagony		Austin, TX 78701							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Officeholder meal							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$79.95	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issuer 06/23/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Mailchimp		405 N Angier Ave NE							
	(a) Oatawari		Atlanta, GA 30308							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Email platform							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chack if Austin TV	officeholder living expe	nco					
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	iise					
expenditure to benefit C/OH	Gariaracto, Ginocriolaci	That To The Common	o cought	Cinico ricia						
PAYMENT	(a) Amount Charged \$134.81	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issuer 06/23/2025	r Paid						
PAYEE	(a) Payee name Hill Country Springs	6	(b) Payee address; 10019 S I-35 Frontage Rd Austin, TX 78747	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	XPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Water for Capitol office							
Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX,	officeholder living expe	nse					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

Candidate/Officeholder/Politica	-			THER (enter a category	not listed ab	oove)		
		ruction Guide explains how	to complete this form.	l_ =:	<u> </u>			
1 Total pages Schedule F4:				3 Filer ID (Ethics	Commiss	ion Filers)		
Sch: 4/42 Rpt: 41/93	Bhojani, Salman (Tl	he Honorable)		00085598				
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED					
ISSUER	see pr	revious	EXPENDITURES CHARGED TO A CREDIT	 \$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$45.25	03/26/2025	04/22/2025					
	φ45.25	03/20/2023						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
17.1.22	(a) Fayee name		7575 N Beltline Rd	City,	State,	Zip Code		
	Quick Trip		1313 N Deluine Nu					
	() 0 :		Irving, TX 75063					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top)	of this schedule)	(b) Description	1. 0				
l <u> </u>	Travel Out of District	or this seriedule)	Gas for travel from district	to Capitol				
X Political								
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise			
9 Complete ONLY if direct Candidate/Officeholder name O			e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	⁻ Paid				
	\$23.51	05/26/2025	06/23/2025					
	Φ23.31	05/20/2025						
PAYEE	(a) Dayon nama		(h) Dayon addraga	City	Ctoto	Zin Codo		
FAILL	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Uber Eats		1455 Market St					
			#400					
	() 2		San Francisco, CA 94103					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Food/Beverage Exper		Officeholder meal					
X Political								
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$39.41	05/26/2025	06/23/2025					
	400.11	00/20/2020						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
	() .9		3050 Hwy 360			1		
	Exxon Gateway of E	Euless	0000 1 Wy 000					
			Euless, TX 76039					
DI IRDOSE OE	(a) Category		(b) Description					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	Gas for travel from district	to Canitol				
V Political	Travel Out of District			to Oupitoi				
X Political								
Non-Political	<u> </u>	of Texas. Complete Schedule T.		officeholder living exper	ise			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 5/42 Rpt: 42/93	Bhojani, Salman (T	he Honorable)			00085598					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$41.61	(b) Date of Charge 05/26/2025	(c) Date(s) (06/23/202	Credit Card Issuer 5	r Paid					
7	PAYEE	(a) Payee name Quick Trip		(b) Payee ad 2350 S Ne	w Rd	City,	State,	Zip Code			
L				Waco, TX							
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Gas for travel from Capitol to district							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
				e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$36.05	(b) Date of Charge 05/26/2025	(c) Date(s) (06/23/202	Credit Card Issuer 5	r Paid					
H	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Sam's Club		1701 W St	ate Hwy 114						
				Grapevine	, TX 76051						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Office over							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TY	officeholder living exp	ense				
┝	Complete ONLY if direct	Candidate/Officeholder		sought	Oncok ii / tubuii, 174,	Office held					
е	xpenditure to benefit C/OH			3							
	PAYMENT	(a) Amount Charged \$56.59	(b) Date of Charge 04/24/2025	(c) Date(s) 0 05/22/202	Credit Card Issuer 5	r Paid					
	PAYEE	(a) Payee name Buc-ee's		(b) Payee at 4155 N Ge Temple, T	eneral Bruce Dr	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Descripti		to Capitol						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		_			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comr	mission Filers)							
Sch: 6/42 Rpt: 43/93	Bhojani, Salman (T	he Honorable)		00085598								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$								
6 PAYMENT	(a) Amount Charged \$251.77	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Isst 06/23/2025	uer Paid								
7 PAYEE	(a) Payee name BOA Steakhouse		(b) Payee address; 300 W 6th St Austin, TX 78701	City, State	e, Zip Code							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Staff meal									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense								
9 Complete ONLY if direct expenditure to benefit C/OH				Office held								
	(a) Amount Charged \$14.99	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issi 06/23/2025	uer Paid								
PAYEE	(a) Payee name Canva		(b) Payee address; 110 Kippax St Level 1 Surry Hills New South V	City, Stati Vales 2010 Australia	e, Zip Code							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Graphic design software									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense									
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held								
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Isst 06/23/2025	uer Paid								
PAYEE	ConferenceDirect		(b) Payee address; 193 Blue Ravine Ste 190 Folsom, TX 95630	City, State	e, Zip Code							
PURPOSE OF EXPENDITURE X Political	ENDITURE (See Categories listed at the top of this schedule) Travel Out of District			el reservation at Nation gislators conference	al							
Non-Political	(1)	of Texas. Complete Schedule T.		TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 7/42 Rpt: 44/93	Bhojani, Salman (T	he Honorable)		00085598						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$66.70	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issue 06/23/2025	r Paid						
7 PAYEE	(a) Payee name Quick Trip		(b) Payee address; 2805 NE Green Oaks Blv	City, d	State,	Zip Code				
A DUDDOCE OF	(a) Category		Grand Prairie, TX 75050 (b) Description							
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Gas for travel from district to Capitol							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$14.99	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issue 05/22/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Canva		110 Kippax St Level 1							
			Surry Hills New South Wales 2010 Australia							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Graphic design software							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held						
expenditure to benefit C/OH			· ·							
PAYMENT	(a) Amount Charged \$54.86	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issue 05/22/2025	r Paid						
PAYEE	(a) Payee name Exxon	1	(b) Payee address; 9401 N I-35 Austin, TX 78753	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Gas for travel from Capito	ol to district						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Onicendiden/Folitica		iction Guide explains how		mplete this form.	OTTLK (enter a cate	gory not listed a	bove)		
1 Total pages Schedule F4:	2 FILER NAME	-		-	3 Filer ID (E	thics Commiss	sion Filers)		
Sch: 8/42 Rpt: 45/93	Bhojani, Salman (Th	e Honorable)			00085598				
4 CREDIT CARD ISSUER	Name of finance see pre	cial institution		TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	\$				
6 PAYMENT	(a) Amount Charged \$159.23	(b) Date of Charge 04/24/2025		Date(s) Credit Card /22/2025	ssuer Paid				
7 PAYEE	(a) Payee name The Capital Grille		11	Payee address; 7 W 4th St	City,	State,	Zip Code		
	() 2 .		Austin, TX 78701						
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Food/Beverage Expens		1 ` ′	Description ficeholder meal					
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule T.		Check if Aus	tin, TX, officeholder living	expense			
expenditure to benefit C/OH			e sou	ght	Office held				
PAYMENT	(a) Amount Charged \$97.21	(b) Date of Charge 04/24/2025	1 ` ′	Date(s) Credit Card /22/2025	ssuer Paid				
PAYEE	PAYEE (a) Payee name Statesman Cap10K		95	Payee address; 1 Corporate Grove		State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Fees	f this schedule)	(b)	ffalo Grove, IL 600 Description K race registration					
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule T.		Check if Aus	tin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	name Office	e sou	ght	Office held				
PAYMENT	(a) Amount Charged \$8.73	(b) Date of Charge 03/26/2025		Date(s) Credit Card /22/2025	ssuer Paid				
PAYEE	(a) Payee name Whole Foods		52	Payee address; 5 N Lamar Blvd stin, TX 78703	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Food/Beverage Expens	,	1 ` ′	Description ficeholder meal					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Aus	tin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	name Office	e sou	ght	Office held				
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The man	ruction Guide explains now	to complete this form	·			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 9/42 Rpt: 46/93	Bhojani, Salman (T	he Honorable)			00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$		
6 PAYMENT	(a) Amount Charged \$59.46	(b) Date of Charge 03/26/2025	(c) Date(s) Credit (04/22/2025	Card Issuer	r Paid		
7 PAYEE	(a) Payee name Quick Trip		(b) Payee address 2501 NE 28th Si Fort Worth, TX 7	t	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Gas for travel from district to Capitol				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	k if Austin, TX,	officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	Candidate/Officeholder name Office			Office held		
PAYMENT	(a) Amount Charged \$323.67	(b) Date of Charge 03/26/2025	(c) Date(s) Credit (04/22/2025	Card Issuer	r Paid		
PAYEE	(a) Payee name B&H Photo		(b) Payee address 420 9th Ave New York, NY 1		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Camera equipment for candidate/officeholder media production				dia
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Checl	k if Austin, TX,	officeholder living ex	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$38.95	(b) Date of Charge 03/26/2025	(c) Date(s) Credit (04/22/2025	Card Issuer	r Paid		
PAYEE	(a) Payee name Uber		(b) Payee address 1455 Market St Ste 400 San Francisco, (City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	(b) Description Ground transpor	tation fror	m event in Aus	tin		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	ŭ	ruction Guide explains how	-	THEN (enter a category in	ot iisteu at	Jove)		
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics (Commiss	sion Filers)		
	Sch: 10/42 Rpt: 47/93	Bhojani, Salman (T	he Honorable)		00085598		•		
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6	PAYMENT	(a) Amount Charged \$34.46	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	r Paid				
7	PAYEE	(a) Payee name Walmart		(b) Payee address; 1635 Market PI Blvd Irving, TX 75063	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for Iftar event					
	Non-Political	()	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se			
9	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$48.21	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issue 06/23/2025	r Paid				
	PAYEE	(a) Payee name Exxon		(b) Payee address; 9401 N I-35	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Austin, TX 78753 (b) Description Gas for travel from Capito	ol to district				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se			
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$75.78	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issue 06/23/2025	r Paid				
	PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; 1400 N Congress Ave Austin, TX 78701	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	*	(b) Description Lapel pin					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expens	se			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
l									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)					
Sch: 11/42 Rpt: 48/93	Bhojani, Salman (T	he Honorable)		00085598							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$126.96	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issuel 06/23/2025	r Paid							
7 PAYEE	(a) Payee name Suerte: East Austin		(b) Payee address; 1800 E 6th St Austin, TX 78702	City,	State,	Zip Code					
8 PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper		Officeholder meal								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expen							
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	36						
expenditure to benefit C/OH			o ooug	oooo.a							
PAYMENT (a) Amount Charged \$79.95		(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issuel 05/22/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Mailchimp		405 N Angier Ave NE								
			Atlanta, GA 30308								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Email platform								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expen							
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held							
expenditure to benefit C/OH		mame eme	o oougin	Cinco noid							
PAYMENT	(a) Amount Charged \$99.82	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issuel 05/22/2025	r Paid							
PAYEE	PAYEE (a) Payee name Hill Country Springs		(b) Payee address; 10019 S I-35 Frontage Ro Austin, TX 78747	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Water for Capitol office								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete the	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 12/42 Rpt: 49/93	Bhojani, Salman (T	he Honorable)			00085598		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$98.43	05/26/2025	06/23/202	25			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Uber Eats	Uber Eats #4		ket St cisco, CA 94103			
8 PURPOSE OF	(a) Category	` ' ' '					
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense Officeholder meal						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought				Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$208.00	(b) Date of Charge 04/24/2025	(c) Date(s) 05/22/202	Credit Card Issuer 25	· Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Hyatt Regency Seattle		808 Howe Seattle, W				
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Hotel stay for officeholder invited appearance at award				
X Political	Travel Out of District		ceremony				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$75.51	(b) Date of Charge 04/24/2025	(c) Date(s) 05/22/202	Credit Card Issuer 25	· Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	NAZI		1635 Marl	ket Pl Blvd			
	Walmart						
			Irving, TX	75063			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohod: 1-1	(b) Descript				
EXPENDITURE	Office Overhead/Rent	,	Supplies f	or district office			
X Political		r					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Superioritation to periorit 0/011	l						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
Sch: 13/42 Rpt: 50/93	Bhojani, Salman (T	he Honorable)		00085598						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$64.95	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	er Paid						
7 PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; 1400 N Congress Ave	City, S	tate, Zip	Code				
0. DUDDOOF OF	(a) Catagon		Austin, TX 78701							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH		-								
PAYMENT	(a) Amount Charged \$5.47	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	er Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip	Code				
	Uber			3						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ground transportation from event in Austin							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$41.92	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	er Paid						
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St Ste 400 San Francisco, CA 94103	· ·	tate, Zip	Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ground transportation to event in Austin							
Non-Political	(1)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	esought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete th	is form.		,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 14/42 Rpt: 51/93	Bhojani, Salman (T	he Honorable)			00085598		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$60.66	(b) Date of Charge 03/26/2025	(c) Date(s) 0 04/22/202	Credit Card Issuei 5	Paid		
7	PAYEE	(a) Payee name Quick Trip		(b) Payee ad 106 N Main	n St	City,	State,	Zip Code
Ļ		(-) O-t	(a) Category (b) Description					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Gas for travel from dist			to Capitol			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$43.79	(b) Date of Charge 02/26/2025	(c) Date(s) 0 03/24/202	Credit Card Issuei 5	Paid		
	PAYEE	Quick Trip		(b) Payee at 7575 N Be	Itline Rd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti		to Capitol		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$25.87	(b) Date of Charge 02/26/2025	(c) Date(s) 0 03/24/202	Credit Card Issuei 5	Paid		
	PAYEE	(a) Payee name Capitol Grill	<u> </u>	(b) Payee at 1400 Cong Ste E1.002 Austin, TX	gress Ave 2	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descripti Officeholde				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Г								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
	Sch: 15/42 Rpt: 52/93	Bhojani, Salman (T	he Honorable)			00085598				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$4,044.21	(b) Date of Charge 02/26/2025	(c) Date(s) C 03/24/2025	Credit Card Issuer	Paid				
7	PAYEE	(a) Payee name Precision Camera a	and Video	(b) Payee ac 2438 W An	nderson Ln	City,	State,	Zip Code		
Ļ	DUDDOOF OF	(a) Catagony		Austin, TX						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	See Categories listed at the top of this schedule)		(b) Description Video equipment for candidate/officeholder videos					
	Non-Political	(c) Check if travel outside	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
€	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$16.21	(b) Date of Charge 01/24/2025	(c) Date(s) C 02/24/2025	Credit Card Issuer	Paid				
	PAYEE	(a) Payee name	I	(b) Payee ac	ldress;	City,	State,	Zip Code		
		Amazon	4		Ave N					
L				Seattle, W						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description	on or Capitol office					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	7 Check if Austin TX	officeholder living exp	ense			
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
6	expenditure to benefit C/OH			3 .						
	PAYMENT	(a) Amount Charged \$14.99	(b) Date of Charge 01/24/2025	(c) Date(s) C 02/24/2025	Credit Card Issuer	Paid				
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
		Canva		110 Kippax	St Level 1					
L					New South Wa	les 2010 Austr	alia			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Graphic de	on esign software					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense			
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	<u>.</u>	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to co	mplete th	is form.	(* ** *********************************		
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 16/42 Rpt: 53/93	Bhojani, Salman (T	he Honorable)				00085598		
4	CREDIT CARD ISSUER		ncial institution revious	E	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$1,793.79	(b) Date of Charge 04/24/2025		Date(s) C /22/202	Credit Card Issue 5	r Paid		
7	PAYEE PURPOSE OF	(a) Payee name CharterUp (a) Category		352 Ste	Payee ac 25 Piedr e 5-210 anta, GA Descripti	mont Rd A 30305	City,	State,	Zip Code
	EXPENDITURE X Political	(See Categories listed at the top of this schedule) Event Expense		1 ` ′	•	s for HD 92 day	at the Capitol		
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sou	ght		Office held		
	PAYMENT	(a) Amount Charged \$97.21	(b) Date of Charge 04/24/2025	05	/22/202				
	PAYEE	Statesman Cap10K		95:		rate Grove Dr	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	1 ` ′	Descripti K race ro	on egistration fee			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sou	ght		Office held		
	PAYMENT	(a) Amount Charged \$14.99	(b) Date of Charge 03/26/2025		Date(s) 0 /22/202	Credit Card Issuei 5	r Paid		
	PAYEE	(a) Payee name Canva		110		St Level 1	City, lles 2010 Austra	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	1 ` ′	Descripti aphic de	on esign software			
e	Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sou	ght	Check if Austin, TX,	officeholder living expe	ense	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Sch: 17/42 Rpt: 54/93	Bhojani, Salman (T	he Honorable)		00085598	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$43.25	03/26/2025	04/22/2025		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	Cuantos Tacos		1108 E 12th St		
			Austin, TX 78702		
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description		
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense Officeholder meal				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$45.41	03/26/2025	04/22/2025		
PAYEE	(a) Payee name (b) Pa		(b) Payee address;	City, State, Zip Code	
	Capital Crill		1400 Congress Ave		
	Capitol Grill		Ste E1.002		
			Austin, TX 78701		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
l <u>—</u>	Food/Beverage Exper		Officeholder meal		
X Political					
Non-Political	<u> </u>	of Texas. Complete Schedule T.	_	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH		T	1		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 04/22/2025	r Paid	
	\$7.31	03/26/2025	04/22/2023		
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code	
	` '		501 W 15th St	. ,	
	Starbucks				
			Austin, TX 78701		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Officeholder snack		
X Political	T Journeverage Exper	1136			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	(,	,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 18/42 Rpt: 55/93	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$3,532.63	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	r Paid		
7 PAYEE	(a) Payee name India 101		(b) Payee address; 3311 Regent Blvd Ste 101 Irving, TX 75063	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Food for Iftar dinner even	t		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$13.79	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	r Paid		
PAYEE	Amazon		(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for Iftar event			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$110.81	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	r Paid		
PAYEE	(a) Payee name Hill Country Springs	5	(b) Payee address; 10019 S I-35 Frontage Ro Austin, TX 78747	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	Office Overhead/Rent	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense				
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	Check if Austin, TX, e sought	officeholder living expe	ense	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 19/42 Rpt: 56/93	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$28.26	03/26/2025	04/22/2025			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	Quick Trip		106 N Main St			
			Euless, TX 76040			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	and the state of the state of		
X Political	Travel Out of District event			on to district after officeholder		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$80.33	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	er Paid		
PAYEE	(a) Dayoo nama		(b) Payee address;	City, State, Zip Code		
I TAILE	(a) Payee name	410 Terry Ave N		City, State, Zip Code		
	Amazon		410 Telly Ave N			
			Seattle, WA 98109			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Office supplies			
X Political	Office Overhead/Ren		Office supplies			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$14.99	02/26/2025	03/24/2025			
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code		
			110 Kippax St Level 1			
	Canva					
			Surry Hills New South Wa	ales 2010 Australia		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Graphic design software			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 20/42 Rpt: 57/93	Bhojani, Salman (T	he Honorable)		00085598
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
	\$63.51	02/26/2025	03/24/2025	
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	Chevron		2710 Bee Caves Rd	
			Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ist to Conital
X Political	(See Categories listed at the top of this schedule) Travel Out of District Gas from travel from district			ισι το Capitoi
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 03/24/2025	r Paid
	\$250.00	02/26/2025	03/24/2025	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Innovation ⁹ Toohr	ology Causus	1108 Lavaca Street	
	Innovation & Techr	lology Caucus	Ste 110-701	
			Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Caucus dues	
X Political	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
	\$165.61	02/26/2025	03/24/2025	
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code
	(a) r ayee mame		410 Terry Ave N	5.ts, 5.tato, 2.p 5555
	Amazon		1.20 1.000, 1.110 1.1	
			Seattle, WA 98109	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•	Furniture for Capitol office	9
X Political	- Since Sverilleda/i/tell	ta. Experior		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held
experiulture to beliefit C/OH	<u> </u>			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Officeriolder/Folitica	· · · · · · · · · · · · · · · · · · ·	ction Guide explains how		•	TIER (eliter a category	not listed at	iove)
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>		-	3 Filer ID (Ethics Commission Filers)		
Sch: 21/42 Rpt: 58/93	Bhojani, Salman (The	e Honorable)			00085598		
4 CREDIT CARD ISSUER	Name of financi see pre	ial institution	5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged (\$71.78	(b) Date of Charge 02/26/2025) Date(s) Credit Card Issuer 3/24/2025	Paid		
7 PAYEE	(a) Payee name Exxon Gateway of Eu	uless	30) Payee address; 050 Hwy 360	City,	State,	Zip Code
	() 0 :		_	uless, TX 76039			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of the Travel Out of District	See Categories listed at the top of this schedule)		(b) Description Gas for travel from district to Capitol			
Non-Political	(c) Check if travel outside of				officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e so	ught	Office held		
PAYMENT	(a) Amount Charged ((b) Date of Charge 02/26/2025	1 ') Date(s) Credit Card Issuer 3/24/2025	Paid		
PAYEE	Amazon		4:) Payee address; 10 Terry Ave N eattle, WA 98109	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of the Advertising Expense	this schedule)	(b) Description Video equipment for candidate/officeholder videos				
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e so	ught	Office held		
PAYMENT	(a) Amount Charged ((b) Date of Charge 02/26/2025) Date(s) Credit Card Issuer 3/24/2025	Paid		
PAYEE	(a) Payee name Amazon		4:) Payee address; 10 Terry Ave N eattle, WA 98109	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Advertising Expense	this schedule)	(b) Description Video equipment for candidate/officeholder videos				6
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule T.			officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	e so	ught	Office held		
I							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.		,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	ion Filers)		
Sch: 22/42 Rpt: 59/93	Bhojani, Salman (T	he Honorable)		00085598			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$59.15	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issue 05/22/2025	r Paid			
7 PAYEE	(a) Payee name Exxon		(b) Payee address; 9401 N Interstate Hwy 35	City, State,	Zip Code		
8 PURPOSE OF	(a) Category		(b) Description	Austin, TX 78753			
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Gas for ground transporta	ation in Austin			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$7.99	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Uber		1455 Market St Ste 400 San Francisco, CA 94103	3			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ground transportation from				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$12.99	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	r Paid			
PAYEE	(a) Payee name Capitol Grill	1	(b) Payee address; 1400 Congress Ave Ste E1.002 Austin, TX 78701	City, State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description Officeholder meal				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Oniceriolder/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	-	THER (enter a category not its	ed above)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)	
Sch: 23/42 Rpt: 60/93	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$50.72	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	r Paid		
7 PAYEE	(a) Payee name Buc-ee's		(b) Payee address; 165 US-77	City, Sta	te, Zip Code	
a BURDOS 05	(a) Cataman		Hillsboro, TX 76645			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Gas for travel from Capitol to district			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$7.97	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code	
	Uber	Uber		3		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ground transportation to	event in Austin		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$7.36	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/22/2025	r Paid		
PAYEE	(a) Payee name Walmart		(b) Payee address; 1635 Market Pl Blvd Irving, TX 75063	City, Sta	te, Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for Iftar event			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	mplete ONLY if direct Candidate/Officeholder name Office sought Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

l	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics 0	Commiss	ion Filers)				
	Sch: 24/42 Rpt: 61/93	Bhojani, Salman (T	he Honorable)		00085598						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6	PAYMENT	(a) Amount Charged \$8.12	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issuel 04/22/2025	r Paid						
7	PAYEE	(a) Payee name Dollar Tree		(b) Payee address; 820 S MacArthur Blvd Ste 125 Coppell, TX 75019	City,	State,	Zip Code				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description 4/22/2025							
L	Non-Political	(*)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expens	е					
	Complete ONLY if direct candidate/Officeholder name of expenditure to benefit C/OH			e sought	Office held						
F	<u> </u>	() 4 () 4	[(1) D () (0)	1() 5 : () 6 : 12 6 : 14	D : 1						
	PAYMENT	(a) Amount Charged \$54.14	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issuel 04/22/2025	r Pald						
Г	PAYEE	AYEE (a) Payee name (b) Payee address;		(b) Payee address;	City,	State,	Zip Code				
		Amazon		410 Terry Ave N							
L		() 2 .		Seattle, WA 98109							
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	*	(b) Description Office supplies							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expens	e					
H	Complete ONLY if direct	Candidate/Officeholder		e sought	Office held						
E	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$35.54	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issuel 03/24/2025	r Paid						
	PAYEE	(a) Payee name		(b) Payee address; 208 S Akard St	City,	State,	Zip Code				
		AT&T		Dallas, TX 75202							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Officeholder Living Expense			(b) Description Internet for Austin apartme	ent						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expens						
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Oniceriolder/Folitica	•	ruction Guide explains how	•	THER (enter a category not in	sieu above)				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)				
Sch: 25/42 Rpt: 62/93	Bhojani, Salman (T	he Honorable)		00085598					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$168.55	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issue 03/24/2025	r Paid					
7 PAYEE 8 PURPOSE OF	(a) Payee name The UPS Store (a) Category		(b) Payee address; 1108 Lavaca St Ste 110 Austin, TX 78701 (b) Description	City, St	ate, Zip Code				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Office supplies						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$199.31	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issue 03/24/2025	r Paid					
PAYEE	(a) Payee name CharterUp		(b) Payee address; 3525 Piedmont Rd Ste 5-210 Atlanta, GA 30305	City, St	ate, Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Charter bus for HD 92 day	y at the Capitol					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issue 03/24/2025	r Paid					
PAYEE	PAYEE (a) Payee name Texas Energy & Climate Caucus		(b) Payee address; PO Box 301074 Austin, TX 78703	City, St	ate, Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Caucus dues						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 26/42 Rpt: 63/93	Bhojani, Salman (T	he Honorable)			00085598			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid			
		\$42.82	02/26/2025	03/24/20	25				
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Hill Country Springs	S		I-35 Frontage Ro	d			
Ļ	DUDDO05.05	(a) Cataman		Austin, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	Capitol office				
	X Political	Office Overhead/Rent	tal Expense	VValer ioi	Capitol office				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
	Complete ONLY if direct				Office held				
е	xpenditure to benefit C/OH		1	T.,,					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 03/24/20	Credit Card Issue 25	r Paid			
		\$80.53	02/26/2025						
	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code	
		1618 Asian Fusion		1618 E F	liverside Dr				
				Austin, T	X 78741				
	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top		Officeholder meal					
	X Political	Food/Beverage Expe	nse						
	Non-Political	· · -	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH		1	T.,,					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 03/24/20	Credit Card Issue	r Paid			
		\$367.71	02/26/2025	00/2-1/20	20				
	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code	
				850 Vete	rans Pkwy				
		Personalization Ma	ll .						
				Bolingbro	ook, IL 60440				
	PURPOSE OF	(a) Category	(II)	(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		State offi	ce customized c	oasters			
	X Political								
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Onicendiden/Folitica		ıction Guide explains how		plete this for		TTIEN (enter a catego	ry not iisteu a	bove)
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·		•		3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 27/42 Rpt: 64/93	Bhojani, Salman (Th	e Honorable)				00085598		
4 CREDIT CARD ISSUER	Name of finance see pre	cial institution	E) Cl	OTAL OF UI XPENDITUF HARGED TO ARD		\$		
6 PAYMENT	(a) Amount Charged \$39.03	(b) Date of Charge 01/24/2025		ate(s) Credi 24/2025	t Card Issue	r Paid		
7 PAYEE	(a) Payee name H-E-B		265	ayee addres 2 Lake Aus	stin Blvd	City,	State,	Zip Code
	() 0 :		_	tin, TX 787	03			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top o Office Overhead/Renta		` '	escription d for Capite	ol office			
Non-Political	(C) Check if travel outside of	f Texas. Complete Schedule T.		Che	eck if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder r	name Office	e soug	ht		Office held		
PAYMENT	(a) Amount Charged \$62.51	(b) Date of Charge 01/24/2025	` ′	ate(s) Credi 24/2025	t Card Issue	r Paid		
PAYEE	(a) Payee name Exxon Slovacek's Tr	avel Center	214	ayee addres Melodie D	r	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o	f this schedule)	West, TX 76691 (b) Description Gas for travel from district to Capitol					
X Political	Travel Out of District		Gas for traver from district to Capitor					
Non-Political		f Texas. Complete Schedule T.						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder r		e soug			Office held		
PAYMENT	(a) Amount Charged \$23.43	(b) Date of Charge 01/24/2025		ate(s) Credi 24/2025	t Card Issue	Paid		
PAYEE	(a) Payee name Amazon		410	ayee addres Terry Ave ttle, WA 98	N	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top o Office Overhead/Renta		(b) D	escription	apitol office			
Non-Political	(c) Check if travel outside of	f Texas. Complete Schedule T.		Che	eck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	name Office	e soug	ht		Office held		
l								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 28/42 Rpt: 65/93	Bhojani, Salman (T	he Honorable)		00085598		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$110.22	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issue 02/24/2025	r Paid		
7	PAYEE	(a) Payee name Target		(b) Payee address; 1401 W Glade Rd	City,	State,	Zip Code
Ļ	DUDDOS 05	(a) Cataman		Euless, TX 76039			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Supplies for Capitol office	•		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense	
9				e sought	Office held		
E	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged \$71.69	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issue 02/24/2025	r Paid		
Г	PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code
		Canopy by Hilton A	ustin	604 W 6th St			
				Austin, TX 78701			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Officeholder Living Ex	*	(b) Description Hotel in Austin			
	Non-Political		of Towns Committee Colombia	Observativity Asservative TV	# I - I d - a lib dia - a - a - a - a		
H		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
٩	Complete ONLY if direct expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged \$48.01	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issue 02/24/2025	r Paid		
	PAYEE	(a) Payee name Hilton Garden Inn Austin		(b) Payee address; 301 W 17th St Austin, TX 78701	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Officeholder Living Ex	*	(b) Description Hotel in Austin			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	, officeholder living expe	ense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		_

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

Candidate/Officeholder/Politica				THER (enter a category	not listed at	oove)		
		ruction Guide explains how	to complete this form.	·				
1 Total pages Schedule F4:			3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 29/42 Rpt: 66/93	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	•				
ISSUER	see pr	revious	EXPENDITURES CHARGED TO A CREDIT	\$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$79.95	03/26/2025	04/22/2025					
	,,,,,,,,	55,-5,-5						
7 PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			405 N Angier Ave NE					
	Mailchimp		Ŭ					
			Atlanta, GA 30308					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Email platform					
X Political	Advertising Expense							
Non-Political	(a) Chook if traval autoida	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living eyes	200			
	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Office held	iise			
9 Complete ONLY if direct expenditure to benefit C/OH	Carididate/Officeriolder	maric Onio	c 30ugiii	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Daid				
PATMENT		, ,	04/22/2025	raiu				
	\$37.80	03/26/2025						
DAVEE	() =							
PAYEE	(a) Payee name Quick Trip		(b) Payee address;	City,	State,	Zip Code		
			1224 Wilson Rd					
	Q 5							
	(a) Oatawa		Conroe, TX 77301					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gas for travel from district to Houston for officeholder even					
	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	Gas for travel from district to Houston for officeholder ever					
X Political								
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$122.57	03/26/2025	04/22/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	_		410 Terry Ave N					
	Amazon							
			Seattle, WA 98109					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office supplies					
X Political	Onice Overneau/Reill	iai Evhelise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX.	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Office held				
expenditure to benefit C/OH			Ŭ					
,								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete this form.	OTTIER (enter a categor)	y not listed a	bove)		
1	Total pages Schedule F4:		<u> </u>	·	3 Filer ID (Ethic	s Commis	sion Filers)		
	Sch: 30/42 Rpt: 67/93	Bhojani, Salman (T	he Honorable)		00085598		,		
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	ED \$				
6	PAYMENT	(a) Amount Charged \$1,030.00	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Iss 03/24/2025	suer Paid				
7	PAYEE	(a) Payee name Texas Legislative S	Study Group	(b) Payee address; PO Box 12943 Austin, TX 78711	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Caucus dues					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		TX, officeholder living exp	ense			
9	•	Candidate/Officeholder	name Office	e sought	Office held				
е	expenditure to benefit C/OH		I	1					
	PAYMENT	(a) Amount Charged \$31.38	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Iss 03/24/2025	suer Paid				
	PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Frames for constituent resolutions					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$54.89	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Iss 03/24/2025	suer Paid				
	PAYEE	(a) Payee name Buc-ee's		(b) Payee address; 165 US-77 Hillsboro, TX 76645	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District		(b) Description Gas for travel from Cap					
L	Non-Political	(7)	of Texas. Complete Schedule T.	<u> </u>	TX, officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
ĺ									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)									
Sch: 31/42 Rpt: 68/93	Bhojani, Salman (T	he Honorable)		00085598								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORY	\$								
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid								
	\$53.82	02/26/2025	03/24/2025									
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code								
	Exxon		9401 N I-35									
			Austin, TX 78753									
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cobody (a)	(b) Description									
EXPENDITURE X Political	Travel Out of District	or this scriedule)	Gas for travel from Capit	itol to district								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense								
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought	Office held								
expenditure to benefit C/OH												
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu 03/24/2025				er Paid								
	\$113.51	02/26/2025	03/24/2025									
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod								
	Amazon		410 Terry Ave N									
			Seattle, WA 98109									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Video equipment for candidate/officeholder videos									
X Political	Advertising Expense											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid								
	\$211.02	02/26/2025	03/24/2025									
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Cod								
			7635 N MacArthur Blvd									
	Michaels											
			Irving, TX 75063									
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description									
EXPENDITURE	Gift/Awards/Memorial	,	Frames for flags given as	s gifts								
X Political		•										
Non-Political	(*) —	of Texas. Complete Schedule T.	<u> </u>	K, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held								
expenditure to benefit C/OH												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

l		The Inst	ruction Guide explains how	to complete thi	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
l	Sch: 32/42 Rpt: 69/93	Bhojani, Salman (T	he Honorable)			00085598			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 02/26/2025	(c) Date(s) C 03/24/2025	Credit Card Issuer	Paid			
7	PAYEE	(a) Payee name		(b) Payee ac 208 S Akar	rd St	City,	State,	Zip Code	
L				Dallas, TX					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Officeholder Living Ex		(b) Description	on · Austin apartme	ent			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Х	Check if Austin, TX,	officeholder living exp	ense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$432.99	(b) Date of Charge 02/26/2025	(c) Date(s) C 03/24/2025	Credit Card Issuer	[*] Paid			
Г	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		Costco.com		PO Box 34					
L		() 2 .		Seattle, W					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description TV for Cap					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held			
E	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$79.95	(b) Date of Charge 02/26/2025	(c) Date(s) C 03/24/2025	Credit Card Issuer	Paid			
	PAYEE	(a) Payee name Mailchimp		(b) Payee ac 405 N Ang		City,	State,	Zip Code	
				Atlanta, GA	A 30308				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description	on				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
ε	(c) dissination databases in issual complete constants			e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)					
	Sch: 33/42 Rpt: 70/93	Bhojani, Salman (T	he Honorable)		00085598							
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6	PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issue 03/24/2025	er Paid							
7	PAYEE	(a) Payee name Dollar Tree		(b) Payee address; 5425 N Interstate Hwy 35	City,	State,	Zip Code					
Ļ	DUDDOSE OF	(a) Catagony		Austin, TX 78723								
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies for Capitol office	2							
	Non-Political	()	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
е	expenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged \$101.48	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issue 03/24/2025	er Paid							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
		Amazon		410 Terry Ave N								
L				Seattle, WA 98109								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies for Capitol office	9							
	X Political Non-Political											
┡		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense						
е	Complete ONLY if direct expenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged \$81.86	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issue 03/24/2025	er Paid							
	PAYEE	(a) Payee name Costco.com		(b) Payee address; PO Box 34331 Seattle, WA 98124	City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		,	(b) Description Snacks for Capitol office								
	Non-Political	(c) Check if travel outside	<u> </u>	, officeholder living exp	ense							
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commis	sion Filers)		
	Sch: 34/42 Rpt: 71/93	Bhojani, Salman (T	he Honorable)				00085598				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	NDI	F UNITEMIZED TURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$151.55	(b) Date of Charge 02/26/2025	(c) Date(s 03/24/20		redit Card Issuer	Paid				
7	PAYEE	(a) Payee name Texas State Directo	ory Press	(b) Payee 1800 Nu Austin, T	iec	es St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descri	iptio		office				
	Non-Political		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held				
	PAYMENT	(a) Amount Charged \$148.54	(b) Date of Charge 01/24/2025	(c) Date(s 02/24/20		redit Card Issuer	Paid				
	PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave N Seattle, WA 98109		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	iptio						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Е	Check if Austin, TX,	officeholder living expe	ense			
<u>_</u>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held				
	PAYMENT	(a) Amount Charged \$86.65	(b) Date of Charge 01/24/2025	(c) Date(s 02/24/20		credit Card Issuer	Paid				
	PAYEE	(a) Payee name Hill Country Springs	S	(b) Payee 10019 S Austin, T	1-3	35 Frontage Rd	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri Water fo	•	Capitol office					
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political	`	of Texas. Complete Schedule T.	0.000	L	Check if Austin, TX,	officeholder living expe	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	riarne Office	e sought			Office held				
ı											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)				
	Sch: 35/42 Rpt: 72/93	Bhojani, Salman (T	he Honorable)		00085598						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6	PAYMENT	(a) Amount Charged \$59.04	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issuer 02/24/2025	r Paid						
7	PAYEE	(a) Payee name 7-Eleven		(b) Payee address; 917 N Lamar Blvd Austin, TX 78703	City,	State,	Zip Code				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Gas for ground transporta	tion in Austin						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living exp	ense					
	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			e sought	Office held						
е	·	() ()	L (1) = 1 (1)	1()= () = ()							
	PAYMENT	(a) Amount Charged \$7.48	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issuer 02/24/2025	Paid						
	PAYEE	(a) Payee name Canopy by Hilton Austin		(b) Payee address; 604 W 6th St	City,	State,	Zip Code				
┡	DUDDOOF OF	(a) Catagony		Austin, TX 78701 (b) Description							
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Officeholder Living Ex		Hotel In Austin							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. X Check if Austin, TX, officeholder living expense							
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
	PAYMENT	(a) Amount Charged \$419.97	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issuer 03/24/2025	r Paid						
	PAYEE	(a) Payee name American Airlines		(b) Payee address; PO Box 619616 DFW Airport, TX 75261	City,	State,	Zip Code				
EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District Flight Hours Flight Hou			(b) Description Flight to San Antonio to pr House			exas					
\vdash	Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	o sougrit	Office Held						
ı											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	3 Filer ID (Ethics Commission Filers)			
Sch: 36/42 Rpt: 73/93	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$62.16	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issue 02/24/2025	r Paid				
7 PAYEE	(a) Payee name Chat Patta		(b) Payee address; 2512 Rio Grande St Austin, TX 78705	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Officeholder meal					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office			e sought	Office held				
PAYMENT	(a) Amount Charged \$48.54	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issue 02/24/2025	r Paid				
PAYEE	(a) Payee name Grab N Go		(b) Payee address; 1600 S 17th St Waco, TX 76706	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Gas for travel from district to Capitol					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$71.69	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issue 02/24/2025	r Paid				
PAYEE (a) Payee name Canopy by Hilton Austin		(b) Payee address; 604 W 6th St Austin, TX 78701	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Officeholder Living Ex	•	(b) Description Hotel in Austin					
Non-Political					ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commis	sion Filers)				
Sch: 37/42 Rpt: 74/93	Bhojani, Salman (T	he Honorable)		00085598				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$61.00	01/24/2025	02/24/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Quick Trip		7575 N Beltline Rd					
	Irving, TX 75063							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gas for travel from district	to Canital				
X Political	Travel Out of District			. το Capitoi				
Non-Political	(c) and an action of the control of							
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH			1					
PAYMENT	(a) Amount Charged \$79.95	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issuel 02/24/2025	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Mailchimp		405 N Angier Ave NE					
			Atlanta, GA 30308					
PURPOSE OF	(a) Category	-£4b:bd-1-\	(b) Description					
EXPENDITURE	(See Categories listed at the top Advertising Expense	or this schedule)	Email platform					
X Political								
Non-Political	\(\frac{1}{2}\) \(\begin{array}{cccccccccccccccccccccccccccccccccccc	of Texas. Complete Schedule T.		officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	Candidate/Officerolder/Folitica	3	ruction Guide explains how	•	THEN (enter a category not listed above)
1	Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Commission Filers)
Ī	Sch: 38/42 Rpt: 75/93	Bhojani, Salman (T	he Honorable)		00085598
4	CREDIT CARD ISSUER	Name of final	ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
		\$14.07	02/16/2025		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
		The Capitol Grill		1400 Congress Ave Ste E1. 002 Austin, TX 78701	
8	PURPOSE OF	(a) Category		(b) Description	
l	EXPENDITURE	(See Categories listed at the top		Officeholder meal	
	x Political	Food/Beverage Expe	nse		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held
	xpenditure to benefit C/OH				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
		\$11.85	03/19/2025		
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
		The Capitol Grill		1400 Congress Ave Ste E1. 002 Austin, TX 78701	
H	PURPOSE OF	(a) Category		(b) Description	
	EXPENDITURE	(See Categories listed at the top		Officeholder meal	
	X Political	Food/Beverage Expe	nse		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held
е	xpenditure to benefit C/OH				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
		\$18.93	01/19/2025		
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
		Tesla Supercharge	r	1 Tesla Rd	
				Austin, TX 78725	
Г	PURPOSE OF	(a) Category		(b) Description	
	EXPENDITURE	Trovol Out of District			r's spouse returning from Opening
	X Political	Day event			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
Г					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 39/42 Rpt: 76/93	Bhojani, Salman (T	he Honorable)		00085598				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$14.73	03/19/2025						
7	PAYEE	(a) Payee name (b) Payee address; 1 Tesla Rd		City,	State,	Zip Code			
				Austin, TX 78725					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District EV charge for officeholde at the Capitol event			ers spouse retu	rning tror	п іпаг рау			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			, officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$99.51	01/19/2025						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Zariya Grill		1212 W Parmeer Ln Unit A Austin, TX 78727					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Officeholder meal					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living exp	ense			
┝	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
e	xpenditure to benefit C/OH			·					
	PAYMENT	(a) Amount Charged \$11.85	(b) Date of Charge 02/16/2025	(c) Date(s) Credit Card Issue	er Paid				
	PAYEE	(a) Payee name The Capitol Grill		(b) Payee address; 1400 Congress Ave Ste E1. 002 Austin, TX 78701	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	·	(b) Description Officeholder meal					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 40/42 Rpt: 77/93	Bhojani, Salman (T	he Honorable)			00085598			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$11.85	02/16/2025						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
	The Conited City		ngress Ave Ste						
	The Capitol Grill E1. 0		E1. 002						
				Austin, T	X 78701				
8	PURPOSE OF	(a) Category		(b) Descrip	otion				
l	EXPENDITURE	(See Categories listed at the top		Officehol	der meal				
	X Political	Food/Beverage Expe	iise						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held			
е	xpenditure to benefit C/OH								
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$11.85	02/16/2025						
H	PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code	
		(a) i a) se mame			ngress Ave Ste	C, ,	Otato,	p	
		The Capitol Grill		E1. 002	igress / we ole				
				Austin, T	X 78701				
H	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top		Officehol					
	X Political	Food/Beverage Expe	nse						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
l	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$11.85	02/16/2025						
H	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code	
l				1400 Cor	ngress Ave Ste				
l		The Capitol Grill		E1. 002	J				
				Austin, T	X 78701				
H	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top	,	Officehol	der meal				
Food/Beverage Expense									
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,					ense		
Г	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
е	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 41/42 Rpt: 78/93	Bhojani, Salman (T	he Honorable)		00085598		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$21.19	01/19/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Tesla Supercharge	r				
a puppose of	(a) Catagony					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description EV charge for officeholde	r's spouse driving to Opening Day		
X Political	Travel Out of District		s spease arring to opening bay			
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	_	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(c) Cradit Card Issue	r Doid		
PATMENT			(c) Date(s) Credit Card Issue	i Palu		
	\$15.41	03/19/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Tesla Supercharge	r	1 Tesla Rd			
			Austin, TX 78725			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Travel Out of District	or this serieutic)	the Capitol event	r's spouse driving to Iftar Day at		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$11.85	02/16/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	The Capitol Grill		1400 Congress Ave Ste			
	The Capitor Ghii		E1. 002			
	(a) Cataman		Austin, TX 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder meal			
X Political	Food/Beverage Expe	nse	- Cincendider Illedi			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	(c) Check if travel outside Candidate/Officeholder	·	<u> </u>	officeholder living expense Office held		
expenditure to benefit C/OH	Complete Otter in all out					
,						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Officeholder/Politic			Printing Expense Salaries/Wages/Contr		THER (enter a categ	ory not listed al	oove)	
	The Inst	truction Guide explains ho	ow to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)	
Sch: 42/42 Rpt: 79/93	Bhojani, Salman (T	he Honorable)			00085598			
4 CREDIT CARD	Name of fina	ncial institution		F UNITEMIZED				
ISSUER	see p	revious	EXPEND	ITURES D TO A CREDIT	\$			
			CARD	D TO A CILEDIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$17.47	04/18/2025						
	Ψ11.41	0-11012020						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
				ress Ave Ste	•		·	
	The Capitol Grill		E1. 002	,				
			Austin, TX	78701				
8 PURPOSE OF	(a) Category		(b) Descripti					
EXPENDITURE	(See Categories listed at the top	•	Officeholde	er meal				
X Political	Food/Beverage Expe	ense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	- L	Check if Austin TX	officeholder living ex	ynense		
9 Complete ONLY if direct	Candidate/Officeholde	·	fice sought		Office held	протос		
expenditure to benefit C/OH			3					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$3.25	03/19/2025						
	Ψ5.25	03/13/2023						
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
	Tesla Supercharger		1 Tesla Ro	I				
			Austin, TX	78725				
PURPOSE OF	(a) Category		(b) Descripti	on				
EXPENDITURE	(See Categories listed at the top Travel Out of District		EV charge for officeholder's spouse returning from Iftar Day					
X Political	Traver Out of District		at the Capitol event					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	·	Check if Austin, TX,	officeholder living ex	xpense		
Complete ONLY if direct	Candidate/Officeholde	<u> </u>	fice sought		Office held	<u> </u>		
expenditure to benefit C/OH								
	1							
I								

SCHEDULE G

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				Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 1/13 Rpt: 80/93	Bhojani, Salman (The Honorable)			00085598
4	Date	5 Payee name			
	02/13/2025	American Express			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$99.51	PO Box 6031			
	Reimbursement from				
	X political contributions intended	Carol Stream, IL 60197			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment	. L	_	neck if Austin, TX, officeholder living expense
		Credit ca	rd paym	nen	İ
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s	sought		Office held
	Date	Payee name			
	03/13/2025	American Express			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$73.32	PO Box 6031			
	Reimbursement from political contributions intended	Carol Stream, IL 60197			
	PURPOSE	Category (See Categories listed at the top of this schedule) Descri	iption [С	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment		С	neck if Austin, TX, officeholder living expense
	-	Credit ca	rd paym	nen	i e
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s	sought		Office held
	Date	Payee name			
	04/13/2025	American Express			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$11.85	PO Box 6031			
	Reimbursement from				
	political contributions intended	Carol Stream, IL 60197			
	PURPOSE	Category (See Categories listed at the top of this schedule) Descri	iption	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment	. L	_	neck if Austin, TX, officeholder living expense
		Credit ca	rd paym	nen	I
	Complete ONLY if direct	Candidate/Officeholder name Office s	cought		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s	sougni		Office field

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L			The Instruction Guide explains	now to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 2/13 Rpt: 81/93	Bhojani, Sa	lman (The Honorable)				00085598
4	Date	5 Payee name					
	05/13/2025	American E	xpress				
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode		
	\$17.47	PO Box 603	31				
	Reimbursement from						
	X political contributions intended	Carol Strea	m, IL 60197				
8	PURPOSE	(a) Category (se	ee Categories listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	Payment			_	eck if Austin, TX, officeholder living expense
	-				Credit card paym	nent	
9	Complete ONLY if direct expenditure to benefit	Candidate/Officel	nolder name		Office sought		Office held
	C/OH						
H	Date	Payee name					
	01/10/2025	l ´	s Tollway Authority				
	Amount (\$)	Payee addre		; Zip Co	ode		
	\$1.32	P.O. Box 26					
	Reimbursement from						
	X political contributions intended	Plano, TX 7	5026				
_	PURPOSE	_	ee Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF	Travel Out				=	eck if Austin, TX, officeholder living expense
	EXPENDITURE		- 		Toll tag charge -	dist	rict to Capitol
							·
	Complete ONLY if direct	Candidate/Officel	nolder name		Office sought		Office held
	expenditure to benefit C/OH						
L							
	Date	Payee name					
	01/12/2025	North Texas	s Tollway Authority				
	Amount (\$)	Payee addre		; Zip Co	ode		
	\$1.93	P.O. Box 26	60928				
	Reimbursement from political contributions						
L	x political contributions intended	Plano, TX 7	5026				
	PURPOSE	Category (Se	ee Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District			_	eck if Austin, TX, officeholder living expense
					Toll tag charge -	driv	e to press conferences
	Complete ONLY if direct expenditure to benefit	Candidate/Officel	nolder name		Office sought		Office held
	C/OH						

SCHEDULE G

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide ex			xpense Vages/Contract Labor		Travel Out of District OTHER (enter a category not listed above	ve)
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Sch: 3/13 Rpt: 82/93		Bhojani, Salman (The Honorable))				00085598	
4	Date	5	Payee name						
	01/14/2025		North Texas Tollway Authority						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	ode			
	\$35.68		P.O. Box 260928						
	Reimbursement from political contributions intended		Plano, TX 75026						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) Description	=	eck if travel outside of Texas. Complete	
	OF EXPENDITURE		Travel Out of District			L	_	eck if Austin, TX, officeholder living expe	ense
						Toll tag charge -	dist	rict to Capitol and back	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name			Office sought		Office held	
	Date		Payee name						
	01/18/2025		North Texas Tollway Authority						
	Amount (\$)		Payee address; City;	State;	Zip Co	ode			
	\$1.54		P.O. Box 260928						
	Reimbursement from								
	X political contributions intended		Plano, TX 75026						
	PURPOSE		Category (See Categories listed at the top of	this sche	edule)	Description	Ch	eck if travel outside of Texas. Complete	Schedule T.
	OF EXPENDITURE		Travel Out of District				Ch	eck if Austin, TX, officeholder living expe	ense
	EXI ENDITORE					Toll tag charge -	dist	rict to event	
	Complete ONLY if direct expenditure to benefit	Can	didate/Officeholder name			Office sought		Office held	
	C/OH								
H	Date		Deves mans						
	01/23/2025		Payee name North Texas Tollway Authority						
		╙		Ctata	7in Ca	- d -			
	Amount (\$) \$16.70	ı	Payee address; City; P.O. Box 260928	State;	Zip Co	oue			
			F.O. BOX 200920						
	X Reimbursement from political contributions intended		Plano, TX 75026						
	PURPOSE		Category (See Categories listed at the top of	this sche	edule)	Description	_	neck if travel outside of Texas. Complete	
	OF EXPENDITURE		Travel Out of District			L	_	neck if Austin, TX, officeholder living expe	ense
						Toll tag charge -	aıst	rict to Capitol	
		L Can	didate/Officeholder name			Office sought		Office held	
	expenditure to benefit C/OH								

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Expers Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Laborate The Instruction Guide explains how to complete this form	se r	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 4/13 Rpt: 83/93	Bhojani, Salman (The Honorable)		00085598
4	Date	Payee name		
	01/24/2025	North Texas Tollway Authority		
6	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.30	P.O. Box 260928		
	Reimbursement from political contributions intended	Plano, TX 75026		
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n 🔲 c	check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of District		check if Austin, TX, officeholder living expense
		Toll tag char	ge - ca	pitol to airport for the event to attend
Ļ	0 1: 01:17.7			000
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	01/27/2025	North Texas Tollway Authority		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.30	P.O. Box 260928		
	Reimbursement from political contributions intended	Plano, TX 75026		
	PURPOSE	Category (See Categories listed at the top of this schedule) Descriptio		check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of District Toll tag charge		check if Austin, TX, officeholder living expense
	Complete ONLY if direct	andidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OH	andidate/Officerolder frame	· · · · · · · · · · · · · · · · · · ·	Office field
	Date	Payee name		
	01/31/2025	North Texas Tollway Authority		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.40	P.O. Box 260928		
	Reimbursement from political contributions intended	Plano, TX 75026		
	PURPOSE	Category (See Categories listed at the top of this schedule) Descriptio		check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of District		check if Austin, TX, officeholder living expense
		Toll tag char	ge - dis	strict to event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name Office soug	ht	Office held

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Polling Expense by - Gift/Awards/Memorials Expense al Committee Cegal Services Salaries/Wages/Contract Laboration Fees Committee Cegal Services Cegal Services Salaries/Wages/Contract Laboration Fees Cegal Services Cegal Services Salaries/Wages/Contract Laboration Fees Cegal Services Ceg		erhead/Rental Expense pense xpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
_	Sch: 5/13 Rpt: 84/93	_	Bhojani, Salman (The Honorable)			•	00085598
4	Date	5	Payee name				
	02/01/2025		North Texas Tollway Authority				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$5.00		P.O. Box 260928				
	Reimbursement from political contributions intended		Plano, TX 75026				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b) Description	Cł	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			Cł	neck if Austin, TX, officeholder living expense
	Toll tag charge				Toll tag charge -	dis	trict to event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	02/02/2025		North Texas Tollway Authority				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$8.62		P.O. Box 260928				
	Reimbursement from political contributions intended		Plano, TX 75026				
	PURPOSE		Category (See Categories listed at the top of this schedu	ule)	Description	Cł	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			Cł	neck if Austin, TX, officeholder living expense
					Toll tag charge -	dis	trict to event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Caı	ndidate/Officeholder name		Office sought		Office held
	Date	Г	Payee name				
	02/05/2025		North Texas Tollway Authority				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$2.10		P.O. Box 260928				
	Reimbursement from						
	X political contributions intended		Plano, TX 75026				
	PURPOSE		Category (See Categories listed at the top of this schedu	ule)	Description	4	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			_	neck if Austin, TX, officeholder living expense
	- -				Toll tag charge -	Ca	pitol to district
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought		Office held

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Rep Office Ov Polling Ex Printing E	ayment/Reimbursement erhead/Rental Expense pense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explains		-		,	
1 Total pages Schedule G: 2 FILER NAM Sch: 6/13 Rpt: 85/93 Bhojani, Sa		IE alman (The Honorable)				Filer ID (Ethics Commission Filers) 00085598		
4	Date 02/10/2025	5 Payee nam North Texa	e as Tollway Authority			<u> </u>		
6	Amount (\$) \$19.00	7 Payee addr P.O. Box 2	. , , ,	e; Zip Co	de			
	x political contributions intended	Plano, TX	75026					
8	PURPOSE OF			(b) Description	=	heck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Travel Out	of District		L	_	heck if Austin, TX, officeholder living expense	
					Toll tag charge -	dis	trict to Capitol	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held	
	Date	Payee nam	e					
	02/13/2025	North Texa	as Tollway Authority					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$11.75	P.O. Box 260928						
	Reimbursement from political contributions intended	Plano, TX	75026					
	PURPOSE	Category (See Categories listed at the top of this sc	hedule)	Description	CI	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Travel Out	of District			CI	heck if Austin, TX, officeholder living expense	
					Toll tag charge -	Ca	pitol to district	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held	
	Date	Payee nam	e					
	02/18/2025	North Texas Tollway Authority						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$6.80	P.O. Box 2	•					
	X Reimbursement from political contributions intended	Plano, TX	75026					
	PURPOSE	Category (See Categories listed at the top of this sc	hedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Travel Out	of District			_	heck if Austin, TX, officeholder living expense	
			Toll tag charge - district to Capitol					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 7/13 Rpt: 86/93	Bhojani, Salman (The Honorable)	00085598		
4	Date	5 Payee name			
	02/25/2025	North Texas Tollway Authority			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$17.15	P.O. Box 260928			
	Reimbursement from				
	X political contributions intended	Plano, TX 75026			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF	Travel Out of District	Check if Austin, TX, officeholder living expense		
	EXPENDITURE		- district to Capitol		
			·		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
ľ	expenditure to benefit	and date, emberson hame	Since held		
	C/OH				
	Date	Payee name			
	02/27/2025	North Texas Tollway Authority			
-	Amount (\$)				
Amount (\$) Payee address; City; State; Zip Code \$22.85 P.O. Box 260928					
	,	1.0. Box 200320			
	Reimbursement from political contributions intended	Plano, TX 75026			
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Travel Out of District	Check if Austin, TX, officeholder living expense		
	LXI LINDITORL	Toll tag charge	- Capitol to district		
		Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				
	Date	Payee name			
	03/05/2025	North Texas Tollway Authority			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5.95	P.O. Box 260928			
	Reimbursement from				
	X political contributions intended	Plano, TX 75026			
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Travel Out of District	Check if Austin, TX, officeholder living expense		
	LAFLINDITURE	Toll tag charge	- district to event at Capitol		
		Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				
_	GOTT				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printin al Committee Legal Services Salarie	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor						
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 8/13 Rpt: 87/93	Bhojani, Salman (The Honorable)		00085598					
4	Date	5 Payee name							
	03/06/2025	North Texas Tollway Authority							
6	Amount (\$)								
ľ	\$20.85								
		1 .O. Box 200320	P.O. Box 260928						
	Reimbursement from political contributions	B. TV 75000							
	intended	Plano, TX 75026							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	OF Travel Out of District Check if Aus							
			Toll tag charge -	Capitol to district					
9		Candidate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH								
	Date	Payee name							
	03/10/2025	North Texas Tollway Authority							
Amount (\$) Payee address; City; State; Zip Code									
	\$19.05 P.O. Box 260928								
	Reimbursement from								
	X political contributions intended	Plano, TX 75026							
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	OF	Travel Out of District		Check if Austin, TX, officeholder living expense					
	EXPENDITURE	Traver out or bistrict	Toll tag charge - district to Capitol						
				·					
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held					
	expenditure to benefit								
	C/OH								
	Date	Payee name							
	03/13/2025	North Texas Tollway Authority							
	Amount (\$)	Payee address; City; State; Zip	Code						
	\$18.75	1							
	Reimbursement from								
	x political contributions intended	Plano, TX 75026							
\vdash	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	OF	Travel Out of District	Description	Check if dustin, TX, officeholder living expense					
	EXPENDITURE	Travel Out of District	Toll tag charge -	Canitol to district					
			2 1.1.9 05 90						
\vdash	Complete ONLV if direct	Candidate/Officeholder name	Office sought	Office held					
	expenditure to benefit	Canadate/Officerolder name	Onice sought	Office Held					
L	C/OH								

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense		Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 9/13 Rpt: 88/93		Bhojani, Salman (The Honorable)			00085598
4	Date	5	Payee name			
	03/16/2025		North Texas Tollway Authority			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$1.32		P.O. Box 260928	•		
	X Reimbursement from political contributions intended		Plano, TX 75026			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Travel Out of District			Check if Austin, TX, officeholder living expense
	EXPENDITURE		. Tattor out of District		Toll tag charge -	district to Capitol
					Ton tag on ange	another capital
Ļ		Ļ			L	
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	03/20/2025		North Texas Tollway Authority			
	Amount (\$) Payee address; City; State; Zip Code					
	• *	\$24.90 P.O. Box 260928				
			1.O. Box 200920			
	X Reimbursement from political contributions intended		Plano, TX 75026			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Travel Out of District			Check if Austin, TX, officeholder living expense
	EXPENDITURE				Toll tag charge -	Capitol to district
						·
_	Complete ONLY if direct		ndidate/Officeholder name		Office sought	Office held
	Complete ONLY if direct expenditure to benefit	Cai	ididate/Oniceriolder flame		Office Sought	Office field
	C/OH					
	D :	_				
	Date		Payee name			
	03/24/2025		North Texas Tollway Authority			
	Amount (\$)	Г	Payee address; City; State;	Zip Co	ode	
	\$18.47		P.O. Box 260928			
	Reimbursement from political contributions intended		Plano, TX 75026			
		L				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District		L	Check if Austin, TX, officeholder living expense
					Toll tag charge -	district to Capitol
H	Complete ONLY if direct	Cai	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit	Jui	.a.a.a.s. omoonoidoi namo		Cinoc sought	Siliso Hold
	C/OH					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment	The Instruction Guide explains how to complete this f	orm.			
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 10/13 Rpt: 89/93	Bhojani, Salman (The Honorable)		00085598		
4	Date	5 Payee name	'			
	04/14/2025	North Texas Tollway Authority				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$16.70	P.O. Box 260928				
	Reimbursement from					
	X political contributions intended	Plano, TX 75026				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	otion [Check if travel outside of Texas. Complete Schedule T.		
	OF	Travel Out of District		Check if Austin, TX, officeholder living expense		
	EXPENDITURE		narge - (district to Capitol		
			J	•		
9	Complete ONLY if direct	Candidate/Officeholder name	ouaht	Office held		
ľ	expenditure to benefit		oug	S65 No.16		
	C/OH					
	Date	Payee name				
	04/17/2025	North Texas Tollway Authority				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$18.75 P.O. Box 260928					
	Reimbursement from					
	x political contributions intended	Plano, TX 75026				
	PURPOSE	Category (See Categories listed at the top of this schedule) Descrip	otion [Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense		
		Toll tag ch	narge -	Capitol to district		
		Candidate/Officeholder name Office s	ought	Office held		
	expenditure to benefit C/OH					
	Date	Payee name				
	04/21/2025	North Texas Tollway Authority				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.05	P.O. Box 260928				
	Reimbursement from					
	X political contributions intended	Plano, TX 75026				
	PURPOSE	Category (See Categories listed at the top of this schedule) Descrip	otion _	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense		
	D.I.OI.L	Toll tag ch	narge -	district to Capitol		
		Candidate/Officeholder name Office s	ought	Office held		
	expenditure to benefit C/OH					
\vdash						

SCHEDULE G

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/Political Committee Credit Card Payment		- Gift/Award Committee Legal Serv	s/Memorials Expense F		ense ages/Contract Labor		Travel in Distri Travel Out of E OTHER (enter		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 11/13 Rpt: 90/93	Bhojani, Salman (The Honorable)				'	00085598		
4	Date	5 Payee name							
	04/25/2025	North Texas Tollwa	y Authority						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$19.05	P.O. Box 260928							
	Reimbursement from political contributions intended	Plano, TX 75026							
8	PURPOSE					Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Travel Out of Distri	ct			Che	eck if Austin, T	X, officeholder living expense	
					Foll tag charge -	Cap	itol to dist	rict	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ıme		Office sought			Office held	
	Date	Payee name							
	04/27/2025	North Texas Tollway Authority							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$8.30	P.O. Box 260928							
	Reimbursement from political contributions intended	Plano, TX 75026							
	PURPOSE	Category (See Categori	es listed at the top of this schedu	ule)	Description	=		side of Texas. Complete Schedule T.	
OF EXPENDITURE		Travel Out of District			_ L		Check if Austin, TX, officeholder living expense		
					Foll tag charge -	aisti	ict to Cap	IOTI	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder na	ume		Office sought			Office held	
	Date	Payee name							
	05/02/2025	North Texas Tollwa	y Authority						
	Amount (\$)	•	City; State;	Zip Cod	e				
	\$24.90	P.O. Box 260928							
	Reimbursement from political contributions intended	Plano, TX 75026							
	PURPOSE OF	Category (See Categori	es listed at the top of this schedu	ule)	Description	_		side of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of Distri		Check if Austin, TX, officeholder living expense					
					Foll tag charge -	Сар	แบเ เบ นเรโ	HUL	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ume		Office sought			Office held	

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.									
1 Total pages Schedule G: 2 FILER NA		2 FILER NAMI	E			3	Filer ID	(Ethics Commission Filers)	
	Sch: 12/13 Rpt: 91/93	Bhojani, Sa	alman (The Honorable)				000855	598	
4	Date	5 Payee name							
	05/05/2025	1	North Texas Tollway Authority						
6	Amount (\$)	(\$) 7 Payee address; City; State; Zip Code							
	\$16.75								
	Reimbursement from								
	X political contributions intended	Plano, TX 75026							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel	I outside of Texas. Complete Schedule T.	
	OF	Travel Out		,		Che	eck if Austi	n, TX, officeholder living expense	
	EXPENDITURE		0. 2.001		Toll tag charge -	dist	rict to C	Capitol	
								•	
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit				· ·				
	C/OH								
	Date	Payee name	!						
05/10/2025 North Texas Tollway Authority									
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5.75 P.O. Box 260928								
	Reimbursement from								
political contributions intended Plano, TX 75026									
_	PURPOSE		see Categories listed at the top of this sch	andula)	Description	7 Chr	eck if travel	I outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Travel Out	•	leuule)	Description	=		n, TX, officeholder living expense	
		l Haver Out	OI DISTRICT		Toll tag charge - Capitol to district				
Toll tag				The state of the go	Corp				
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit		note of manne		emee eeug.n				
	C/OH								
	Date	Payee name							
	05/16/2025	North Texa	s Tollway Authority						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode				
	\$19.05	P.O. Box 2							
	Reimbursement from								
X political contributions intended Plano, TX 75026									
\vdash	PURPOSE		iee Categories listed at the top of this sch	edule)	Description	Che	eck if travel	I outside of Texas. Complete Schedule T.	
	OF	Travel Out		,	l Ė	Che	eck if Austi	n, TX, officeholder living expense	
EXPENDITURE Travel out of District Toll tag charge - Capi				itol to c	district				
						•			
	Complete ONLY if direct	I Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit				5 ·				
	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 13/13 Rpt: 92/93 Bhojani, Salman (The Honorable) 00085598 Date Payee name 05/30/2025 North Texas Tollway Authority 6 Amount (\$) Payee address; City; State; Zip Code P.O. Box 260928 \$14.40 Reimbursement from political contributions Х intended Plano, TX 75026 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. 8 (b) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Toll tag charge - Capitol to district Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2025 North Texas Tollway Authority Amount (\$) Payee address; City; State; Zip Code \$13.25 P.O. Box 260928 Reimbursement from political contributions Χ Plano, TX 75026 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Toll tag charge - district to Capitol Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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: 93/93 2 FILER NAME Filer ID (Ethics Commission Filers) Bhojani, Salman (The Honorable) 00085598 5 Name of person from whom amount is received 8 Amount (\$) 06/23/2025 The Shoal \$146.91 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Return of security deposit for Austin apartment