

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|--------------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | 2 Total pages filed: 23 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | Sheikhani | | |
| NICKNAME | | LAST | SUFFIX |
| | | Ali | |
| OFFICE USE ONLY | | | |
| Date Received JAN 15 2025 RCVD | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | ZIP CODE |
| | 7478 Harwin Drive | | |
| | Houston, TX 77036 | | |
| | | | |
| Date Hand-delivered or Date Postmarked | | | |
| Receipt # | | Amount | |
| Date Processed | | | |
| Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | Mr. Abdur | | |
| NICKNAME | | LAST | SUFFIX |
| | | Sipra | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; CITY; STATE; ZIP CODE |
| | 7478 Harwin Dr. Houston, TX 77036 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | 832-490-4726 | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month | Day | Year |
| | 10/27/2024 | | |
| THROUGH | | Month | Day |
| | | 12/31/2024 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | | 11/05/2024 | |
| | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special |
| | | <input type="checkbox"/> Other | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) |
| | Constable Precinct 3 Fort Bend | | |

GO TO PAGE 2

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

**FORM C/OH
COVER SHEET PG 2**

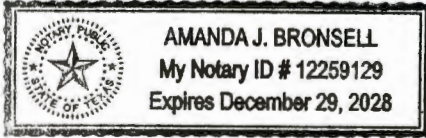
2 of 23

| | |
|--------------------------------------|--------------------|
| 13 C / OH NAME Ali, Sheikhani | 14 Filer ID |
|--------------------------------------|--------------------|


| | | | | | | | | | | |
|--|--|--|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | | | | | | | | |
| <table border="1" style="width:100%"> <tr> <td style="width:25%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | |

| | | |
|--------------------------------|---|-----------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 441,544.88 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,417.40 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,990,000.00 |

17 AFFIDAVIT



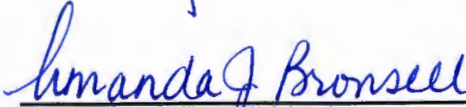
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ali Sheikhani, this the 15th day of January, 20 25, to certify which, witness my hand and seal of office.



 Signature of officer administering

Amanda J. Bronsell

 Printed name of officer administering

Notary Public

 Title of officer administering oath

SUBTOTALS - C/OH

| | |
|--|--------------------|
| 18 FILER NAME Ali, Sheikhani | 19 Filer ID |
|--|--------------------|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|------------------------------|---|------------------------|
| NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 356,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 441,544.88 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: Sch: 1/1 Rpt: 4/23 | |
| 2 FILER NAME Ali, Sheikhani | | 3 Filer ID AJBron2023@yahoo.com | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ 0.00 | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$) | 9 In-kind description (If applicable) |
| | 7 Pledgor Address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |

LOANS

SCHEDULE E

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/7 Rpt: 5/23 |
| 2 FILER NAME Ali, Sheikhani | | 3 Filer ID |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 10/28/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | 9 Loan Amount (\$) \$10,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) Owner | | 13 Employer (See Instructions) Sheikhani Group |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | |
| | 18 Guarantor address; City; State; Zip Code | |
| 19 Amount Guaranteed (\$) | | |
| 20 Principal occupation | | 21 Employer (See Instructions) |
| Date of loan 10/30/2024 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | Loan Amount (\$) \$30,000.00 |
| Is lender a financial institution? No | Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | Interest Rate |
| | | Maturity Date |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Sheikhani Group |
| Description of Collateral <input checked="" type="checkbox"/> None | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | |
| | Guarantor address; City; State; Zip Code | |
| Amount Guaranteed (\$) | | |
| Principal occupation | | Employer (See Instructions) |

LOANS

SCHEDULE E

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 2/7 Rpt: 6/23 | |
| 2 FILER NAME Ali, Sheikhani | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED LOANS | | | \$ |
| 5 Date of loan 10/30/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | | 9 Loan Amount (\$) \$30,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | | 10 Interest Rate |
| | | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) Owner | | 13 Employer (See Instructions) Sheikhani Group | |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> | |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | | |
| 20 Principal occupation | | 21 Employer (See Instructions) | |
| Date of loan 11/04/2024 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | | Loan Amount (\$) \$10,000.00 |
| Is lender a financial institution? No | Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | | Interest Rate |
| | | | Maturity Date |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Sheikhani Group | |
| Description of Collateral <input checked="" type="checkbox"/> None | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> | |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | | |
| Principal occupation | | Employer (See Instructions) | |

LOANS

SCHEDULE E

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 3/7 Rpt: 7/23 |
| 2 FILER NAME Ali, Sheikhani | | 3 Filer ID |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 11/12/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | 9 Loan Amount (\$) \$100,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) Owner | | 13 Employer (See Instructions) Sheikhani Group |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |
| Date of loan 11/19/2024 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | Loan Amount (\$) \$100,000.00 |
| Is lender a financial institution? No | Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | Interest Rate |
| | | Maturity Date |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Sheikhani Group |
| Description of Collateral <input checked="" type="checkbox"/> None | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal occupation | | Employer (See Instructions) |

LOANS

SCHEDULE E

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 4/7 Rpt: 8/23 |
| 2 FILER NAME Ali, Sheikhani | | 3 Filer ID |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 11/22/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | 9 Loan Amount (\$) \$30,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) Owner | | 13 Employer (See Instructions) Sheikhani Group |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |
| Date of loan 11/27/2024 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | Loan Amount (\$) \$2,000.00 |
| Is lender a financial institution? No | Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | Interest Rate |
| | | Maturity Date |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Sheikhani Group |
| Description of Collateral <input checked="" type="checkbox"/> None | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal occupation | | Employer (See Instructions) |

LOANS

SCHEDULE E

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 5/7 Rpt: 9/23 |
| 2 FILER NAME Ali, Sheikhani | | 3 Filer ID |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 11/27/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | 9 Loan Amount (\$) \$6,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) Owner | | 13 Employer (See Instructions) Sheikhani Group |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |
| Date of loan 11/29/2024 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | Loan Amount (\$) \$5,000.00 |
| Is lender a financial institution? No | Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | Interest Rate |
| | | Maturity Date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Sheikhani Group |
| Description of Collateral <input checked="" type="checkbox"/> None | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal occupation | | Employer (See Instructions) |

LOANS

SCHEDULE E

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 6/7 Rpt: 10/23 |
| 2 FILER NAME Ali, Sheikhani | | 3 Filer ID |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 12/03/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | 9 Loan Amount (\$) \$4,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) Sheikhani Group |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |
| Date of loan 12/06/2024 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikhani, Ali (Mr.) | Loan Amount (\$) \$1,000.00 |
| Is lender a financial institution? No | Lender address; City; State; Zip Code 7478 Harwin Dr. Houston, TX 77036 | Interest Rate |
| | | Maturity Date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Sheikhani Group |
| Description of Collateral <input checked="" type="checkbox"/> None | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal occupation | | Employer (See Instructions) |

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 7/7 Rpt: 11/23

2 FILER NAME
Ali, Sheikhani

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
12/06/2024

7 Name of lender out-of-state PAC (ID#: _____)
Sheikhani, Ali (Mr.)

9 Loan Amount (\$)
\$28,000.00

6 Is lender a financial institution?
No

8 Lender address; City; State; Zip Code
7478 Harwin Dr.

Houston, TX 77036

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)
Owner

13 Employer (See Instructions)
Sheikhani Group

14 Description of Collateral
 None

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor
.....
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 1/12 Rpt: 12/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
| 4 Date 11/20/2024 | 5 Payee name Allied Signs | |
| 6 Amount (\$) \$26,500.40 | 7 Payee address; City; State; Zip Code 6820 Harwin Dr. Houston, TX 77036 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/10/2024 | Payee name Campaign Logistics | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 26127 Parkman Grove Drive Richmond, TX 77406 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Financial reporting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/02/2024 | Payee name Cheema, Sobia (Mrs.) | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 29335 Sagewood Arbor Katy, TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media/Videography |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 2/12 Rpt: 13/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
| 4 Date 11/06/2024 | 5 Payee name Crave Hookah | |
| 6 Amount (\$) \$6,324.88 | 7 Payee address; City; State; Zip Code 9750 S Texas 6 Sugar Land, TX 77498 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet and Greet |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2024 | Payee name Facebook | |
| Amount (\$) \$900.00 | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/13/2024 | Payee name Facebook | |
| Amount (\$) \$25.34 | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: Sch: 3/12 Rpt: 14/23 | | 2 FILER NAME Ali, Sheikhani | | 3 Filer ID | |
| 4 Date 11/13/2024 | | 5 Payee name Facebook | | | |
| 6 Amount (\$) \$80.18 | | 7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Advertising | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 11/21/2024 | | Payee name Fort Bend County Republican Party | | | |
| Amount (\$) \$1,000.00 | | Payee address; City; State; Zip Code PO Box 461 Sugar Land, TX 77487 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to FBC Republican Party | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 10/31/2024 | | Payee name Fox Bryant LLC | | | |
| Amount (\$) \$31,248.75 | | Payee address; City; State; Zip Code 855 W Street, Ste. 2 Lincoln, NE 68508 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: Sch: 4/12 Rpt: 15/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
| 4 Date 11/22/2024 | 5 Payee name Ginyard, Cynthia (Mrs.) | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code 11428 Oak Lake Ridge Court Sugar Land, TX 77498 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/04/2024 | Payee name Google | |
| Amount (\$) \$76.75 | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/02/2024 | Payee name Google | |
| Amount (\$) \$76.75 | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: Sch: 5/12 Rpt: 16/23 | | 2 FILER NAME Ali, Sheikhani | | 3 Filer ID | |
| 4 Date 11/05/2024 | | 5 Payee name Houston Spartans Foundation | | | |
| 6 Amount (\$) \$2,000.00 | | 7 Payee address; City; State; Zip Code 225 Sunray Creek Drive Katy, TX 77493 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Houston Spartans Foundation | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 10/28/2024 | | Payee name Hussain, Komal Bilal (Mr.) | | | |
| Amount (\$) \$370.00 | | Payee address; City; State; Zip Code Best Efforts TX | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Banking | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 11/12/2024 | | Payee name Indo American News | | | |
| Amount (\$) \$800.00 | | Payee address; City; State; Zip Code 7457 Harwin Dr. #262 Houston, TX 77036 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertising | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: Sch: 6/12 Rpt: 17/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
| 4 Date 12/04/2024 | 5 Payee name JGI Outdoor Advertising | |
| 6 Amount (\$) \$4,000.00 | 7 Payee address; City; State; Zip Code 525 Park Grove Katy, TX 77450 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboard Advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/25/2024 | Payee name Jilani, Kamran (Mr.) | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 14551 Beechnut St., Apt. 6102 Houston, TX 77083 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing/Advertising. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/08/2024 | Payee name Katy Christian Magazine | |
| Amount (\$) \$800.00 | Payee address; City; State; Zip Code 16350 Park Ten Place Houston, TX 77084 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---------------------------------------|-------------------|
| 1 Total pages Schedule F1: Sch: 7/12 Rpt: 18/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
|---|---------------------------------------|-------------------|

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|-----------------------------|---|
| 4 Date 12/10/2024 | 5 Payee name MH Outdoor Media |
|-----------------------------|---|

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| 6 Amount (\$) \$26,100.00 | 7 Payee address; City; State; Zip Code 11750 Katy Freeway #1300 Houston, TX 77079 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboard Advertising |
|---------------------------------|--|---|

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|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------|
| Date 12/16/2024 | Payee name Masala Radio |
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| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 1699 Overland Pass Drive Sugar Land, TX 77478 |
|---------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Advertising |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------------------|
| Date 12/02/2024 | Payee name Masood, Madiha (Mr.) |
|--------------------|------------------------------------|

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| Amount (\$) \$500.00 | Payee address; City; State; Zip Code Best Efforts TX |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media/Videography |
|------------------------|--|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 8/12 Rpt: 19/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
| 4 Date 10/30/2024 | 5 Payee name Neumann and Company | |
| 6 Amount (\$) \$100,000.00 | 7 Payee address; City; State; Zip Code 5417 Pine Street Bellaire, TX 77401 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/12/2024 | Payee name Neumann and Company | |
| Amount (\$) \$100,000.00 | Payee address; City; State; Zip Code 5417 Pine Street Bellaire, TX 77401 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/25/2024 | Payee name Neumann and Company | |
| Amount (\$) \$88,294.83 | Payee address; City; State; Zip Code 5417 Pine Street Bellaire, TX 77401 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 9/12 Rpt: 20/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
| 4 Date 11/27/2024 | 5 Payee name Pakistan Chronicle | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 6666 Harwin Drive #365 Houston, TX 77036 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 11/19/2024 | Payee name Pakistan News | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 7207 Regency Square Blvd., #247 Houston, TX 77036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2024 | Payee name Pakistan Times | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 7207 Regency Square Blvd., #247 Houston, TX 77036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out of District |
| Credit Card Payment | Legal Services | | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 10/12 Rpt: 21/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
| 4 Date 11/01/2024 | 5 Payee name Peak Insights | |
| 6 Amount (\$) \$19,500.00 | 7 Payee address; City; State; Zip Code 350 Ryman Street, Suite 300 Missoula, MT 59802 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polling |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/29/2024 | Payee name Robinson, Andrew (Mr.) | |
| Amount (\$) \$864.00 | Payee address; City; State; Zip Code Best Efforts TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing/Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/05/2024 | Payee name Robinson, Andrew (Mr.) | |
| Amount (\$) \$1,248.00 | Payee address; City; State; Zip Code Best Efforts TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: Sch: 11/12 Rpt: 22/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
|--|---------------------------------------|-------------------|

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| 4 Date 11/12/2024 | 5 Payee name Sanghamam Publication |
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|----------------------------------|---|
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 1595 East Oakton Street Des Plaines, IL 60018 |
|----------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising |
|---------------------------------|--|--|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 12/06/2024 | Payee name Shadow Productions |
|--------------------|----------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$2,300.00 | Payee address; City; State; Zip Code Best Efforts TX |
|---------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videography |
|------------------------|--|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------------|
| Date 10/29/2024 | Payee name Thomas, Rajan (Mr.) |
|--------------------|-----------------------------------|

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|----------------------------|--|
| Amount (\$) \$11,000.00 | Payee address; City; State; Zip Code Best Efforts TX |
|----------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event/Marketing |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: Sch: 12/12 Rpt: 23/23 | 2 FILER NAME Ali, Sheikhani | 3 Filer ID |
|--|---------------------------------------|-------------------|

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|-----------------------------|-----------------------------------|
| 4 Date 11/19/2024 | 5 Payee name Urdu World |
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| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 9506 Eaglewood Spring Drive Houston, TX 77083 |
|------------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertising |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------|
| Date 10/29/2024 | Payee name Veritex Bank |
|--------------------|----------------------------|

| | |
|------------------------|--|
| Amount (\$) \$35.00 | Payee address; City; State; Zip Code 4000 Greenbriar Drive Houston, TX 77098 |
|------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee |
|-------------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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