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: 13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS | FIRST: RAFAT | MI: U
NICKNAME | LAST: JILANI | SUFFIX

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

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (832) | PHONE NUMBER: 277 3230 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS | FIRST: MARIUM | MI
NICKNAME | LAST: SIDDIQUI | SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE # | CITY | STATE | ZIP CODE
2190 N LOOP W, STE 104 HOUSTON, TX 770178

8 CAMPAIGN TREASURER PHONE

AREA CODE: (832) | PHONE NUMBER: 715-0733 | EXTENSION

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: 2 / 12 / 21 THROUGH 3 / 22 / 21

11 ELECTION

ELECTION DATE — Month / Day / Year: 5 / 1 / 21

ELECTION TYPE — Primary | Runoff | Other Description
■ 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)
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: GENERAL / SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
RECEIVED
APR - 1 2021
BY: CDR

Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

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)
Rafat Ulain Jilani	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7,175.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 178.87
	4.	TOTAL POLITICAL EXPENDITURES	$ 4,438.58
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 6,657.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 500.00

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.

Rafat Ulain Jilani
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

GARRETT DUANE ROSIER
132267296
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
NOVEMBER 25, 2023

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rafat Ulain Jilani this the 1 day of April, 20 21, to certify which, witness my hand and seal of office.

Garrett Duane Rosier — Garrett Duane Rosier — Executive Assistant to the BOT
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Rafat Jilani and my date of birth is 04/04/1958.

My address is 2023 Plantation Bend Dr. (street) Sugar Land (city) TX (state) 77478 (zip code) USA (country).

Executed in Fort Bend County, State of County, on the 1st day of April (month) 20 21 (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)
Rafat Ulain Jilani	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 7,175.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	SCHEDULE E: LOANS	$ 500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,018.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 3,420.58
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	$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	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.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: RAFAT ULAIN JILANI

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/22/21	MOHAMMED ABDULHAMEED	8718 GRASSWREN RD RICHMOND TX 77407	$ 200.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/21	BASEER HASSAN PIRZADA	6607 SCARLET MAPLE CT SUGAR LAND TX 77479	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/17/21	LAIQUE REHMAN	6075 WESTHEIMER #875 HOUSTON TX 77056	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/17/21	SULTAN MAHMOOD (SAQIB INVESTMENTS DBA DENNYS)	925 WILCREST DR HOUSTON TX 77079	$200.00

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.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: RAFAT ULAIN JILANI

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (out-of-state PAC (ID#: ____))	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/16/21	FAIYAZ MERCHANT	807 LAKESHORE DR SUGAR LAND TX 77478	$200.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/18/21	MUHAMMED TAHIR JAVED	2295 AVALON BEAUMONT TX 77707	$1000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
~~3/22/21~~ 3/20/21	SHAHEEN & GHULAM BOMBAYWALA	4210 STONE PASS CT. & PASS SUGAR LAND TX 77479	$500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/21	MJ KHAN	11201 WILDING LANE HOUSTON TX 77024	$1000.00

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.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: RAFAT ULAIN JILANI

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (out-of-state PAC (ID# ____))	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/20/21	ABDUL ZAKARIA	4003 THISTLE HILL CT. Sugar Land TX 77479	$200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID# ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/21	YEWKIT LO	5751 WILLOWBEND BLVD HOUSTON TX 77096	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID# ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/21	FARIDA K ABDULLAH	4701 BYRBURN DR BELLAIRE TX 77401 UNIT A	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID# ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/21	ISMAIL MOHAMMED	1522 SUMMER FOREST DR Sugar Land TX 77479	$200.00

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.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: RAFAT ULHAK JILANI

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (out-of-state PAC (ID#_____))	7 Amount of contribution ($)
3/20/21	ZAHOOR GIRE 6 Contributor address: 1505 POTOMAC City: HOUSTON State: TX Zip Code: 77057	$250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution ($)
3/20/21	FRONTIER MEDICAL COLLEGE Contributor address: 1234 REGALSIDE CT City: RICHMOND State: TX Zip Code: TM691	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution ($)
3/20/21	~~SHED~~ SHAZIA & BABER BUKHARI BUKHTORI Contributor address: 8614 SENTOSA WOODS CT City: RICHMOND State: TX Zip Code: 77407	$200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution ($)
3/20/21	SALMAN RAZZAQI (WELFORD GROUP) Contributor address: 6114 CREEK RIDGE CT City: MINNETONKA State: MN Zip Code: 55345	$500.00

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.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME: RAFAT ULAIN JILANI

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (out-of-state PAC (ID#: ____))	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/20/21	MOHAMMED S. MIAN	14922 HOLLYDALE DR HOUSTON TX 77062	$500.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/21	HAROON SHEIKH	32391 BRIDGEBERRY LANE HOUSTON TX 77082	$500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/21	Laique REHMAN	5075 WESTHEIMER ROAD # 875 HOUSTON TX 77056	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/21	SEHRISH & FAHAD HOSSAIN	10911 KIRKCALDY RD RICHMOND TX 77407	$250.00

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.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: RAFAT ULAIN JILANI

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (out-of-state PAC (ID#: ____))	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/18	FEROZ ROOPANI	455 JULIE RIVERS DR SUGAR LAND TX 77479	$500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/22	ZOHRA LEKASSABGI	8201 ROCK CREST DR CORPUS CHRISTI TX 78414	$175.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#: ____))	Contributor address; City; State; Zip Code	Amount of contribution ($)

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.

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: 1

2 FILER NAME: RAFAT ULAIN TIJANI

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: 0 — $ n/a

5 Date of loan: 2/16/21

7 Name of lender: RAFAT ULAIN TIJANI ☐ out-of-state PAC (ID# _____)

9 Loan Amount ($): $500.00

6 Is lender a financial institution? ☐ Y ☑ N

8 Lender address: 2023 PLANTATION BEND DR SUGAR LAND TX 77478 (City / State / Zip Code)

10 Interest rate: n/a

11 Maturity date: n/a

12 Principal occupation / Job title (See Instructions): ESSP

13 Employer (See instructions): n/a

14 Description of Collateral: none

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

16 GUARANTOR INFORMATION: not applicable

17 Name of guarantor:

18 Guarantor address: (City / State / Zip Code)

19 Amount Guaranteed ($): n/a

20 Principal Occupation (See Instructions): n/a

21 Employer (See Instructions): n/a

Date of loan:

Name of lender: ☐ out-of-state PAC (ID# _____)

Loan Amount ($):

Is lender a financial institution? ☐ Y ☐ N

Lender address: (City / State / Zip Code)

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: none

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

GUARANTOR INFORMATION: not applicable

Name of guarantor:

Guarantor address: (City / State / Zip Code)

Amount Guaranteed ($):

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.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	ULAIN RAFAT JILANI	

Entry 1

4 Date	5 Payee name	
3/22/21	ELITE BANQUET HALL C/O ABDUL MAJEED MOHAMMED	
6 Amount ($)	**7 Payee address**	City / State / Zip Code
$500.00	11315 S HWY 6 SUGARLAND TX 77498	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): EVENT EXPENSE / FOOD & BEVERAGE EXPENSE

(b) Description: PARTIAL PMT. MEET & GREET FOR campaign event

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense.

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

Entry 2

Date	Payee name	
3/22/21	ELITE BANQUET HALL C/O ABDUL MAJEED MOHAMMED	
Amount ($)	**Payee address**	City / State / Zip Code
$400.00	11315 S HWY 6 SUGARLAND TX 77498	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): EVENT EXPENSE / FOOD & BEVERAGE EXPENSE

Description: PARTIAL PMT. CANDIDATE MEET & greet / campaign KICKOFF EVENT

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense.

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

Entry 3

Date	Payee name	
Amount ($)	**Payee address**	City / State / Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

Check if travel outside of Texas. Complete Schedule T. 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

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)

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
	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 F2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	RAFAT ULAIN JILANI	

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$
	60.87

5 Date: 3/20/21

6 Payee name: ELITE BANQUET HALL C/O ABDUL MAJEED MOHAMMED

7 Amount ($): $900.00

8 Payee address: 11315 S HWY 6 | City: SUGAR LAND | State: TX | Zip Code: 77498

9 TYPE OF EXPENDITURE: ☑ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): EVENT EXPENSE FOOD & BEV. EXPENSE.

(b) Description: Remaining Balance owed towards meet & Greet Hall Rental & Food & Bev.

(c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX officeholder living expense.

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

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Date: 3/22/21

Payee name: ALLIED SIGNS

Amount ($): $1859.71

Payee address: 6820 HARWIN DR | City: HOUSTON | State: TX | Zip Code: 77036

TYPE OF EXPENDITURE: ☑ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE ADVERTISING EXPENSE

Description: BANNER, STAND FLYERS, POSTCARDS, YARD SIGNS

Check if travel outside of Texas. Complete Schedule T. | 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME: RAFAT U. JILANI	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		$ 60.87

5 Date: 3/17/21	6 Payee name: HAWKTECH SOLUTIONS BUSINESS & TECHNOLOGIES
7 Amount ($): $600.00	8 Payee address: WWW.HAWKTECHSOLUTION.COM City: SHAIKPET State: Zip Code: SH BUSINESS EXCEL CENTER 5th FLOOR SATYA COLONY HYDERABAD, INDIA
9 TYPE OF EXPENDITURE	☑ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE (b) Description: WEBSITE DESIGN, DOMAIN REGISTRATION, GRAPHIC DESIGN WEBSITE MAINTENANCE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date:	Payee name: ~~HAWKTECH~~
Amount ($):	Payee address: City: State: Zip Code:
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Description:
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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