

PERSONAL FINANCIAL STATEMENT

FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2025, covering calendar year ending December 31, 2024. Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

8

Filer ID

1 NAME

TITLE; FIRST; MI

Emran

NICKNAME; LAST; SUFFIX

Rouf

OFFICE USE ONLY

Date Received

APR 14 '25 AM 8:46

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Round Rock, TX 78681

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

4 REASON FOR FILING STATEMENT

- CANDIDATE _____ (INDICATE OFFICE)
- ELECTED OFFICER _____ (INDICATE OFFICE)
- APPOINTED OFFICER _____ (INDICATE AGENCY)
- EXECUTIVE HEAD _____ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR _____ (INDICATE PARTY)
- OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Rabeya Khatun

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p>¹ INFORMATION RELATES TO</p>	<p> <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>² EMPLOYMENT</p> <p><input checked="" type="radio"/> EMPLOYED BY ANOTHER</p> <hr/> <p><input type="radio"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p> <p>Elevance Health 220 Virginia Avenue, Indianapolis, IN 46204</p> <p>Position: Medical Director</p> <hr/> <p>NATURE OF OCCUPATION</p> <p><i>Physician</i></p>
<p>INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>EMPLOYMENT</p> <p><input checked="" type="radio"/> EMPLOYED BY ANOTHER</p> <hr/> <p><input type="radio"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p> <p>Harris County Hospital District 4800 Fournace PL 6W Bellaire, TX 77401</p> <p>Position: Medical Director</p> <hr/> <p>NATURE OF OCCUPATION</p> <p><i>Physician</i></p>
<p>INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>EMPLOYMENT</p> <p><input type="radio"/> EMPLOYED BY ANOTHER</p> <hr/> <p><input checked="" type="radio"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p> <p>Kumon Math and Reading Center of Temple 2112 SW H K Dodgen Loop, Temple, TX 76504</p> <p>Position: Director</p> <hr/> <p>NATURE OF OCCUPATION</p> <p><i>Franchise Owner/Director</i></p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input checked="" type="checkbox"/> (Check If Filer's Home Address) ERouf Services LLC, DBA CareerwiseMD - a career counseling and coaching consulting for physicians and healthcare workers -www.careerwisemd.com; address - 1172 Waimea Bend, Round Rock, TX 78681 Position: Owner
<input checked="" type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION ERouf Services LLC - Coaching and Career Counseling
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)
<input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)
<input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 DESCRIPTION OF INSTRUMENT	FIDELITY ROLLOVER IRA (EMRAN ROUF)
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE

DESCRIPTION OF INSTRUMENT	ROTH IRA (EMRAN ROUF)
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE

DESCRIPTION OF INSTRUMENT	TIAA IRA - TRADITIONAL (Emran Rouf)
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 51 Old Waco Road, Temple, TX 76502		
3 DESCRIPTION <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 parcel (undeveloped commercial land)		
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)			
5 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE		

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED], ROUND ROCK, TX 78681 (Primary Home)		
DESCRIPTION <input type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED WILLIAMSON COUNTY		
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	UNITED WHOLESALE MORTGAGE		
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,760 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE		

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OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet and **DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS		
	Kumon of Temple; 2112 SW HK Dodgen Loop, Temple TX 76504		
2 BUSINESS TYPE	<input checked="" type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<input type="radio"/> Firm	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Joint Venture
	<input type="radio"/> Partnership	<input type="radio"/> Professional Corporation	<input type="radio"/> Other _____
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
	ERouf Services LLC; 1172 Waimea Bend, Round Rock, TX 78681		
BUSINESS TYPE	<input checked="" type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<input type="radio"/> Firm	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Joint Venture
	<input type="radio"/> Partnership	<input type="radio"/> Professional Corporation	<input type="radio"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<input type="radio"/> Firm	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Joint Venture
	<input type="radio"/> Partnership	<input type="radio"/> Professional Corporation	<input type="radio"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Professional Association
	<input type="radio"/> Firm	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Joint Venture
	<input type="radio"/> Partnership	<input type="radio"/> Professional Corporation	<input type="radio"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	Utshob Austin (www.utshobaustin.org); a cultural nonprofit in Central Texas		
2 POSITION HELD	General Secretary		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

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PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2024, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

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 EMIRAN ROUF 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 14 day of April, 2025.
(month) (year)

Signature of Registrant (Declarant)