

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 (Ethics Commission Filers)	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST EMRAN	MI
	NICKNAME	LAST ROUF	SUFFIX
OFFICE USE ONLY			
Date Received APR 1 '25 AM 11:11			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	[REDACTED] Round Rock TX 78681		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Michael	MI
	NICKNAME	LAST Duck-Lombardo	SUFFIX
Date Hand-delivered or Date Postmarked			
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	[REDACTED], Round Rock, TX 78681		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month	Day	Year
	01	15	25
THROUGH		Month	Day
THROUGH		04	03
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05 / 03 / 2025		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		OFFICE SOUGHT (if known)	
14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8870.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6307.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5910.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is EMRAN ROLF and my date of birth is 01-01-1969
 My address is 1172 WAIMER BEND ROUND ROCK TX 78681 Williamson
(street) (city) (state) (zip code) (country)
 Executed in Williamson County, State of Texas, on the 1st day of April, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8870
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1000
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6307.06
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

pg # 1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed Iftakhar Ullah	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 426 Laurel Ct. MADISON MS 39110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibrahim Ahmed	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 2417 Soprano Way Round Rock, Tx 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RASHED ISLAM	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 11901 Palisades Pkwy, Austin TX 78732		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOHAMMAD BHUIYA	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code 16025 McAlister Way, Austin TX 78728		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

pg # 2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSIT SAHA	7 Amount of contribution (\$) \$ 200
6 Contributor address; City; State; Zip Code 101 Lahay St New Hyde Park NY 11040		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAFWAN RAHMAN	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 2701 E. Rosedale St Fort Worth TX 76105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARIS HASHIM	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 706 Old Ravine Ct, Round Rock TX 78665		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NURJAHAN MEHZABEN	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 19256 Smidex House Ct. Isesburg VA 20176		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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pg # 3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MD KALAM	7 Amount of contribution (\$) \$ 50
6 Contributor address; City; State; Zip Code 8141 Royal Terrace Ln. Fort Worth TX 76120		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOHAMMAD KABIR	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 3844 West Pioneer Dr. Irving, TX 75061		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdus Sikder	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code 4205 Engadina Pass, Round Rock Tx 78665		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Hayes	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 1407 Avalon Blvd. Alpharetta, GA 30009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

pg # 4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOHAMMAD SOLAIMAN	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 403 Mackenzie Court Saint Peter MN 56072		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Momtazul Karim	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2708 Mazara Way, Round Rock TX 78665		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABU ALAM	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 508 Honeybird Ln, Georgetown, TX 78626		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NASSER KHAN	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 2929 Dyer St. Dallas TX 75205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

pg # 5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZIA SYED	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 7086 Comanche Trail Austin TX 78732		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humayun K Islam	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 705 Brander Ln. Yorktown Heights NY 10598		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferdousi Shilpi	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 55 Main St. STONYBROOK NY 11747		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOHAMMAD SIRAT	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 3106 Peruya Ln. Round Rock Tx 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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pg #6

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Champion	7 Amount of contribution (\$) \$ 25
6 Contributor address; City; State; Zip Code 409 Starview Ln, Georgetown TX 78628		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATAUL CHOWDHURY	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 39 Crescent Lane, Roslyn Heights, NY 11577		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAZMUL QURESHI	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 4917 Strada Drive, Round Rock TX 78665		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOHAMMAD RAHMAN	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 1201 Scude St, Georgetown, TX 78626		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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pg # 7

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSIUR RAHMAN	7 Amount of contribution (\$) \$ 50
6 Contributor address; City; State; Zip Code 7617 Leonardo Dr. Round Rock TX 78665		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUHAILA H. KHAN	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 170 EL DORADO RD. Walnut Creek CA 94595		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NURUL HOQUE	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 2274 Spencers Way Stone Mtn GA 30087		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayushi Khan	Amount of contribution (\$) \$ 35
Contributor address; City; State; Zip Code 225 Bishop St. New Haven CT 06511		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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pg # 8

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUASAR SULTANA	7 Amount of contribution (\$) \$ 2500
6 Contributor address; City; State; Zip Code 3 Hill & Tree Court Melville NY 11747		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASHIR AHMED	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 322 Bootstrap Blvd, Fairview TX 75069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SYED AHMED	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 8804 Racquel Club Dr. Fort Worth TX 76120		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPA KABIR ISLAM	Amount of contribution (\$) \$ 300
Contributor address; City; State; Zip Code 9404 Cap Phillips Rd, Weston WI 54476		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

pg # 9

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Alvis	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 7 Creekside Drive, Wemberley, TX 78676		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TARIA HASSAN	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 16114 Braesgate Dr. Austin TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shamundhin Alamgir	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 1501 Trousdale Dr. Burlingame CA 94404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Md Fuzg Hossain	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code Collwood Court 13727A Richmond TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

PO # 10

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY OKPAKU	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 20901 Lindman Lane, Leander TX 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikh Uddin	Amount of contribution (\$) \$ 10
Contributor address; City; State; Zip Code 1282 Hazy Hills Loop, Drissing Springs Tx 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aseke Razzak	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 97 Spring St. West Roxbury, MA 02132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Motimur Rahman	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 3478 Lakwide Dr. #712, Atlanta, GA 30307		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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PD # 11

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Md Sa33ad Bin-Shafique	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 15811 Socorro Falls, Helotes, TX 78023		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opu Azhar	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 15149 Prescott Loop SE Yelm, WA 98597		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAFAEL BRITO	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 301 West Avenue #1601, Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME EMRAN ROLF		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/24/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMIN SALAHUDDIN	8 Amount of Contribution \$ 1000	9 In-kind contribution description 100 pieces of T-shirts
7 Contributor address; City; State; Zip Code 4009 Barkw Drive Round Rock Tx 78681		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: L
2 FILER NAME EMRAN ROUF		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ -
5 Date of loan 1/23/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) EMRAN ROUF	9 Loan Amount (\$) \$2500
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 1172 WAIMEA BEND, Round Rock Tx 78681	10 Interest rate 6
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 2/5/25	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) EMRAN ROUF	Loan Amount (\$) \$2500
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 1172 WAIMEA BEND, Round Rock, Tx 78681	Interest rate 6
		Maturity date 0
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

pg # 1

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: 1 of 5	2 FILER NAME EMRAN ROUF	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/25	5 Payee name Mohammed KHAN	
6 Amount (\$) \$ 550	7 Payee address; 2679 Elderberry Dr. #4602 OKemos MI 48864	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign (advertising) website development	(b) Description vote4emran.com - website building
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/24/25	Payee name office Depot	
Amount (\$) \$ 135.58	Payee address; 110 N IH-35, ROUND ROCK, TX 78681	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Flyers printing form - office Depot
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/24/25	Payee name HEB (Grocery Store)	
Amount (\$) \$ 208.02	Payee address; 16900 RM 620 Round Rock TX 78681	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Kick-off foods supplies for attendees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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pg # 2

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: 2 of 5	2 FILER NAME EMRAN ROUF	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/25	5 Payee name TIM HORTONS	
6 Amount (\$) \$12.55	7 Payee address; City; State; Zip Code 16201 Ranch Road 620N Austin TX 78717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Meet & Greet @ a coffee shop
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/3/25	Payee name VISTA PRINT		
Amount (\$) \$67.74	Payee address; City; State; Zip Code 100 Hayden Avenue Lexington MA 02421		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Yard signs and cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 3/3/25	Payee name SanO chicks Photography		
Amount (\$) \$318.75	Payee address; City; State; Zip Code 3835 Forino Drive Round Rock TX 78665		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Headshot photo for media - website	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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pg # 3

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: 3 of 5	2 FILER NAME FRANCO ROLF	3 Filer ID (Ethics Commission Filers)
4 Date 3/5/25	5 Payee name FEDEX office 2 PRINT	
6 Amount (\$) \$ 84.03	7 Payee address; 119 Louis Henna Blvd	City; State; Zip Code Round Rock TX 78664
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/17/25	Payee name VISTA PRINT	
Amount (\$) \$ 109.31	Payee address; 100 Hayden Avenue	City; State; Zip Code Lexington MA 02421
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign materials posters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/17/25	Payee name L2 Data	
Amount (\$) \$ 450	Payee address; 5 Schalka Crossing Road	City; State; Zip Code Plainsboro NJ 08536
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description Voting data/campaign strategies & outreach
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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PG # 4

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 4 of 5	2 FILER NAME ERIKAN ROUF	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/25	5 Payee name Postcard Mania	
6 Amount (\$) \$1967.32	7 Payee address; 2145 Sunnydale Blvd.	City: Clearwater State: FL Zip Code: 33765
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postcard mailing for voters
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3/19/25	Payee name Stickers Banners Inc.		
Amount (\$) \$299.79	Payee address; 3770 Peachtree Crest Drive	City: Duluth State: GA Zip Code: 30097	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Printing 4x8 ft banners for campaign	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3/24/25	Payee name Community Impact Newspaper		
Amount (\$) \$1169.89	Payee address; 16225 Impact Way,	City: Pflugerville State: TX Zip Code: 78660	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper advertising	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

pg #5

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: 5 of 5	2 FILER NAME EMRAN ROUF	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/25	5 Payee name Postcardmania	
6 Amount (\$) \$1645.58	7 Payee address; City; State; Zip Code 2145 Sunnydale Blvd. Clearwater FL 33765	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Postcard mailing for voters
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/31/25	Payee name Stripe Inc (Donation Collection Vendor)	
Amount (\$) \$188.50	Payee address; City; State; Zip Code 354 Oyater Point Blvd South San Francisco CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Administrative fees for website donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/22/25	Payee name Terravista Golf Club House (Rental for Kisekoff event)	
Amount (\$) \$100	Payee address; City; State; Zip Code 4333 Terravista Club Drive, Round Rock TX 78665	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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