

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: 11							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Amir	MI M	<div style="border: 1px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 2em; color: red; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em; color: red; font-weight: bold;">JUL 11 2024</p> <p style="color: blue; font-weight: bold;">CITY OF RICHARDSON City Secretary's Office</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged 2024-07-16 Posted to web</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged 2024-07-16 Posted to web	
	Receipt #	Amount \$								
Date Processed										
Date Imaged 2024-07-16 Posted to web										
NICKNAME	LAST Omar	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE							
	3207 Pond View Dr		Richardson TX 75082							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(214)	649-8335								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jason	MI P							
	NICKNAME	LAST Lemons	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE				
	907 Blue Lake Circle			Richardson	TX	75080				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(214)	934-1447								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)									
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year				
	01	31	2024	THROUGH	06	30 / 2024				
11 ELECTION	ELECTION DATE			ELECTION TYPE						
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description				
05 / 03 / 2025			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special						
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)						
				Mayor - Place 7						
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.									
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Mr. Amir M Omar		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,745
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 822.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,822.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000

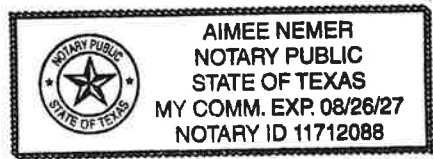
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Amir Omar this the 11th day of July

2024 to certify which, witness my hand and seal of office.

Aimee Nemer Aimee Nemer City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mr. Amir M Omar		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 645
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,100
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 10,000
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 822.30
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Mr. Amir M Omar		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cory Montfort ----- 6 Contributor address; City; State; Zip Code [REDACTED] Richardson Tx 75082	7 Amount of contribution (\$) \$70
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Norman ----- Contributor address; City; State; Zip Code [REDACTED] Richardson Tx 75082	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Selman ----- Contributor address; City; State; Zip Code [REDACTED] Richardson Tx 75080	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Marshall ----- Contributor address; City; State; Zip Code [REDACTED] Richardson Tx 75081	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Not Required / Not Provided		Employer (See Instructions) Not Required / Not Provided

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: 2
2 FILER NAME Mr. Amir M Omar		3 Filer ID (Ethics Commission Filers)
4 Date 06/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Felsted <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Richardson Tx 75080	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Not Required / Not Provided		9 Employer (See Instructions) Not Required / Not Provided
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> 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.

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: 1	
2 FILER NAME Mr. Amir M Omar		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,100	
5 Date 02/12/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey Jemison	8 Amount of Contribution \$ \$1,100	9 In-kind contribution description Campaign photo shoot 1/2 day plus assistant
	7 Contributor address; City; State; Zip Code [REDACTED] Richardson TX 75080	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Photographer		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self Employed	
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: 1
2 FILER NAME Mr. Amir M Omar						3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS						\$
5 Date of loan 04/10/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Amir M Omar				9 Loan Amount (\$) \$10,000	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 3207 Pond View Dr Richardson Tx 75082				10 Interest rate 0%	
	11 Maturity date None					
12 Principal occupation / Job title (See Instructions) Senior Vice President				13 Employer (See Instructions) HydroPoint Data Systems		
14 Description of Collateral <input checked="" type="checkbox"/> none				15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION <input checked="" 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	Name of lender <input type="checkbox"/> 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 <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.

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	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2024	5 Payee name Envato Market - Shutterstock	
6 Amount (\$) \$70	7 Payee address; 350 5th Avenue 21st Floor	City; State; Zip Code New York NY 10118
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Website Expense	(b) Description Website Development
	(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 02/25/2024	Payee name HostGator.com LLC		
Amount (\$) \$61.57	Payee address; 5335 Gate Parkway	City; State; Zip Code Jacksonville FL 32256	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Website Expense	Description Website Hosting	
	<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 03/21/2024	Payee name ThemeREX		
Amount (\$) \$198	Payee address; 721 Fifth Ave	City; State; Zip Code New York NY 10022	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Website Expense	Description Website Development	
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
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4 Date 03/22/2024	5 Payee name NationBuilder
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6 Amount (\$) \$41	7 Payee address; 6515 W Sunset Blvd, Ste 440	City; Los Angeles	State; CA	Zip Code 90028
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Campaign Software	(b) Description Voter Management Software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/28/2024	Payee name ZBY Professional Services
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Amount (\$) \$138.02	Payee address; PO Box 850273	City; Richardson	State; TX	Zip Code 75085
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/06/2024	Payee name VistaPrint
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Amount (\$) \$171.43	Payee address; 354 Oyster Point Boulevard	City; San Francisco	State; CA	Zip Code 94080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Collateral & Gear
	<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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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.

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	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2024	5 Payee name Stripe	
6 Amount (\$) \$14.08	7 Payee address; 354 Oyster Point Boulevard	City; State; Zip Code San Francisco CA 94080
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit Card Processing Fees
	(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 04/22/2024	Payee name NationBuilder	
Amount (\$) \$41	Payee address; 6515 W Sunset Blvd, Ste 440	City; State; Zip Code Los Angeles CA 90028
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Campaign Software	Description Voter Management Software
	<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 05/22/2024	Payee name NationBuilder	
Amount (\$) \$41	Payee address; 6515 W Sunset Blvd, Ste 440	City; State; Zip Code Los Angeles CA 90028
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Campaign Software	Description Voter Management Software
	<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.

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	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2024	5 Payee name Stripe	
6 Amount (\$) \$5.20	7 Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco CA 90480	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit Card Processing Fees
	(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 06/22/2024	Payee name NationBuilder	
Amount (\$) \$41	Payee address; City; State; Zip Code 6515 W Sunset Blvd, Ste 440 Los Angeles CA 90028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Campaign Software	Description Voter Management Software
	<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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 <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