# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	e this form.	1 Filer ID (Ethics Commi 00083882		2 Total pages fil	ed: '4
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Suleman			Date Received	
'"""					ELECTRONICA	ALLY EILED
	110101111				07/15/2025	(LLI IILLD
		_AST		SUFFIX	01/13/2023	
	l	_alani				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	PO Box 6514					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77265				Data Barrand	
	·				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER		Gordon Jinpoir	na	IVII		
NAME	IVII.	sordon simpon	ig			
		AST		SUFFIX		
		Quan				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B		AP.	T / SUITE #; CITY	; STA	ATE; ZIP CODE
ADDRESS	5444 Westheimer Rd. Ste. 1	1700				
(Residence or Business)						
	Houston, TX 77056					
7 CAMPAIGN	AREA CODE PHONE	NUMBED E	VTENCION			
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(713) 625-9200					
8 REPORT						
TYPE	January 15	30th day before	election $\square$	Runoff	15th day after car	mnaign treasurer
		cour day before		L	appointment (office	
	X July 15	8th day before e	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	imary	Runoff	Other	
	03/03/2026	П	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)	
III OFFICE	State Representative Distric	t 76			tative District 76	
	Claire Tropi de di Italia					
		GO T	O PAGE 2			
1						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 74

13 C / OH NAME	Lalani, Suleman (The	Honorable)	<b>14</b> Filer ID (I	Ethics Commi	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without It officeholders are required to report this information	the candidate's or office	holder's knowl	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$	5,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	1,572.81
	4. TOTAL POLITIC	AL EXPENDITURES		\$	52,990.55
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	LAST DAY OF THE	\$	103,088.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.			
		The Hon	orable Suleman Lalan	i	
			f Candidate or Officehold		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me. by the s	aid	. this the		day
		ertify which, witness my hand and seal of office.	,		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering	oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

				3 of 74
<b>18</b> FILER NAI Lalani, Sı	(Ethics Commis	sion Filers)		
	E SUBTOTALS SCHEDULE	SUBTOTA	L AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,950.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	52,990.55
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/74	
2	FILER NAME Lalani, Suler	nan (The Honorable)			3	Filer ID (Ethics Commission 00083882	n Filers)
4	Date 06/30/2025				7	Amount of Contribution (\$)	\$100.00
		Sugar Land, TX 77479					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions American Cargo Assura		e, LLC	
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Childs, Tilden  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Fort Worth, TX 76109  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			<u> </u> ;)			
				Radiology Associates of		orth Texas PA	
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2025 HOMEPAC of Texas  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 Hillco PAC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00	
	Principal occupation / Job title (See Instructions)  Employer (See Instruction				5)		
	Date  Full name of contributor out-of-state PAC (ID#:)  Houston Police Retired Officers Association PAC  Contributor address; City; State; Zip Code  Houston, TX 77219			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/74		
2	FILER NAME Lalani, Sulei	man (The Honorable)	3	Filer ID (Ethics Commission F 00083882	Filers)	
4	Date 06/25/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$250.00
		Austin, TX 78746				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 Texas Medical Association Political Action Committee -TEXPAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1	1,000.00
	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions	  -  s)		
				_		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2	2,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

#### 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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 1/69 Rpt: 6/74	Lalani, Suleman (The Honorable)  00083882
4	Date	5 Payee name
	05/12/2025	7-Eleven Austin
6	Amount (\$) \$49.82	7 Payee address; City; State; Zip Code 823 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Staff Refreshments
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/13/2025	85C Bakery Cafe - Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.70	13509 University Blvd
		Suite A-200
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting Refreshments
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	85C Bakery Cafe - Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.35	13509 University Blvd
		Suite A-200
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting Refreshments
_	Complete ONU V if allow :	Condidate Office halder years
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### 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: 2/69 Rpt: 7/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/26/2025	Aceves Communications, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	PO Box 6514
		Houston, TX 77265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Consulting
		Central Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payros namo
	01/09/2025	Payee name Aceves Communications, LLC
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 6514
L		Houston, TX 77265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		General Consulting
		Concrat Consulting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/30/2025	ActBlue
H	Amount (\$)	Payee address; City; State; Zip Code
	\$7.90	PO Box 441146
	Ψ1.50	1 0 50% 441140
		Somerville, MA 02144
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Processing Fees 1/01-06/30/2025
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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 t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/69 Rpt: 8/74	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	•
	03/31/2025	Aga's Restaurant	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.36	11842 Wilcrest Dr	
		Houston, TX 77031	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			onstituent Meal
_	Operation ONE V if dispose	Constitute (Office helder never	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/03/2025	Aga's Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.36	11842 Wilcrest Dr	
		Houston, TX 77031	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			onstituent Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
	Date	Payee name	
	04/01/2025	Agha Juice & Cafe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.31	11920 S Texas 6	
	Ψ00.01	# 800	
		Sugar Land, TX 77498	
	DUDDOCE	_	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	escription Theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		M	leeting Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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:		are)
	Sch: 4/69 Rpt: 9/74	Lalani, Suleman (The Honorable)    State   File   ID   (Ethics Commission File   Com	J13)
4	Date	5 Payee name	
L	02/04/2025	Alings Chinese Bistro	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$63.73	6542 US ALT-90	
		Sugar Land, TX 77498	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense	
		Constituent Meal	
_	Commission ONE V. C. F.	Condidate/Officeholder name	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
L			
	Date	Payee name	
	06/10/2025	Aloft Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$130.17	109 E 7th St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense  Family Lodging	
		Family Loughing	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data		
	Date	Payee name	
	06/12/2025	Alpha Desserts Juice Cafe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.05	1531 Hwy 6	
		Suite 140	
		Sugar Land, TX 77478	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Meeting Refreshments	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ			
1	Total pages Schedule F1: Sch: 5/69 Rpt: 10/74	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission File 00083882	rs)
4	Date	5 Payee name	
	05/05/2025	Amazon	
6	Amount (\$) \$223.00	7 Payee address; City; State; Zip Code 410 Terry Avenue North	
	φ223.00	410 Terry Avenue Notur	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Captiol Office Supplies	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/27/2025	Ambra	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$264.19	1200 Auburn Ave	
		Suite 200	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		Travel Meal	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/07/2025	Amy's Ice Cream	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.73	2901 S Lamar Blvd	
	,		
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Staff Refreshments	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
			ĺ

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/69 Rpt: 11/74 Lalani, Suleman (The Honorable) 00083882 4 Date Payee name 01/30/2025 Anedot Inc. 6 Amount (\$) Payee address; State; Zip Code \$100.00 1340 Poydras Street **Suite 1770** New Orleans, LA 70112 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/03/2025 BBG's Amount (\$) Payee address; City; State; Zip Code \$47.67 214 East 6th Street Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Meals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2025 **BBQ Boys** Amount (\$) Payee address: City: State; Zip Code \$49.07 11836 S Texas 6 Sugar Land, TX 77498 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	Contributions/ Donations Made By 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		
	Sch: 7/69 Rpt: 12/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/25/2025	Bademiyaa's Kabab Hous Richmond Tx 7711
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.91	2330 Harlem Rd
		Ste 102
		Richmond, TX 77406
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Austin, TX, officeholder living expense
		Constituent Meal
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		· 
	Date	Payee name
	04/01/2025	BlendIn Coffee Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.74	8410 Hwy 90 Alt
		Bldg B
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting Refreshments
		Weeting Netrosiments
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	06/30/2025	Brooklyn Pizzeria - Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.39	13513 University Blvd
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting Refreshments
		Wiceting Netrestitions
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadala E4	· · · · · · · · · · · · · · · · · · ·	ore)
1	Total pages Schedule F1: Sch: 8/69 Rpt: 13/74	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission File 00083882	ers)
4	Date	5 Payee name	
	06/04/2025	Buc-ee's - Bastrop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$45.38	1700 State Hwy 71 East	
		Bastrop, TX 78602	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Fuel	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/18/2025	Buc-ee's - Bastrop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.66	1700 State Hwy 71 East	
		Bastrop, TX 78602	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Travel Refreshments	
		Traver remealments	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
┝	Date	Dayloo nama	
	02/18/2025	Payee name  Buc-ee's - Bastrop	
		· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.21	1700 State Hwy 71 East	
		Bastrop, TX 78602	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Fuel	
		Fuei	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contral 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: 9/69 Rpt: 14/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	01/31/2025	Buc-ee's - Bastrop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.20	1700 State Hwy 71 East
		Bastrop, TX 78602
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
		i uci
_	Complete ONU V if alice	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Buc-ee's - Bastrop
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.75	1700 State Hwy 71 East
		Bastrop, TX 78602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel meal
		Havei illeai
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	05/21/2025	Buc-ee's - Giddings
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.43	2375 E Austin St
		Giddings, TX 78942
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fuel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	capenditule to belieff C/Of	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Leg	al Services  e Instruction Guide explai		ages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 10/69 Rpt: 15/74	Lalani, Sulema	ın (The Honorable)					00083882	
4	Date	5 Payee name							
	05/22/2025	Buc-ee's - Gide	dings						
6	Amount (\$) \$19.58	<ul><li>7 Payee address;</li><li>2375 E Austin</li></ul>	•	ate; Zip Cod	de				
		Giddings, TX 7							
8	PURPOSE OF EXPENDITURE	(a) Category (See C Food/Beverage	ategories listed at the top of this e Expense	schedule)	(b)	<u> </u>	, TX,	de of Texas. Com officeholder living nents	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	older name	Office sou	ght			Office he	eld
	Date	Payee name				· · · · · · · · · · · · · · · · · · ·			
	06/10/2025	Buc-ee's - Katy	/						
	Amount (\$)	Payee address;	City; Sta	ate; Zip Cod	de				
	\$61.87	27700 Katy Fw	<b>/</b> y						
		Katy, TX 7749							
	PURPOSE OF		ategories listed at the top of this	schedule)	(b)	Description		d4.T O	olata Calcadula T
	EXPENDITURE	Travel Out of D	District			<b>-</b>		de of Texas. Com officeholder living	
						Fuel	,,		,
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeh	older name	Office souç	ght			Office he	eld
	Date	Payee name							
	06/10/2025	Buc-ee's - Katy	/						
	Amount (\$)	Payee address;	City; Sta	ate; Zip Co	de				
	\$17.98	27700 Katy Fw	/y						
		Katy, TX 7749	4						
	PURPOSE	(a) Category (See C	ategories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage	e Expense			<b></b>		de of Texas. Com	
							, TX,	officeholder living	expense
						Travel Meal			
	Complete ONLY if direct	Candidate/Officeh	older name	Office soug	ght			Office he	eld
	expenditure to benefit C/O			- (	-				

#### SCHEDULE F1

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

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

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

	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: 11/69 Rpt: 16/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/09/2025	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.17	1700 State Hwy 71 East
		Bastrop, TX 78602
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	04/09/2025	Buc-ee's
┝		
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 1700 State Hwy 71 East
	Ψ13.00	1700 State Hwy 71 Last
		D TV 7000
L		Bastrop, TX 78602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel Refreshments
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	06/16/2025	Bundu Khan Kabab House Sugar Land
H	Amount (\$)	Payee address; City; State; Zip Code
	\$19.90	11929 University Blvd
		Suite #1M
		Sugar Land, TX 77479
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Meal
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
_			The instruction Guide explain	iis now to co	ilibie	te this form.	_					
1	Total pages Schedule F1:		<b></b>				3	Filer ID	(Ethics Commission	on Filers)		
	Sch: 12/69 Rpt: 17/74	Lalanı, Sulei	man (The Honorable)					00083882				
4	Date	<b>5</b> Payee name										
	06/17/2025	Bundu Khan	Kabab House Sugar La	and								
6	Amount (\$)	7 Payee addres	s; City; Sta	ate; Zip Co	de							
	\$172.74	11929 Unive	ersity Blvd									
		Suite #1M										
		Sugar Land,	TX 77479									
8	PURPOSE	(a) Category (se	e Categories listed at the top of this	schedule)	(b)	Description						
	OF		age Expense	3cricuale)	` '	_ `	outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		5 1			Check if Austin	, TX	, officeholder living	expense			
						Campaign Me	eal					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld			
	Date	Payee name										
	05/20/2025	Bundu Khan	Kabab House Sugar La	and								
	Amount (\$)	Payee addres	s; City; Sta	ate; Zip Co	de							
	\$163.96	11929 Unive	ersity Blvd									
		Suite #1M										
		Sugar Land,	TX 77479									
	PURPOSE	(a) Category (Se	e Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		age Expense	ŕ		<b>-</b>		ide of Texas. Comp				
	LAFENDITORE					<b>—</b>		, officeholder living	expense			
						Campaign Me	eai					
	2											
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld			
	Date	Payee name										
	04/15/2025	Bundu Khan	Kabab House Sugar La	and								
	Amount (\$)	Payee addres	s; City; Sta	ate; Zip Co	de							
	\$222.81	11929 Unive	ersity Blvd									
		Suite #1M										
		Sugar Land,	TX 77479									
	PURPOSE	(a) Category (Se	e Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		age Expense	ĺ		ш		ide of Texas. Comp				
	EXPENDITORE					_		, officeholder living	expense			
						Constituent N	1ea	al				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld			
	experience to beliefft C/OI	1										

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 13/69 Rpt: 18/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	02/19/2025	Bundu Khan Kabab House Sugar Land
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.50	11929 University Blvd
		Suite #1M
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Constituent Meal
		Constituent Wear
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/14/2025	Bundu Khan Kabab House Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.46	11929 University Blvd
		Suite #1M
		Sugar Land, TX 77479
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>
	Date	Payee name
	04/24/2025	Capitol Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.53	1001 Congress Ave.
		#180
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Staff Meals
H	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 Comi

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	
-	Total pages Cabadula Ed.	2 Files ID //Fibing Commission Files
1	Total pages Schedule F1: Sch: 14/69 Rpt: 19/74	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	Date	5 Payee name
	01/28/2025	Capitol Giftshop Extension
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	1400 N. Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituents Gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
⊨	Date	Davies same
		Payee name
	01/14/2025	Capitol Giftshop Extension
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.66	1400 N. Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Constituents Gifts
		Consuluents onts
	0 1: 01   1/4    1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2025	Capitol Giftshop Extension
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.57	1400 N. Congress Ave
		Austin, TX 78701
		I ma
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donor Gifts
		233. 36
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/69 Rpt: 20/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/04/2025	Chevron Ellinger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.57	109 State Hwy 71
		Ellinger, TX 78938
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		ruei
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	03/04/2025	Chevron Ellinger
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.05	109 State Hwy 71
		Ellinger, TX 78938
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel Meal
		Traver mea.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/18/2025	Chevron Ellinger
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.62	109 State Hwy 71
		Ellinger, TX 78938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		ruei
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	•	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

	Candidate/Officeholder/Politica Credit Card Payment							OTHER (enter a category not listed above)		
	orean oura r ayment	Th	ne Instruction Guide explain	s how to com	plete this form.					
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Fi	lers)	
	Sch: 16/69 Rpt: 21/74	Lalani, Sulema	an (The Honorable)				00083882			
4	Date	5 Payee name								
	06/09/2025	Chick-Fil-A - A	ATX							
6	Amount (\$)	7 Payee address;	City; Stat	e; Zip Code	e					
	\$29.74	503 W Martin	Luther King Jr Blvd							
		Austin, TX 78	701							
8	PURPOSE	(a) Category (See (	Categories listed at the top of this so	chedule) (I	b) Description					
	OF EXPENDITURE	Food/Beverag					ide of Texas. Com			
					Check if Austin	n, TX	, officeholder living	expense		
					Stall Medis					
_	Complete ONLY if direct	Candidata/Offical	adder name	Office cough	ht		Office he	ald.		
9	expenditure to benefit C/O	Candidate/Officel	loider name	Office sough	iii.		Office he	eiu		
	Data									
	Date	Payee name	_							
	05/24/2025	Chuy's - Austi								
	Amount (\$)	Payee address;	•	e; Zip Code	e					
	\$31.93	1728 Barton S	springs Rd							
		Austin, TX 78	704							
	PURPOSE OF	(a) Category (See C	Categories listed at the top of this so	chedule) (I	b) Description					
	EXPENDITURE	Food/Beverag	e Expense				ide of Texas. Com , officeholder living			
					Staff Meals	1, 17	, onicendider living	гехрепае		
	Complete ONLY if direct	Candidate/Officel	nolder name	Office sough	ht		Office he	eld		
	expenditure to benefit C/OI	I								
	Date	Payee name								
	02/06/2025	Circle K - Bas	trop							
	Amount (\$)	Payee address;		e; Zip Code	e					
	\$53.42	4104 State Hv	-	, ,						
		Bastrop, TX 7	8602							
	PURPOSE	(a) Category (See (	Categories listed at the top of this se	chedule) (I	b) Description					
	OF EXPENDITURE	Travel Out of I	District		=		ide of Texas. Com			
	EXI ENDITORE					n, TX	, officeholder living	expense		
					Fuel					
	Complete ONLY if direct	Candidate/Officel	nolder name	Office sough	ht		Office he	7ld		
	expenditure to benefit C/O		.o.cor manio	Since sough	•••		Cinico III			
Co:	rms provided by Texas F	hios Commission	www ethics	ctate ty us				Version V/I 1 0 f1	UYUtYO	

#### 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

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/69 Rpt: 22/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/17/2025	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.11	13445 W Airport Blvd
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/24/2025	Clay Pit
H	Amount (\$)	Payee address; City; State; Zip Code
	\$64.47	1601 Guadalupe St
	*****	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Meals
		Stan Wedis
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/17/2025	Clay Pit
H	Amount (\$)	Payee address; City; State; Zip Code
	\$73.11	1601 Guadalupe St
	Ψ10.11	1001 Guadalope of
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Staff Meals
L	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

### SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By - Gift/Aw

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: 18/69 Rpt: 23/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	05/08/2025	Clay Pit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.21	1601 Guadalupe St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Meals
		Star mode
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L	Dete	
	Date	Payee name
	05/12/2025	Dan's Hamburgers 3
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.18	844 Airport Blvd.
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Meals
		Stall Meals
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	01/27/2025	Delta Air Lines, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1030 Delta Boulevard
		Atlanta, GA 30354
	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
		Baggage Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
				The Instruction G	uide explains h	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 19/69 Rpt: 24/74		Lalani, Sule	man (The Hono	orable)					00083882		
4	Date	5	Payee name									
	01/27/2025		Delta Air Lir	nes, Inc.								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$35.00		1030 Delta	Boulevard								
			Atlanta, GA	30354								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF		Fees	o categorico notos at t	710 top 01 tillo 001100	adio)		`	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_		officeholder living	g expense	
								Baggage Fee	S			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	fice sou	ght			Office h	eld	
	experialitate to beliefit eroi	'										
	Date		Payee name									
	06/04/2025		Eddie V's - A	Austin								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		301 E 5th S	t.								
			Austin, TX 7	'8701								
	PURPOSE	(a)	Category (St	ee Categories listed at t	he ton of this sched	dule)	(b)	Description				
	OF EXPENDITURE			/Memorials Exp		adio)		`	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			·				<b>—</b>	TX,	officeholder livin	g expense	
								Staff Gifts				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	fice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	03/25/2025		Exxon- Sug	ar Land								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$4.04		16760 Sout	hwest Frwy								
			Sugar Land	, TX 77479								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				ш			nplete Schedule T.	
								_		officeholder livin	g expense	
								Travel Refres	1111	ICIIIS		
	Complete ONLY if direct	Ц	Candidato/Offi	ceholder name	Of	fice soug	abt			Office h	old.	
	expenditure to benefit C/OI		Janunate/OIII	cenoiuei ndille	OI	iice sou(	yııl			Onice n	ciu	

#### 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		mmittee Leg	Awards/Memorials E al Services e Instruction Gui			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 20/69 Rpt: 25/74		Lalani, Sulema	n (The Honor	able)					00083882		,
4	Date	5	Payee name									
	03/25/2025		First Watch - R	ichmond								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Cod	de					
	\$42.40		10505 W Gran	d Pkwy S								
			Suite 100									
			Richmond, TX	77407								
8	PURPOSE	(a)	Category (See Category		e ton of this school	dule)	(b)	Description				
	OF EXPENDITURE	` `	Food/Beverage		s top or this series	uuic)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		· ·	-				ш.		officeholder living	g expense	
								Constituent M	⁄lea	u		
L												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeh	older name	Of	ffice soug	ght			Office he	eld	
		_										
	Date		Payee name									
	01/08/2025		Great America	n Cookies								
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$12.39		16535 Southw	est Fwy								
			Space 82									
			Sugar Land, T	K 77479								
	PURPOSE	(a)	Category (See C	ategories listed at the	e top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage	Expense				<b>=</b>			plete Schedule T.	
								Meeting Refr		, officeholder living ments	g expense	
								comig reciti	JJ1			
_	Complete ONLY if direct		Candidate/Officeh	older name	Of	ffice soug	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
L	06/23/2025		Haraz Coffee H	łouse								
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$68.20		13582 Univers	ty Blvd								
			Suite 100									
			Sugar Land, T	K 77479								
	PURPOSE	(a)	Category (See C	ategories listed at the	e top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage	Expense							plete Schedule T.	
								Meeting Refr		, officeholder living	g expense	
								wiceung Rem	USI	michio		
	Complete ONLY if direct	L	Candidate/Officeh	older name	Of	ffice soug	aht			Office he	eld	
	expenditure to benefit C/O				31	5000	٠٠٠.			S00 III	- =	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
Leal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/69 Rpt: 26/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	02/20/2025	Hilton Austin Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.99	500 E 4th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Refreshments
		Refreshitions
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/14/2025	Holiday Inn - Austin
H	Amount (\$)	Payee address; City; State; Zip Code
	\$97.97	20 N Interstate Hwy 35
		Austin, TX 78701
	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
		Temporary Lodging for Staff
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/10/2025	Javed Nihari Restaurant
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$65.50	14631 Beechnut St
		STE A
		Houston, TX 77083
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Constituent Meal
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

Event Expense
Fees
Feod/Beverage Expense
Gitt/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 22/69 Rpt: 27/74	Lalani, Suleman (The Honorable) 00083882						
4	Date	5 Payee name						
	05/01/2025	Jeni's Splendid Ice Creams						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$17.86	1208 S Congress Ave						
		Austin, TX 78704						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Staff Refreshments						
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/22/2025	Jeni's Splendid Ice Creams						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$31.61	1208 S Congress Ave						
		Austin, TX 78704						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense						
		Staff Refreshments						
	Complete ONLY if direct Condidate/Officeholder name Office accepts							
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Data							
	Date	Payee name						
	04/22/2025	Jeni's Splendid Ice Creams						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$9.36	1208 S Congress Ave						
		Austin, TX 78704						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Staff Refreshments						
		Can renesiments						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 23/69 Rpt: 28/74	Lalani, Suleman (The Honorable) 00083882				
4	Date	5 Payee name				
	06/27/2025	Jinya Ramen Bar - Sugar Land				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$158.69	13509 University Blvd				
		Suite A291				
		Sugar Land, TX 77479				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Constituent Meal				
		Constituent wear				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	03/31/2025	Karahi Boys				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$178.13	16535 Lexington Blvd				
Unit 100						
		Sugar Land, TX 77479				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Constituent Meal				
		Constactive mean				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	02/24/2025	Karahi Boys				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$98.68	16535 Lexington Blvd				
		Unit 100				
		Sugar Land, TX 77479				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Constituent Meal				
_	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 Commi

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/Officeholder/Politica	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 24/69 Rpt: 29/74	Lalani, Suleman (The Honorable) 00083882				
4	Date	5 Payee name				
	01/06/2025	Karahi Boys				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$223.30	16535 Lexington Blvd				
		Unit 100				
		Sugar Land, TX 77479				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Constituent Meal				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	<del>-</del>				
	Date	Payee name				
	06/02/2025	Kerbey Lane Cafe				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$59.30	3704 Kerbey Ln				
		Austin, TX 78731				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Staff Meals						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	<del>1</del>				
	Date	Payee name				
	04/14/2025	Kilwins Chocolate				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$62.31	16029 City Walk				
		Sugar Land, TX 77479				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Meeting Refreshments				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	<del>1</del>				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

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

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 t	his form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 25/69 Rpt: 30/74	Lalani, Suleman (The Honorable)	00083882					
4	Date	5 Payee name	<u>'</u>					
	06/05/2025	Kwik Kopy						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$906.05	1406 Waugh Dr						
		Houston, TX 77019						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription					
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
		Gr	aduation Certificates					
Ļ	0 1 0 0 1 1 1 1		000					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held					
_								
	Date	Payee name						
	03/21/2025	Kyoto Sushi						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$73.12	696 State Hwy 71						
	Ste 1A							
		Bastrop, TX 78602						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription					
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		U	avel Meal					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	4						
	Date	Payee name						
	03/21/2025	Lapel Pins Plus						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,348.92	5840 Red Bug Lake Rd						
		Unit 35						
		Winter Springs, FL 32708						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription					
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE		Check if Austin, TX, officeholder living expense					
		L Ca	ampaign Lapel Pins					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	9	Office field					
l								

### SCHEDULE F1

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

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

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

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

	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: 26/69 Rpt: 31/74	Lalani, Suleman (The Honorable)		00083882					
4	Date	5 Payee name		•					
	01/21/2025	Legislative Study Group							
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode						
	\$1,500.00	P.O. Box 12943							
		Austin, TX 78711							
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.					
	LAI LINDITORE			Check if Austin, TX, officeholder living expense					
				Annual Dues					
_	Complete ONLY if disent	Condidate/Officeholder name	, au la t	Office hold					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnt	Office held					
	Data								
	Date	Payee name							
	06/05/2025	Mai Colachi Restaurant & Catering							
	Amount (\$)	Payee address; City; State; Zip Co	ode						
	\$138.81	15425 Southwest Fwy							
		Sugar Land, TX 77478							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.					
				Check if Austin, TX, officeholder living expense  Constituent Meal					
		Constituent wear							
	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held					
	expenditure to benefit C/OI		agiit	Cinice Hold					
	Date	Payee name							
	04/11/2025	Market@work							
			odo						
	Amount (\$) \$15.71	Payee address; City; State; Zip Co 217 SW 7th St	oue						
	Φ15.71	217 3W 7th 3t							
		Darriag WA 00057							
		Renton, WA 98057	1						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Taylor Complete Schodule T					
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
				Staff Refreshments					
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held					
	expenditure to benefit C/OI								
_									

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 27/69 Rpt: 32/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/20/2025	McDonald's M2166 Galveston Tx
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.49	5223 Broadway Avenue J
		Galveston, TX 77551
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
Г	Date	Payee name
	03/07/2025	McDonalds - Cedar Creek
H	Amount (\$)	Payee address; City; State; Zip Code
	\$9.60	2850 State Hwy 71
		Cedar Creek, TX 78612
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel Meal
		Travel Mea
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Date	Davida marra
	01/17/2025	Payee name McDonalds - Cedar Creek
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.55	2850 State Hwy 71
		Cedar Creek, TX 78612
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		Traveriviea
$\vdash$	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)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contract Labor OTHER (enter a category not listed above)					
The Instruction Guide explains how to complete	e this form.					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Lalani, Suleman (The Honorable)	00083882					
5 Payee name	·					
McDonalds - Sugar Land						
7 Payee address; City; State; Zip Code						
345 Hwy 6						
Sugar Land, TX 77478						
(a) Category (See Categories listed at the top of this schedule) (b) [	Description					
Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	Fravel Meal					
	Office held					
Meerut BBQ House						
\$28.93   11910 S Texas 6						
Sugar Land, TX 77498						
(a) Category (See Categories listed at the top of this schedule) (b)	Description					
Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE    Check if Austin, TX, officeholder living expense						
Candidate/Officeholder name Office sought	Office held					
Payee name						
1 -						
1						
1						
	Description Check if travel outside of Texas. Complete Schedule T.					
Food/beverage Expense	Check if Austin, TX, officeholder living expense					
	Meeting Refreshments					
Candidate/Officeholder name Office sought	Office held					
	Office field					
Office sought	Office Held					
	Since Held					
	The Instruction Guide explains how to complete  2 FILER NAME Lalani, Suleman (The Honorable)  5 Payee name McDonalds - Sugar Land  7 Payee address; City; State; Zip Code 345 Hwy 6  Sugar Land, TX 77478  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office sought  Payee name Meerut BBQ House Payee address; City; State; Zip Code 11910 S Texas 6  Sugar Land, TX 77498  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office sought  Office sought  Payee name Minuti Coffee Payee address; City; State; Zip Code 1535 Texas 6 Ste A Sugar Land, TX 77478  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) If It is a control of this schedule) Food/Beverage Expense  (b) If It is a control of this schedule) Food/Beverage Expense					

#### 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	
1 Total pages Schedule F1: Sch: 29/69 Rpt: 34/74	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4 Date 01/06/2025	5 Payee name Minuti Coffee
6 Amount (\$) \$9.15	7 Payee address; City; State; Zip Code 1535 Texas 6 Ste A Sugar Land, TX 77478
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meeting Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date 03/25/2025	Payee name Mister Car Wash
Amount (\$) \$35.00	Payee address; City; State; Zip Code 2530 Hwy 6 Sugar Land, TX 77479
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Vehicle Maintenance
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/29/2025	Payee name NADC Burger
Amount (\$) \$45.60	Payee address; City; State; Zip Code  007 E 6th St
	Austin, TX 78702
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff Meals
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### 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/Political Committee Credit Card Payment									
1	Total pages Schedule F1:		)						
L	Sch: 30/69 Rpt: 35/74	Lalani, Suleman (The Honorable) 00083882							
4	Date	5 Payee name							
	04/07/2025	Namkeen Delights							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$25.93	6803 W Airport Blvd							
		Suite 130							
		Richmond, TX 77407							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Meeting Refreshments							
<u> </u>	0 1. 0								
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	06/05/2025	Nation Builder							
	Amount (\$)	Payee address; City; State; Zip Code							
\$164.00 520 S Grand Ave									
	2nd floor								
	Los Angeles, CA 90071								
	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							
		Website and Database							
L	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held							
	Complete ONLY if direct expenditure to benefit C/Oh	•							
	Date	Payee name							
L	05/05/2025	Nation Builder	_						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$164.00	520 S Grand Ave							
		2nd floor							
		Los Angeles, CA 90071							
	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  Website and Database							
		website and Database							
	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

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	/ - al Cor	mmittee	Gift/Awards/Memo	•		/ages	/Contract Labor		Travel Out of OTHER (ente	District r a category not	t listed above)
		_			n Guide explains	S HOW TO CO	mpie	ete uns form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	`	ommission Filers)
	Sch: 31/69 Rpt: 36/74			man (The Ho	onorable)					00083882	2	
4	Date	5	Payee name									
L	04/04/2025	L	Nation Build	ler					_			
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$164.00		520 S Gran	d Ave								
			2nd floor									
			Los Angeles	s, CA 90071								
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental		•		Check if travel				ıle T.
								Check if Austin			ing expense	
								Website and	υd	เฉมส56		
	Complete ONLY if direct	<u> </u>	Candidata/O#	coholder name	<u> </u>	Office	abt			Office	hold	
9	Complete ONLY if direct expenditure to benefit C/OH		∠ariuiuate/O∏i	ceholder name	;	Office sou	gnı			Onice	rielu	
$\vdash$	Date	Π	Payee name									
	03/05/2025		Nation Build	ler								
_	Amount (\$)	$\vdash$			State	e; Zip Co	de					
Amount (\$) Payee address; City; State; \$164.00 520 S Grand Ave						c, Zip C0	uC					
	2nd floor											
		<u> </u>	Los Angeles									
	PURPOSE OF	(a) 			at the top of this so	chedule)	(b)	Description	outo:	do of Toyloo	amploto Caba -	ulo T
	EXPENDITURE		Office Over	nead/Rental	Expense			Check if travel of Check if Austin				ile I.
								Website and			J	
Т	Complete ONLY if direct		Candidate/Offi	ceholder name	)	Office sou	ght			Office	held	
	expenditure to benefit C/O	H										
	Date		Payee name					-				
	02/05/2025		Nation Build	ler								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$164.00		520 S Gran	d Ave								
			2nd floor									
			Los Angeles	s, CA 90071								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental		-		Check if travel				ıle T.
	LA LIBITORE							Check if Austin			ing expense	
								Website and	υa	เสมสรย		
	Complete ONLY if direct	Ц	Candidate/Offi	ceholder name	<u> </u>	Office sou	aht			Office	held	
	expenditure to benefit C/O		Januiuale/OIII	conduct name	•	Office Sou	grit			Onice	riciu	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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:	<u> </u>
	Sch: 32/69 Rpt: 37/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	01/07/2025	Nation Builder
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$164.00	520 S Grand Ave
		2nd floor
		Los Angeles, CA 90071
8	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
		Website and Database
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Oi	
	Date	Payee name
	01/27/2025	Oakwells
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.76	2500 S. Bicentennial Blvd
		Suite 121
		McAllen, TX 78503
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/27/2025	Oakwells
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.70	2500 S. Bicentennial Blvd
		Suite 121
		McAllen, TX 78503
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

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)	
l	Sch: 33/69 Rpt: 38/74	Lalani, Suleman (The Honorable) 00083882	
4	Date	5 Payee name	_
	05/07/2025	Olive Garden - Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$85.24	3940 S Lamar Blvd	
l			
l		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Staff Meals	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	Complete ONLY if direct expenditure to benefit C/OI		
⊨	<u> </u>		_
l	Date	Payee name	
	02/10/2025	Olive Garden - Austin	_
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.49	3940 S Lamar Blvd	
l			
L		Austin, TX 78704	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Staff Meals	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	06/16/2025	Omni Houston Valet	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$25.00	4 Riverway	
l			
		Houston, TX 77056	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Event Valet	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		
$\vdash$			
l			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/69 Rpt: 39/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/17/2025	P.F. Chang's - Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.00	201 San Jacinto Blvd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Meals
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/10/2025	P.F. Chang's - Austin
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$79.29	201 San Jacinto Blvd
	Ψ19.29	201 San Sacinto Bivu
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Meals
		Stan Wedis
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
L	02/18/2025	P.F. Chang's - Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.92	201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff Meals
lacksquare	Complete Chilly '' ''	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/69 Rpt: 40/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/27/2025	P.F.Chang's - Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$141.93	201 San Jacinto Blvd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel Meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	P.F.Chang's - Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.63	201 San Jacinto Blvd
	Ψ00.00	201 Gail Gaellio Biva
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Travel Meal
		Traver Meai
	Complete ONLY if direct	Condidate/Office helds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	PF Chang's
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.87	2120 Lone Star Dr
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituent Meal
		Constituent wear
	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
Credit Card Payment 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 r dyment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 36/69 Rpt: 41/74	Lalani, Suleman (The Honorable)	00083882
4	Date	5 Payee name	<u> </u>
	06/02/2025	PNC Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.00	300 Fifth Avenue	
		Pittsburgh, PA 15222	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Service Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/03/2025	PNC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	300 Fifth Avenue	
		Pittsburgh, PA 15222	
	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  Service Fee
			Service ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
_	Data		
	Date 04/03/2025	Payee name PNC Bank	
	Amount (\$) \$3.00	Payee address; City; State; Zip Code	
	\$3.00	300 Fifth Avenue	
		Div. 1 D. 45000	
		Pittsburgh, PA 15222	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Service Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-			

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/69 Rpt: 42/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/03/2025	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	300 Fifth Avenue
		Pittsburgh, PA 15222
8	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  Service Fee
		Service i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Daysa nama
		Payee name
	02/03/2025	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	300 Fifth Avenue
		Pittsburgh, PA 15222
	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  Service Fee
		Service ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name PNC Bank
	01/02/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	300 Fifth Avenue
		Pittsburgh, PA 15222
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Fee
		Scrvice i ee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	notou abovo,
1	Total pages Schedule F1:	·	ommission Filers)
	Sch: 38/69 Rpt: 43/74		•
4	Date	5 Payee name	
	05/04/2025	Pappas BBQ	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$74.88	13939 Northwest Fwy	
		Houston, TX 77040	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	le T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Staff Meals	
		Stall Weats	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
⊨	Date		
	04/04/2025	Payee name Photographic Design	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$549.00	5018 MacCorkle Ave SW	
L		South Charleston, WV 25309	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense	le T.
		Session Photography	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	06/09/2025	Pizza Hut - La Grange	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.96	2230 Bus Hwy 71 West	
		La Grange, TX 78945	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	le T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Travel Meal	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH	<b>5</b>	
$\vdash$			

### 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

	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: 39/69 Rpt: 44/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/21/2025	Pizza Hut - La Grange
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.10	2230 Bus Hwy 71 West
		La Grange, TX 78945
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		Traver wear
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/28/2025	QI Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.99	835 W 6th St #114,
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		Travervica
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/26/2025	Payee name Rahat Bakery
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,206.40	11920 S Texas 6
		Unit 1280
		Sugar Land, TX 77498
	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
		Event Catering
		270/11 Oxioning
	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 Loan Reg Fees Office Ov Food/Beverage Expense Polling E: Gift/Awards/Memorials Expense Printing E Loral Savines Salaries

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

Toal Contract Labor
Solicitation/Fundraising 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: 40/69 Rpt: 45/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	01/13/2025	Rahat Bakery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.93	11920 S Texas 6
		Unit 1280
		Sugar Land, TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Event Catering
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
$\vdash$	Data	
	Date	Payee name
	01/27/2025	Salvation Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.61	51 Rainey St
		#130
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff Meals
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	04/04/2025	Shell -Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.83	3828 N Interstate 35
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fuel
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

### 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 Com

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	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: 41/69 Rpt: 46/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/28/2025	Shell -Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.47	3828 N Interstate 35
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		1 33.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	03/24/2025	Shell -Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.63	3828 N Interstate 35
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		i dei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	02/14/2025	Shell -Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3828 N Interstate 35
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Operations 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: 42/69 Rpt: 47/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	02/20/2025	Shell -Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.48	3828 N Interstate 35
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		i uci
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/15/2025	Shell -Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.63	3828 N Interstate 35
		Austin, TX 78751
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		1 401
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	06/27/2025	Shell Ellinger
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.18	209 State Hwy 71
		Ellinger, TX 78938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		l -uci
_	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 Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: 43/69 Rpt: 48/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/23/2025	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/30/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.14	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	05/06/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.06	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 44/69 Rpt: 49/74	Lalani, Suleman (The Honorable)	00083882	
4	Date	5 Payee name		
	05/14/2025	Shell Oil		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$71.21	4720-A Sweetwater Blvd		
		Sugar Land, TX 77479		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
		Fuel	i, 17, onicender living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O			
<b>–</b>	Date	Payee name		
	06/16/2025	Shell Oil		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$44.10	4720-A Sweetwater Blvd		
	,			
		Sugar Land, TX 77479		
_	PURPOSE	-		
	OF	,	outside of Texas. Complete Schedule T.	
	EXPENDITURE		n, TX, officeholder living expense	
		Fuel		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	
	experialitate to belieff of of			
	Date	Payee name		
	04/02/2025	Shell Oil		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$55.92	4720-A Sweetwater Blvd		
		Sugar Land, TX 77479		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T.	
		Fuel	n, TX, officeholder living expense	
		i dei		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	•	C	
I				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commit	ssion Filers)
	Sch: 45/69 Rpt: 50/74	Lalani, Suleman (The Honorable)  00083882	55.511 1 11015)
4	Date	5 Payee name	
L	04/15/2025	Shell Oil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	4720-A Sweetwater Blvd	
		Sugar Land, TX 77479	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Fuel	
		Fuci	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Davida nama	
	04/22/2025	Payee name Shell Oil	
_	Amount (\$)		
	\$75.00	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd	
	Φ/ 3.00	4/20-A Sweetwater bivu	
		County and TV 77470	
		Sugar Land, TX 77479	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas, Complete Schedule Toyas, Comp	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/10/2025	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$74.65	4720-A Sweetwater Blvd	
		Sugar Land, TX 77479	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Fuel	
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 46/69 Rpt: 51/74	2 FILER NAME Lalani, Suleman (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083882
4	Date	5 Payee name
	03/12/2025	Shell Oil
6	Amount (\$) \$35.73	7 Payee address; City; State; Zip Code 4720-A Sweetwater Blvd
	<b>400.1.0</b>	
		Sugar Land, TX 77479
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$75.00	4720-A Sweetwater Blvd
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	4720-A Sweetwater Blvd
	Ψ13.00	4720 // Sweetwater Biva
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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/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: 47/69 Rpt: 52/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	01/15/2025	Shell Oil
6	Amount (\$) \$65.79	7 Payee address; City; State; Zip Code 4720-A Sweetwater Blvd
	DUDDOOF	Sugar Land, TX 77479
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	Shell Oil
	Amount (\$) \$38.60	Payee address; City; State; Zip Code 4720-A Sweetwater Blvd Sugar Land, TX 77479
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	Shine, Hugh (The Honorable)
	Amount (\$) \$3,850.00	Payee address; City; State; Zip Code P. O. Box 793
		Temple, TX 76503
	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  Lodging in Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1:	
	Sch: 48/69 Rpt: 53/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	02/07/2025	Shine, Hugh (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,850.00	P. O. Box 793
	• •	
		Temple, TX 76503
8	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.
		X Check if Austin, TX, officeholder living expense
		Lodging in Austin
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	<u> </u>
	Date	Payee name
	03/10/2025	Shine, Hugh (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,850.00	P. O. Box 793
	Ψ5,050.00	1 . O. Box 130
		Temple, TX 76503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Lodging in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		·
	Date	Payee name
	04/07/2025	Shine, Hugh (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,850.00	P. O. Box 793
	40,000.00	
		Towns TV 70502
		Temple, TX 76503
	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.
	-	X Check if Austin, TX, officeholder living expense
		Lodging in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiencie to beliefft C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 comp	plete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 49/69 Rpt: 54/74	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		·
	05/12/2025	Shine, Hugh (The Honorable)		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$3,850.00	P. O. Box 793		
		Temple, TX 76503		
8	PURPOSE OF	, ,	( <b>b)</b> De	Description
	EXPENDITURE	Office Overhead/Rental Expense	_  X	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				odging in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/30/2025	Skynexa LLC		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$68.97	3107 Windmill Street		
		Sugar Land, TX 77479		
	PURPOSE OF	,	( <b>b)</b> De	Description
	EXPENDITURE	Event Expense	F	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			E,	Event Support
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/03/2025	Star Bar		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$43.30	600 W 6th St		
		Austin, TX 78701		
	PURPOSE OF	,	( <b>b)</b> De	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	H	Check if Austin, TX, officeholder living expense
			St	Staff Meals
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experiulture to beliefft C/OI	1		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/69 Rpt: 55/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	06/18/2025	Starbucks- Stafford
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.80	3613 South Main St
		Stafford, TX 77477
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
	Date	Payee name
	06/12/2025	Telfair Spices
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.49	1219 Museum Square Dr
		Suite 100
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Power name
	04/21/2025	Payee name Telfair Spices
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.67	1219 Museum Square Dr
	400.0.	Suite 100
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense    Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting Refreshments
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 51/69 Rpt: 56/74	Lalani, Suleman (The Honorable)  Centres Commission Files)  00083882
4	Date 04/28/2025	5 Payee name Telfair Spices
Ļ		·
6	Amount (\$) \$26.84	7 Payee address; City; State; Zip Code 1219 Museum Square Dr Suite 100 Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meeting Refreshments
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Terry Black's BBQ
	Amount (\$) \$54.77	Payee address; City; State; Zip Code  1003 Barton Springs Rd
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff Meals
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Terry Black's BBQ
	Amount (\$) \$216.13	Payee address; City; State; Zip Code  1003 Barton Springs Rd
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff Meals
	Complete ONLY if direct expenditure to benefit C/OI	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 Committ

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/69 Rpt: 57/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/03/2025	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.21	1409 Lavaca St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Meals
		Stan Wears
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	03/21/2025	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.00	1409 Lavaca St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Meals
		Stall Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	D :	
	Date	Payee name
	01/29/2025	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.14	1409 Lavaca St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Meal
		Stan Wear
_	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 Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onto 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: 53/69 Rpt: 58/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	01/27/2025	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.84	1409 Lavaca St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Meal
		Stan Wear
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/30/2025	Texas Climate Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 301074
		Austin, TX 78703
	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  Annual Dues
		Ailliudi Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name  Toyon House Democratic Compaign Committee
	01/13/2025	Texas House Democratic Campaign Committee
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 300095
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
<u> </u>	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 Commit

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/69 Rpt: 59/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/03/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.88	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Refreshments
		Stall Reliestifients
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/24/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.81	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Staff Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/10/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.87	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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 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: 55/69 Rpt: 60/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/25/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.75	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Staff Refreshments
_	Complete ONLY if direct	Condidate/Office helder no rec
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
_	Data	
	Date	Payee name The Conite City
	02/21/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.25	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Refreshments
		Stati Notice in the state of th
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/19/2025	The Capitol Grill
		· ·
	Amount (\$) \$25.17	Payee address; City; State; Zip Code  1400 Congress Ave.
	φ23.17	
		Suite E1.002
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 56/69 Rpt: 61/74 Lalani, Suleman (The Honorable) 00083882 4 Date Payee name 02/14/2025 The Capitol Grill 6 Amount (\$) Payee address; State; Zip Code \$30.50 1400 Congress Ave. Suite E1.002 Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Refreshments Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2025 The Capitol Grill Amount (\$) Payee address; State; Zip Code City; \$11.10 1400 Congress Ave. Suite E1.002 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Refreshments Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/07/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code \$16.51 1400 Congress Ave. Suite E1.002 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Refreshments Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

**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:	<u> </u>
	Sch: 57/69 Rpt: 62/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	02/06/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.78	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Refreshments
		Stan Neirestiments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	02/05/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.68	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Staff Refreshments
		Stan Neirestiments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/30/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.76	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Refreshments
		Stan Neirestiments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 58/69 Rpt: 63/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	01/28/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.66	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Refreshments
		Star Refreshirents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/24/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.08	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Refreshments
		Gian Renestiments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/23/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.36	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Refreshments
		Stan Reneshments
-	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 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 Ex Legal Services The Instruction Guid	xpense		pense ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 59/69 Rpt: 64/74		uleman (The Honora	able)					00083882		
4	Date	<b>5</b> Payee nar	me								
	01/17/2025	The Capi									
6	Amount (\$)	<b>7</b> Payee add	dress; City;	State:	Zip Cod	de					
	\$21.98	1	ngress Ave.	,	,						
		Suite E1.	•								
		Austin, T	X 78701								
8	PURPOSE	(a) Category	(See Categories listed at the	ton of this scho	idule)	(b)	Description				
	OF EXPENDITURE		verage Expense	01 0110 30110	oudio,	.	Check if travel		de of Texas. Com		
	LAFEINDITURE		•				_		officeholder living	expense	
							Staff Refresh	ше	ms		
9	Complete ONLY if direct	Candidate#	Officeholder name		iffice cours	tdr			Office he	ald	
3	expenditure to benefit C/O				Office soug	JIIL			Onice ne	au	
	Date	Payee nar									
	01/16/2025	The Capi	itol Grill								
	Amount (\$)	Payee add		State;	Zip Coo	de					
	\$18.83		ngress Ave.								
		Suite E1.									
		Austin, T	X 78701								
	PURPOSE OF		(See Categories listed at the	top of this sche	edule)	(b)	Description		de et Terro	relate Calcadula T	
	EXPENDITURE	Food/Bev	verage Expense				<b>-</b>		de of Texas. Com officeholder living		
							Staff Refresh			•	
	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	0	Office soug	ght			Office he	eld	
	Date	Payee nar	ne								
	01/14/2025	The Capi	itol Grill								
	Amount (\$)	Payee add	dress; City;	State;	Zip Cod	de					
	\$18.42	1400 Coi	ngress Ave.								
		Suite E1.	.002								
		Austin, T	X 78701								
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Food/Bev	verage Expense				ш		de of Texas. Com	•	
							Staff Refresh		officeholder living ents	expense	
									<del></del>		
	Complete ONLY if direct	Candidate/0	Officeholder name	0	Office soug	ght			Office he	eld	
	expenditure to benefit C/O	4			,						

### 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 60/69 Rpt: 65/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	01/14/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.91	1400 Congress Ave.
		Suite E1.002
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Refreshments
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	The Republic Grille Spring Tx
	Amount (\$)	Payee address; City; State; Zip Code
	\$183.72	3486 Discovery Creek Blvd
		Spring, TX 77386
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event Catering
		Event Catering
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davies name
	06/23/2025	Payee name The Rouxpour - Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.71	2298 Texas Dr
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituent Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>U</b>

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 61/69 Rpt: 66/74	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		•
	01/13/2025	The Rouxpour - Sugar Land		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$254.58	2298 Texas Dr		
		Sugar Land, TX 77479		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Constituent Meal
_	0 1: 0.11.7.7.1.			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	02/14/2025	USA HALAL		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$34.21	303 W Martin Luther King Jr Blvd		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Staff Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		gni	Office field
	Date	Payee name		
	01/21/2025	USA HALAL		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$41.03	303 W Martin Luther King Jr Blvd		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Staff Meals
				Cian Mouis
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	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

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
TTHER (order a cotogony not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 62/69 Rpt: 67/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/24/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.97	1515 Third Street
		San Francisco, CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Austin Commuting
		7 double Community
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.75	1515 Third Street
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Austin Commuting  Austin Commuting
		, asam communing
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨		_
	Date	Payee name
	01/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.91	1515 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Austin Commuting
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 63/69 Rpt: 68/74	Lalani, Suleman (The Honorable)	00083882		
4	Date	5 Payee name			
	01/27/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$13.96	1515 Third Street			
		San Francisco, CA 94158			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if trave	el outside of Texas. Complete Schedule T.		
	EXPENDITURE		in, TX, officeholder living expense		
		Austin Com	muting		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experialiture to benefit C/Oi				
	Date	Payee name			
	01/27/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.57	1515 Third Street			
		San Francisco, CA 94158			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if trave	el outside of Texas. Complete Schedule T.		
	EXPENDITURE		in, TX, officeholder living expense		
		Austin Com	muting		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experientare to benefit Great	'			
	Date	Payee name			
	01/14/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$8.18	1515 Third Street			
		San Francisco, CA 041E9			
	PURPOCE.	San Francisco, CA 94158			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if trave	el outside of Texas. Complete Schedule T.		
	EXPENDITURE	Have out of District	in, TX, officeholder living expense		
		Austin Com	muting		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

### SCHEDULE F1

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 64/69 Rpt: 69/74	Lalani, Suleman (The Honorable)		00083882
4	Date	5 Payee name		•
	01/14/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$7.99	1515 Third Street		
		San Francisco, CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Austin Commuting
				Austin Communing
0	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/O		ynı	Office field
_				
	Date	Payee name		
	02/12/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$18.96	1515 Third Street		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Austin Commuting
				Austin Communing
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		grit	Office field
	5 .			
	Date	Payee name		
	02/21/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Cor	de	
	\$37.38	1515 Third Street		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Austin Commuting
				Additi Community
	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
	expenditure to benefit C/O	•	yııı	Office field

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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				
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
1	Sch: 65/69 Rpt: 70/74	2 FILER NAME Lalani, Suleman (The Honorable)  3 Filer ID (Ethics Commission Filers) 00083882			
4	Date	5 Payee name			
	05/27/2025	Violet Crowns			
6	Amount (\$) \$38.21	7 Payee address; City; State; Zip Code 434 W 2nd St			
		Austin, TX 78701			
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.			
	LAW ENDITORIE	Check if Austin, TX, officeholder living expense  Staff Outing			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/04/2025	Wendy's - Austin			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$23.69	619 N Interstate Hwy 35			
		Austin, TX 78702			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Chapter if travel outside of Taylor Camplete Schedule T			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Travel Meal			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/07/2025	Wendy's - Austin			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.81	619 N Interstate Hwy 35			
		Austin, TX 78702			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Travel Meal			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	l 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: 66/69 Rpt: 71/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	03/05/2025	Wendy's - Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.11	619 N Interstate Hwy 35
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		Traver wear
Ļ	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
┕	·	
	Date	Payee name
	02/06/2025	Wendy's - Austin
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$29.09	619 N Interstate Hwy 35
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel Meal
		Traver wear
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	· ·
L		
	Date	Payee name
	02/10/2025	Wendy's - Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.57	619 N Interstate Hwy 35
l		
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense
1		Travel Meal
L	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	•

### 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: 67/69 Rpt: 72/74	Lalani, Suleman (The Honorable) 00083882			
4	Date	5 Payee name	_		
	04/14/2025	Whataburger - Austin			
6	Amount (\$)	7 Payee address; City; State; Zip Code	_		
	\$38.37	1600 E Oltorf St			
		Austin, TX 78741			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Travel Meal			
		Traver Medi			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
9	expenditure to benefit C/OI				
=	Date	Payee name	=		
	01/31/2025	Wildcat Express			
_	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$11.45	6025 FM 3538			
	Ψ11.43	0023 T W 0000			
		Sealy, TX 77474			
	DUDDOOF		_		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Travel Refreshments			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	06/03/2025	X Corp.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$90.72	1355 Market St			
		Suite 900			
		San Francisco, TX 94103			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense  Subscription Fees			
		Subscription rees			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OI				
H					

#### 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

	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: 68/69 Rpt: 73/74	Lalani, Suleman (The Honorable) 00083882
4	Date	5 Payee name
	04/05/2025	X Corp.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.64	1355 Market St
		Suite 900
		San Francisco, TX 94103
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
		Subscription Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/07/2025	X Corp.
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.64	1355 Market St
		Suite 900
		San Francisco, TX 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense
		Subscription Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/08/2025	X Corp.
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.64	1355 Market St
	*****	Suite 900
		San Francisco, TX 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

	Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
<u> </u>			· · · · · · · · · · · · · · · · · · ·				_	E1 15	(Ethio 0 Eil )			
1	Total pages Schedule F1: 2 FILER NAME							3	Filer ID	(Ethics Commission Filers)		
	Sch: 69/69 Rpt: 74/74	Rpt: 74/74   Lalani, Sule			eman (The Honorable)				00083882			
4	Date	5 Payee name										
	01/15/2025 X Corp.											
_	Amount (t)	-		City:	State: 7in Co	ndo.						
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$8.64		1355 Market St									
			Suite 900									
		San Francisco, TX 94103										
8	PURPOSE	(a)	Category (so	o Catogorios listod at the	top of this schodula)	(b)	Description					
OF									travel outside of Texas. Complete Schedule T.			
EXPENDITURE			Sinde Overhead/Nerital Expense				Check if Austin, TX, officeholder living expense					
				Subscription Fees								
9	Complete ONLY if direct	Candidate/Offic	ceholder name	aame Office sought				Office held				
	expenditure to benefit C/OH											
	Date		Payee name									
04/22/2025			Yard House									
	Amount (\$)		Payee addres	s; City;	State; Zip Co	ode						
	\$169.53		800 Sorella Ct									
			Space 116									
			Houston, TX	77024								
	PURPOSE OF	(a)		e Categories listed at the	top of this schedule)	(b)	Description		d4.T O	enlate Cabadula T		
EXPENDITURE			Food/Beverage Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
							Constituent Meal					
							Constituent iv	nea				
	Complete ONLY if direct		Candidate/Offic	achaldar nama	Office cou	ıabt			Office h	ald		
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Onic	enoluei name	Office sou	igni			Office II	eiu		