

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 3		OFFICE USE ONLY															
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received															
	NICKNAME	LAST	SUFFIX	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 15 2025</p>															
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered to City Secretary's Office															
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Receipt #	Amount \$														
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Processed																
	<input type="checkbox"/> 8th day before election	Date Imaged																	
<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>THROUGH</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>01</td> <td>01</td> <td>2024</td> <td></td> <td>06</td> <td>30</td> <td>2024</td> </tr> </table>						Month	Day	Year	THROUGH	Month	Day	Year	01	01	2024		06	30	2024
Month	Day	Year	THROUGH	Month	Day	Year													
01	01	2024		06	30	2024													

6 EXPLANATION OF CORRECTION

When adjusting the order of my contributions and my expenditures to be in date order I inadvertently forgot to edit the previous address. So the VistaPrint expenditure and the Cory Montfort contribution have updated addresses.

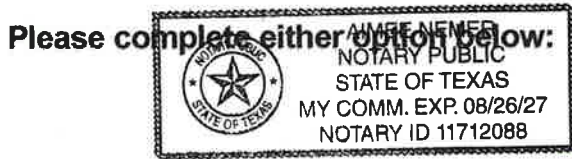
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Amir Omar
Signature of Candidate/Officeholder



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Amir Omar this the 15th day of January, 2025, to certify which, witness my hand and seal of office.

Amir Omar 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 1
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 2518 Big Horn Ln Richardson Tx 75080	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 3101 Stonehenge Dr. 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 2101 Lucerne Cove 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 2331 Trellis Pl 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.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2024	5 Payee name NationBuilder	
6 Amount (\$) \$41	7 Payee address: 6515 W Sunset Blvd, Ste 440	City; State; Zip Code Los Angeles CA 90028
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	
5 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/28/2024	Payee name ZBY Professional Services	
Amount (\$) \$138.02	Payee address; PO Box 850273	City; State; Zip Code Richardson TX 75085
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/06/2024	Payee name VistaPrint	
Amount (\$) \$171.43	Payee address; 95 Hayden Ave	City; State; Zip Code Lexington MA 02421
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 <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