

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

MI

EMRAN

NICKNAME

LAST

SUFFIX

ROUF

OFFICE USE ONLY

Date Received

APR 1 '25 AM 11:11

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

**Round Rock
TX 78681**

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Michael

NICKNAME

LAST

SUFFIX

Duck-Lombardo

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

Round Rock, TX 78681

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 15 / 25

THROUGH

Month

Day

Year

04 / 03 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 2025

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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 ROUF and my date of birth is _____
 My address is _____ 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) |

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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 # 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

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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 Perwa Ln. Round Rock Tx 78681 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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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 #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) |

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 # 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) |

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 # 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 ROLF | | 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

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.

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) |

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.

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 sazzad 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

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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 <u>EMRAN ROLF</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <u>3/24/25</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>AMIN SALAHUDDIN</u> | 8 Amount of Contribution \$ <u>1000</u> | 9 In-kind contribution description <u>100 pieces of T-shirts</u> |
| 7 Contributor address; City; State; Zip Code <u>4009 Barkw Drive Round Rock Tx 78681</u> | | <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#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| | | <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; City; State; Zip Code 2679 Elderberry Dr. #4602 Okemos MI 48864 | |
| 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; City; State; Zip Code 110 N IH-35, ROUND ROCK, TX 78681 | |
| 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; City; State; Zip Code 16900 RM 620 Round Rock TX 78681 | |
| 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 | 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: 4 of 5 | 2 FILER NAME ERIKAN ROLF | 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 |
|---|-------------------------------|---------------|-------------|

| | | | |
|-------------------------|---|---|--|
| 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 |
|---|-------------------------------|---------------|-------------|

| | | | |
|--------------------------|---|--|--|
| 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

| | | | |
|--|-------------------------------|--------------------------------|--|
| 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 |
| | <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 kickoff 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 |
| | <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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