CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	suide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI OFFICE USE ONLY Rafat U
NAME	NICKNAME LAST SUFFIX Jilani
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2023 PLANTATION BEND DR SUGAR LAND TX 77478 APR 2 3 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked (832) 277-3230
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Receipt # Amount \$ Marium Date Processed
	NICKNAME LAST SUFFIX Siddiqui Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 2190 NORTH LOOP WEST #104, HOUSTON TEXAS 77018
(Residence or Business)	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 715-0733
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 Month Day Year 3 / 23 / 21 THROUGH 4 / 23 / 21
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description
	5 / 1 / 21 General Special —
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) FBISD BOARD OF TRUSTEES-POS 6
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE COMMITTEE NAME
Additional Pages	GENERAL COMMITTEE ADDRESS
	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 RAFAT ULAIN JILANI		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,463.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 42.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 500.00
E .	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Rahal	000
	Signature of Ca	andidate or Officeholder
	Diseas complete sither entire below	
	Please complete either option belov	v.
	GARRETT DUANE ROSIER	
(1) Affidavit	132267296 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES	
	NOVEMBER 25, 2023	
NOTARY STAMP/SEAL		na doil
Sworn to and subscribed	before me by Rafat Ulain Tilani this the	23 day of
20 21, to certify	which, witness my hand and seal of office. Rosin Garneth Quene Losin Execu	1) day of April
Ignature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	(city)	otato) (zin pode) (zt)
Executed in	(street) (city) (County, State of, on the day of(month	state) (zip code) (country)
	(mont)	n) 20 (year) .
	Signature of Candi	date/Officeholder (Declarant)

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: Rafat Ulain Jilani 1 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 0.00 6 Payee name 5 Date 04/21/2021 Allied Signs Zip Code City: State: 8 Payee address; 7 Amount (\$) 6820 Harwin Dr. Houston, TX 77036 TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Invoice 1816 - 4mm Yard signs and Stakes PURPOSE Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Zip Code City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a catego	
	The Instruction Guide explains how to	ompiete this form.	T.	
1 Total pages Schedule F1: 5	2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/13/2021	Door Direct			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4,350.00	751 E. Bayou Pines Suite Q Lake Charles, LA 70601			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising/Printing Expense Design, Print, Planning/Mapping and Deliver Doorhangers			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/20/2021	Ultra Mobile			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.68	https://www.ultramobile.com/			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead	Phone Number/Cellular Plan for Campaign Phone Nur		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/20/2021	Callhub.io			
Amount (\$)	Payee address;	City;	State;	Zip Code
125.00	https://callhub.io/			
	Category (See Categories listed at the top of this schedule)	Description		*
PURPOSE OF EXPENDITURE	Advertising	Campaign Peer Plan	to Peer Texting	g Platform and
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Other/Printing Expense	Voter Data	, Street Map, Ft.Ben	d County Map
Category (See Categories listed at the top of this schedule)	Description	2) 10 10 10 10 10 10 10 10 10 10 10 10 10	
Payee address; Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133	City;	State;	Zip Code
Fort Bend Elections Commission			
Payee name			
Candidate / Officeholder name	Office sought		Office held
Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Food and Beverage Expense	Campaign Mee	eting and Volur	teer coordination
Category (See Categories listed at the top of this schedule)	Description		
11797 S Texas 6, Sugar Land, TX 7	7498		
Payee address:	City;	State:	Zip Code
DDK KABOB GRILL	A STATE OF THE STA	ne - Modro de Color de Spanie de la compositorio de la compositorio de la compositorio de la compositorio de l	
Payee name			
Candidate / Officeholder name	Office sought		Office held
(c) Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living	
Advertising/Printing	Invoice 1796 -Banner, Banner Stand, Campaign Yard Signs Push Cards (4th pmt) & Invoice # 1805 (\$703.08) Large Signs		
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
6820 Harwin Dr. Houston, TX 77036	6		
7 Payee address;	City;	State;	Zip Code
Allied Signs			
Rafat Ulain Jilani			
	5 Payee name Allied Signs 7 Payee address; 6820 Harwin Dr. Houston, TX 77036 (a) Category (See Categories listed at the top of this schedule) Advertising/Printing (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name DDK KABOB GRILL Payee address; 11797 S Texas 6, Sugar Land, TX 7 Category (See Categories listed at the top of this schedule) Food and Beverage Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Fort Bend Elections Commission Payee address; Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133 Category (See Categories listed at the top of this schedule) Other/Printing Expense	5 Payee name Allied Signs 7 Payee address; City; 6820 Harwin Dr. Houston, TX 77036 (a) Category (See Categories listed at the top of this schedule) Advertising/Printing (b) Description Invoice 1796 -Banne Push Cards (4th pmt Push Cards (4th pmt Candidate / Officeholder name Office sought Payee name DDK KABOB GRILL Payee address: City; 11797 S Texas 6, Sugar Land, TX 77498 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas: Complete Schedule T. Candidate / Officeholder name Check if travel outside of Texas: Complete Schedule T. Candidate / Officeholder name Office sought Payee name Fort Bend Clections Commission Payee address; Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133 Category (See Categories listed at the top of this schedule) Other/Printing Expense Description Voter Data	5 Payee name Allied Signs 7 Payee address; City: State: 6820 Harwin Dr. Houston, TX 77036 (a) Category (See Categories listed at the top of this schedule) Advertising/Printing (b) Description Invoice 1796 -Banner, Banner Stand, Can Push Cards (4th pmt) & Invoice # 1805 (\$ (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Invin Candidate / Officeholder name DDK KABOB GRILL Payee name DDK KABOB GRILL Payee address; City: State: 11797 S Texas 6, Sugar Land, TX 77498 Category (See Categories listed at the top of this schedule) Food and Beverage Expense Campaign Meeting and Volur Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Invin Candidate / Officeholder name Fort Bend Elections Commission Payee address; Fort Bend County Elections 4520 Reading Road Suite A - 400 Rosenberg, TX 77471-2133 Category (See Categories listed at the top of this schedule) Other/Printing Expense Poscription Voter Data, Street Map, Ft.Ben

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Class (Control of State Control of State Control

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	vages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 5	2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2021	5 Payee name Riaz Ali Rehmatullah		
		Cit	
240.00	7 Payee address; 225 Floor Daniel, Apt # 17103 Sugar Land, Tx 77478	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	event expense	Sound Equipme meet & greet on	nt/ event rental and setup for 3/28
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/30/2021	HAWKTECH SOLUTIONS c/o HAMI	EED MOHAMM	MAD
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	SH Excel Business Centre, 5th Floor, Satya India (hameed@hawktechsolution.com)	Colony, Shaikpet, F	Hyderabad, 500008, Telangana State,
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		design, hosting and maintenance; d installment)
OF	BELLEGIST OF WASTER VENERAL SERVICES SE	campaign website graphic design (2nd	
OF	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd	d installment)
OF EXPENDITURE Complete ONLY if direct	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd	d installment) tin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd	d installment) tin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd	d installment) tin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/30/2021	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS	campaign website graphic design (2nd Check if Aust Office sought	d installment) tin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OFDate 03/30/2021 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS Payee address;	campaign website graphic design (2nd Check if Aust Office sought	d installment) tin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OFDate 03/30/2021 Amount (\$)	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS Payee address; 6820 Harwin Dr. Houston, TX 77036	campaign website of graphic design (2nd Check if Aust Office sought City; Description Invoice 1796 -Ba	d installment) tin, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/30/2021 Amount (\$) 500.00 PURPOSE OF	Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS Payee address; 6820 Harwin Dr. Houston, TX 77036 Category (See Categories listed at the top of this schedule)	campaign website graphic design (2nd Check if Aust Office sought City; Description Invoice 1796 -Bayard Signs and	otin, TX, officeholder living expense Office held State; Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/30/2021 Amount (\$) 500.00 PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLIED SIGNS Payee address; 6820 Harwin Dr. Houston, TX 77036 Category (See Categories listed at the top of this schedule) Advertising and Printing Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	campaign website graphic design (2nd Check if Aust Office sought City; Description Invoice 1796 -Bayard Signs and	of installment) tin, TX, officeholder living expense Office held State; Zip Code anner, Banner Stand, Campaign Push Cards (3rd pmt)

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	, one management in English to I mining Ex	Vages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F1: 5	2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethics	Commission Filers)
4 Date 03/29/2021	5 Payee name Allied Signs			×
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
200.00	6820 Harwin Dr. Houston, TX 77036			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising & Printing	Invoice 1796 -Bai Yard Signs and P		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
03/29/2021	HAWKTECH SOLUTIONS c/o HAMI	EED MOHAMM	AD	
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	SH Excel Business Centre, 5th Floor, Satya India (hameed@hawktechsolution.com)	Colony, Shaikpet, Hy	yderabad, 500008	3, Telangana State,
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising	campaign website de graphic design (1st i		maintenance;
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			No. of the second secon
03/27/2021	Shan Shirts			
Amount (\$)	Payee address;	City;	State;	Zip Code
175.00	8000 Harwin Drive, Suite 520, Hous	ton, Texas 7703	36	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Campaign T-Sh	nirts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries A The Instruction Guide explains how to	Vages/Contract Labor	Other (enter a categorial	ory not listed above)
Total pages Schedule F1: 5	2 FILER NAME Rafat Ulain Jilani		3 Filer ID (Ethic	s Commission Filers)
Date 03/24/2021	5 Payee name Elite Banquet Hall			
5 Amount (\$) 500.00	7 Payee address; 11315 S Texas 6 h, Sugar Land, TX	City; 77498	State;	Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense/Food and Beverage Expense	Candidate Meet	t and Greet Eve	nt (3/20) 3rd Pm
1	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/29/2021	Elite Banquet Hall			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	11315 S Texas 6 h, Sugar Land, TX	77498		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense/Food and Beverage Expense	Candidate Mee	t and Greet Eve	nt (3/20) 4th Pm
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/26/2021	Allied Signs			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	6820 Harwin Dr. Houston, TX 77036			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising/Printing	Invoice 1796 -Banner, Banner Stand, Campaig Yard Signs and Push Cards (1st pmt)		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 2
FILER NAME	AIN JILANI		3 Filer ID (Ethics Commission Filers)
Date 4/14/2021	5 Full name of contributor out-of-state PAG Benjamin Ruemke		7 Amount of contribution (\$) 150.00
	6 Contributor address; City; 3701 Kirby Dr #530, Houst		130.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 3/29/2021	Full name of contributor out-of-state PA Amna Mahmood	C (ID#)	Amount of contribution (\$) 300.00
3/23/2021	Contributor address; City; 3 Crown Trl, Sugar Land, TX, 77498	The second secon	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Rafat Ulain	Jilani	3 Filer ID (Ethics Commission Filers)
Date 03/29/2021	5 Full name of contributor Mohammed Munawar 6 Contributor address; City; State; Zip Code 3419 Summer Bay Dr Sugar Land, TX 7747	100.00
Principal occup	pation / Job title (See Instructions) 9 Employer (See In	estructions)
Date 03/29/2021	Full name of contributor out-of-state PAC (ID#:	1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See In	structions)
Date 03/29/2021	Full name of contributor out-of-state PAC (ID#:	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date 03/29/2021	Full name of contributor Anwar Qadeer Contributor address; City: State: Zip Code 6134 San Felipe Houston Texas 7705	500.00
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	T ULAIN JILANI	Filer ID (Ethics Commiss	sion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		0.00