

# 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:

9

Filer ID

1 NAME

TITLE; FIRST; MI  
Mr. Amir M

NICKNAME; LAST; SUFFIX  
Omar

2 ADDRESS

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

3207 Pond View Dr  
Richardson, TX 75082

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

(214 ) 649-8335

4 REASON FOR FILING STATEMENT

- Place 7 - Mayor
- 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).

Alika Jennifer Ray

SPOUSE \_\_\_\_\_

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><b>1</b> INFORMATION RELATES TO</p>	<p> <input checked="" type="checkbox"/> FILER                 <input type="checkbox"/> SPOUSE                 <input type="checkbox"/> DEPENDENT CHILD _____             </p>
<p><b>2</b> 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>HydroPoint Data Systems 1720 Corporate Circle Petaluma, CA 94954</p> <hr/> <p>NATURE OF OCCUPATION</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 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>Campbell Agency 12404 Park Central Dr #222 Dallas, TX 75251</p> <hr/> <p>NATURE OF OCCUPATION</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 type="radio"/> EMPLOYED BY ANOTHER</p> <hr/> <p><input type="radio"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p>     <hr/> <p>NATURE OF OCCUPATION</p>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# MUTUAL FUNDS

# PART 4

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 each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also 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 MUTUAL FUND	<div style="text-align: right; font-size: small; margin-bottom: 0;">NAME</div> <b>VANGUARD 500 INDEX, ADMIRAL SHARES</b>
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="radio"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
4 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
MUTUAL FUND	<div style="text-align: right; font-size: small; margin-bottom: 0;">NAME</div>
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
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
MUTUAL FUND	<div style="text-align: right; font-size: small; margin-bottom: 0;">NAME</div>
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
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

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

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 each source of income you, your spouse, or a dependent child received *in excess of \$1,080* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. 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.

<b>1</b> SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
	Airbnb
<b>2</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input type="radio"/> \$1,080--\$10,759 <input type="radio"/> \$10,760 - \$21,519 <input checked="" type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE
<hr/>	
SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="radio"/> \$1,080--\$10,759 <input type="radio"/> \$10,760 - \$21,519 <input type="radio"/> \$21,520 - \$53,809 <input type="radio"/> \$53,810 OR MORE
<hr/>	
SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="radio"/> \$1,080--\$10,759 <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**



# PERSONAL NOTES AND LEASE AGREEMENTS

**PART 6**

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.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$2,150 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. 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.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bankers Healthcare Group
<b>2</b> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR	Amir Omar
<b>4</b> AMOUNT	<input type="radio"/> \$2,150--\$10,759 <input type="radio"/> \$10,760--\$21,519 <input type="radio"/> \$21,520--\$53,809 <input checked="" type="radio"/> \$53,810 OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Roundpoint Mortgage
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	Amir Omar
AMOUNT	<input type="radio"/> \$2,150--\$10,759 <input type="radio"/> \$10,760--\$21,519 <input type="radio"/> \$21,520--\$53,809 <input checked="" type="radio"/> \$53,810 OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Ford Motor Credit
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	Amir Omar
AMOUNT	<input type="radio"/> \$2,150--\$10,759 <input type="radio"/> \$10,760--\$21,519 <input checked="" 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 3207 Pond View Dr Richardson, TX 75082
3 DESCRIPTION <input type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 3207 Pond View Dr Richardson, TX 75082
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 type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
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 checked="" type="radio"/> \$53,810 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# INTERESTS IN BUSINESS ENTITIES

PART 7B

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 business entities 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.

<b>1</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> DESCRIPTION	NAME AND ADDRESS AAJAA Holdings LLC 3207 Pond View Dr - Richardson, TX 75082
<b>3</b> 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 type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
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 type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
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

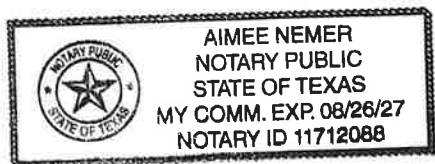
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



# 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, ~~2023~~ <sup>2024</sup>, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



*Amir Omar*  
\_\_\_\_\_  
Signature of Filer

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Amir Omar this the 6th day of MARCH, 2025, 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 Registrant (Declarant)