

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 29
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mr.      Amir      M		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">APR 3 2025</div> <div style="color: blue; font-weight: bold; font-size: 0.8em;">CITY OF RICHARDSON City Secretary's Office</div>
	NICKNAME      LAST      SUFFIX Omar		
<b>4</b> 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		
	AREA CODE      PHONE NUMBER      EXTENSION ( 214 )      649-8335		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR      FIRST      MI Mr.      Jason      P		
	NICKNAME      LAST      SUFFIX Lemons		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mr.      Jason      P		
	NICKNAME      LAST      SUFFIX Lemons		
<b>7</b> 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		
	AREA CODE      PHONE NUMBER      EXTENSION ( 214 )      934-1447		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 214 )      934-1447		
	<b>9</b> REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<b>10</b> PERIOD COVERED	Month      Day      Year           Month      Day      Year 01      /      01      /      2025      THROUGH      03      /      24      /      2025		
	<b>11</b> ELECTION <div style="display: flex; justify-content: space-between;"> <div>                     ELECTION DATE                      Month      Day      Year                      05      /      03      /      2025                 </div> <div>                     ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special                 </div> </div>		
<b>12</b> OFFICE	OFFICE HELD (if any)		
	<b>13</b> OFFICE SOUGHT (if known) Mayor - Place 7		
<b>14</b> 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

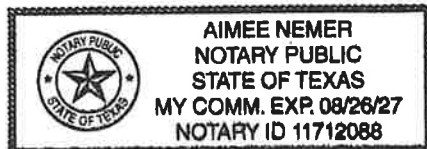
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Mr. Amir M Omar		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,715
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,465.84
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,356.66
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000

**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 3rd day of April, 2025, to certify which, witness my hand and seal of office.

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

(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	\$ 8,715
2.	<input type="checkbox"/>	SCHEDULE A2: NON MONETARY (IN KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 14,465.84
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Harrison			7 Amount of contribution (\$) \$50	
		6 Contributor address;	City;	State;	Zip Code
		631 Lockwood Dr	Richardson	Tx	75080
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) NA		
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Boopsingh			Amount of contribution (\$) \$100	
		Contributor address;	City;	State;	Zip Code
		1404 Chickasaw Dr	Richardson	TX	75080
Principal occupation / Job title (See Instructions) Communications Manager			Employer (See Instructions) Ryan, LLC		
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Kafka			Amount of contribution (\$) \$100	
		Contributor address;	City;	State;	Zip Code
		313 Lawndale Dr	Richardson	TX	75080
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) N/A		
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Stephenson			Amount of contribution (\$) \$50	
		Contributor address;	City;	State;	Zip Code
		1605 Tulane Dr	Richardson	TX	75081
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) NA		
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Rodgers			7 Amount of contribution (\$) \$100	
	6 Contributor address; City; State; Zip Code 3511 Newhaven Drive Richardson TX 75082				
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) NA		
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz Holderman			Amount of contribution (\$) \$100	
	Contributor address; City; State; Zip Code 2714 Sherrill Park Drive Richardson TX 75082				
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) NA		
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Griffin			Amount of contribution (\$) \$100	
	Contributor address; City; State; Zip Code 441 Valley Glen Dr Richardson TX 75080				
Principal occupation / Job title (See Instructions) Insurance Agent			Employer (See Instructions) Brooke Hull Insurance Agency		
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor Hulla			Amount of contribution (\$) \$50	
	Contributor address; City; State; Zip Code 3551 Wilshire Way Apt 6153 Richardson TX 75082				
Principal occupation / Job title (See Instructions) Software Engineer			Employer (See Instructions) Texas Instruments		
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 02/08/2025		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justin Neth		7 Amount of contribution (\$) \$100	
		6 Contributor address; City; State; Zip Code 425 Pleasant Valley Lane Richardson Tx 75080			
8 Principal occupation / Job title (See Instructions) NA			9 Employer (See Instructions) NA		
Date 02/18/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Jemison		Amount of contribution (\$) \$5	
		Contributor address; City; State; Zip Code 421 Valley Glen Pl Richardson TX 75080			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) N/A		
Date 02/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marilyn Frederick		Amount of contribution (\$) \$45	
		Contributor address; City; State; Zip Code 201 Wooded Canyon Ct Richardson TX 75080			
Principal occupation / Job title (See Instructions) Realtor			Employer (See Instructions) Ebby Halliday		
Date 02/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kris Voelker		Amount of contribution (\$) \$100	
		Contributor address; City; State; Zip Code 3308 Callaway Ct Richardson TX 75082			
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 01/17/2025		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Harrison		7 Amount of contribution (\$) \$50	
		6 Contributor address; City; State; Zip Code 631 Lockwood Dr Richardson Tx 75080			
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) NA		
Date 01/19/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Boopsingh		Amount of contribution (\$) \$100	
		Contributor address; City; State; Zip Code 1404 Chickasaw Dr Richardson TX 75080			
Principal occupation / Job title (See Instructions)			Employer (See Instructions) Ryan, LLC		
Date 01/19/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Kafka		Amount of contribution (\$) \$100	
		Contributor address; City; State; Zip Code 313 Lawndale Dr Richardson TX 75080			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) N/A		
Date 01/19/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Stephenson		Amount of contribution (\$) \$50	
		Contributor address; City; State; Zip Code 1605 Tulane Dr Richardson TX 75081			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) NA		
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 01/22/2025		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Rodgers		7 Amount of contribution (\$) \$100	
		6 Contributor address; City; State; Zip Code 3511 Newhaven Drive Richardson TX 75082			
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) NA		
Date 01/23/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2714 Sherrill Park Drive Richardson TX 75082		Amount of contribution (\$) \$100	
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) NA		
Date 01/31/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Griffin Contributor address; City; State; Zip Code 441 Valley Glen Dr Richardson TX 75080		Amount of contribution (\$) \$100	
Principal occupation / Job title (See Instructions) Insurance Agent			Employer (See Instructions) Brooke Hull Insurance Agency		
Date 02/05/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor Hulla Contributor address; City; State; Zip Code 3551 Wilshire Way Apt 6153 Richardson TX 75082		Amount of contribution (\$) \$50	
Principal occupation / Job title (See Instructions) Software Engineer			Employer (See Instructions) Texas Instruments		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					



## SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 02/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Neth			7 Amount of contribution (\$) \$100	
	6 Contributor address; City; State; Zip Code 425 Pleasant Valley Lane Richardson Tx 75080				
8 Principal occupation / Job title (See Instructions) NA			9 Employer (See Instructions) NA		
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Jemison			Amount of contribution (\$) \$5	
	Contributor address; City; State; Zip Code 421 Valley Glen Pl Richardson TX 75080				
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) N/A		
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Frederick			Amount of contribution (\$) \$45	
	Contributor address; City; State; Zip Code 201 Wooded Canyon Ct Richardson TX 75080				
Principal occupation / Job title (See Instructions) Realtor			Employer (See Instructions) Ebby Halliday		
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kris Voelker			Amount of contribution (\$) \$100	
	Contributor address; City; State; Zip Code 3308 Callaway Ct Richardson TX 75082				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
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: 18
2 FILER NAME Mr. Amir M Omar		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Voelker 6 Contributor address; City; State; Zip Code 3308 Callaway Ct Richardson TX 75082	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Senior Regional Director		9 Employer (See Instructions) Export Development Canada
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay George Contributor address; City; State; Zip Code 1957 Eastpark Dr Richardson TX 75081	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Jennings Contributor address; City; State; Zip Code 459 Tiffany Trl Richardson TX 75081	Amount of contribution (\$) \$40
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Wanamaker Contributor address; City; State; Zip Code 214 Amherst Ave Richardson TX 75081	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) yoga instructor		Employer (See Instructions) Retired
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 02/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohit Kunjappa			7 Amount of contribution (\$) \$100	
6 Contributor address; 318 Arborcrest Dr		City; Richardson	State; TX	Zip Code 75080	
8 Principal occupation / Job title (See Instructions) Head of Product			9 Employer (See Instructions) Huber + Suhner Polatis		
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Wanamaker			Amount of contribution (\$) \$100	
Contributor address; 1904 Harvard Dr		City; Richardson	State; TX	Zip Code 75081	
Principal occupation / Job title (See Instructions) CPA			Employer (See Instructions) Self		
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Brownlee			Amount of contribution (\$) \$20	
Contributor address; 1403 Potomac Dr		City; Richardson	State; TX	Zip Code 75081	
Principal occupation / Job title (See Instructions) Critical facilities engineer			Employer (See Instructions) Toyota		
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janelle Teng			Amount of contribution (\$) \$200	
Contributor address; 400 N Greenville Ave		City; Richardson	State; TX	Zip Code 75081	
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
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: 18
2 FILER NAME Mr. Amir M Omar		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Rodgers 6 Contributor address; City; State; Zip Code 3511 Newhaven Drive Richardson TX 75082	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Osborn Contributor address; City; State; Zip Code 443 Malden Dr Richardson TX 75080	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Crossbar
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Aschner Contributor address; City; State; Zip Code 1709 Piper Ct Richardson TX 75081	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Mazaheri Contributor address; City; State; Zip Code 6 gettysburg ln Richardson TX 75080	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Eye Doctor		Employer (See Instructions) Self
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth McNair			7 Amount of contribution (\$) \$200	
	6 Contributor address; City; State; Zip Code 387 Bedford Dr Richardson TX 75080				
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) NA		
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandy Lauder			Amount of contribution (\$) \$25	
	Contributor address; City; State; Zip Code 2805 Wyndham Ln Richardson TX 75082				
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) NA		
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Murphree			Amount of contribution (\$) \$100	
	Contributor address; City; State; Zip Code 911 Beechwood Dr Richardson TX 75080				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacalyn Branson			Amount of contribution (\$) \$50	
	Contributor address; City; State; Zip Code 300 Dover Dr Richardson TX 75080				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Cortez Mathis			7 Amount of contribution (\$) \$50	
	6 Contributor address; City; State; Zip Code 1309 Magnolia Dr Richardson TX 75080				
8 Principal occupation / Job title (See Instructions) RT			9 Employer (See Instructions) Medical City		
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chrissy Cortez Mathis			Amount of contribution (\$) \$50	
	Contributor address; City; State; Zip Code 1309 Magnolia Dr Richardson TX 75080				
Principal occupation / Job title (See Instructions) Yoga Instructor			Employer (See Instructions) Self		
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Stephenson			Amount of contribution (\$) \$100	
	Contributor address; City; State; Zip Code 1605 Tulane Dr Richardson TX 75081				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) Toyota		
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith Embry			Amount of contribution (\$) \$25	
	Contributor address; City; State; Zip Code 308 Shady Hill Dr. Richardson TX 75080				
Principal occupation / Job title (See Instructions) Photographer			Employer (See Instructions) Self		
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.

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: 18	
<b>2</b> FILER NAME Mr. Amir M Omar				<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanober Syed			<b>7</b> Amount of contribution (\$)  \$100	
	<b>6</b> Contributor address; City; State; Zip Code 610 S Central Expy Richardson TX 75080				
<b>8</b> Principal occupation / Job title (See Instructions) Broker			<b>9</b> Employer (See Instructions) Lions Gate Commercial		
<b>Date</b> 02/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Noret			<b>Amount of contribution (\$)</b>  \$100	
	<b>Contributor address; City; State; Zip Code</b> 1126 Huntington Dr Richardson TX 75080				
<b>Principal occupation / Job title (See Instructions)</b> Geologist			<b>Employer (See Instructions)</b> Cholla Petroleum		
<b>Date</b> 03/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebekah Meuir			<b>Amount of contribution (\$)</b>  \$10	
	<b>Contributor address; City; State; Zip Code</b> 614 Decca Dr Richardson TX 75080				
<b>Principal occupation / Job title (See Instructions)</b> NA			<b>Employer (See Instructions)</b> NA		
<b>Date</b> 03/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Anne Doty			<b>Amount of contribution (\$)</b>  \$50	
	<b>Contributor address; City; State; Zip Code</b> 2213 Windsor Dr Richardson TX 75081				
<b>Principal occupation / Job title (See Instructions)</b> Retired			<b>Employer (See Instructions)</b> Retired		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>					

**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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2025		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liz Holderman		7 Amount of contribution (\$) \$100	
		6 Contributor address; City; State; Zip Code 2714 Sherrill Park Drive Richardson TX 75082			
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) NA		
Date 03/02/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ahmad Muhanna		Amount of contribution (\$) \$500	
		Contributor address; City; State; Zip Code 3904 Compton Dr Richardson TX 75082			
Principal occupation / Job title (See Instructions) Principal Engineer			Employer (See Instructions) Boost Mobile		
Date 03/03/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandy Landers		Amount of contribution (\$) \$50	
		Contributor address; City; State; Zip Code 2007 Meredith Ln Richardson TX 75081			
Principal occupation / Job title (See Instructions) Critical facilities engineer			Employer (See Instructions) Toyota		
Date 03/03/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Gordan		Amount of contribution (\$) \$500	
		Contributor address; City; State; Zip Code 1808 JJ Pearce Dr Richardson TX 75081			
Principal occupation / Job title (See Instructions) Board Member			Employer (See Instructions) Excel English Institute, LLC		
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 03/04/2025		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Wilkinson		7 Amount of contribution (\$) \$500	
		6 Contributor address; City; State; Zip Code 4024 Binley Dr Richardson TX 75082			
8 Principal occupation / Job title (See Instructions) Retired Technology Executive			9 Employer (See Instructions) Retired		
Date 03/07/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Witten		Amount of contribution (\$) \$25	
		Contributor address; City; State; Zip Code 723 Pleasant Valley Ln Richardson TX 75080			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date 03/07/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Ragsdale		Amount of contribution (\$) \$125	
		Contributor address; City; State; Zip Code 1805 Forest Meadow Ln Richardson TX 75081			
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
Date 03/07/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Ragsdale		Amount of contribution (\$) \$125	
		Contributor address; City; State; Zip Code 1805 Forest Meadow Ln Richardson TX 75081			
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Jennings			7 Amount of contribution (\$) \$50	
	6 Contributor address; City; State; Zip Code 3209 Pond View Dr Richardson TX 75082				
8 Principal occupation / Job title (See Instructions) -			9 Employer (See Instructions) Capellas Partners		
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Rodgers			Amount of contribution (\$) \$100	
	Contributor address; City; State; Zip Code 3511 Newhaven Drive Richardson TX 75082				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Lewis			Amount of contribution (\$) \$500	
	Contributor address; City; State; Zip Code 2654 Provencial Ln Richardson TX 75080				
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) NA		
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joanne Groshardt			Amount of contribution (\$) \$20	
	Contributor address; City; State; Zip Code 302 Trailridge Dr Richardson TX 75081				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date  03/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Willenbrock			7 Amount of contribution (\$)  \$100	
	6 Contributor address; City; State; Zip Code 2303 Blackberry Dr Richardson TX 75082				
8 Principal occupation / Job title (See Instructions) Retired U.S. Navy Commander			9 Employer (See Instructions) NA		
Date  03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Jones			Amount of contribution (\$)  \$25	
	Contributor address; City; State; Zip Code 703 Melrose Drive Richardson TX 75080				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
Date  03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasin Faruk			Amount of contribution (\$)  \$100	
	Contributor address; City; State; Zip Code 621 Saint George Richardson TX 75081				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
Date  03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Brown			Amount of contribution (\$)  \$100	
	Contributor address; City; State; Zip Code 200 Shadywood Lane Richardson TX 75080				
Principal occupation / Job title (See Instructions) Creative Director			Employer (See Instructions) Norwex		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 18	
2 FILER NAME Mr. Amir M Omar				3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Selman			7 Amount of contribution (\$)  \$250	
	6 Contributor address; City; State; Zip Code 2101 Lucern Cove Richardson TX 75080				
8 Principal occupation / Job title (See Instructions) Physician			9 Employer (See Instructions) NA		
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Chu			Amount of contribution (\$)  \$100	
	Contributor address; City; State; Zip Code 400 N Greenville Ave Richardson TX 75081				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Chu Sun			Amount of contribution (\$)  \$100	
	Contributor address; City; State; Zip Code 400 N Greenville Ave Richardson TX 75081				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Lee			Amount of contribution (\$)  \$200	
	Contributor address; City; State; Zip Code 400 N Greenville Ave Richardson TX 75081				
Principal occupation / Job title (See Instructions) NA			Employer (See Instructions) NA		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 18
2 FILER NAME Mr. Amir M Omar		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Selman 6 Contributor address; City; State; Zip Code 2101 Lucern Cove Richardson TX 75080	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) NA
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <u>Instruction guide</u> for additional reporting requirements.		

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: 1	
<b>2</b> FILER NAME <div style="text-align: center;">Mr. Amir M Omar</div>				<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ X	
<b>5</b> Date  X		<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  X		<b>8</b> Amount of Contribution \$  X	
		<b>7</b> Contributor address; City; State; Zip Code  X X X X		<b>9</b> In-kind contribution description  X	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) X				<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions) X	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)				<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)				<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
<b>Date</b>		<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>Contributor address; City; State; Zip Code</b>		<b>Amount of Contribution \$</b>  <b>In-kind contribution description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>				<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>				<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>				<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 01/19/2025		7 Name of lender 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  18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
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  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; 6	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2025	5 Payee name Hexa	
6 Amount (\$) \$1000	7 Payee address; 2100 N Greenville Ave Richardson TX 75082	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office	(b) Description Campaign HQ
	(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 01/19/2025	Payee name CV Creations	
Amount (\$) \$4,350.00	Payee address; 306 Ponderosa Dr Richardson TX 75081	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<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 01/22/2025	Payee name NationBuilder	
Amount (\$) \$41	Payee address; 6515 W Sunset Blvd, Ste 440 Los Angeles CA 90028	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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  
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: 6	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2025	5 Payee name VistaPrint	
6 Amount (\$) \$344.49	7 Payee address; 95 Hayden Ave	City; State; Zip Code Lexington MA 02421
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Collateral & Gear
	(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 02/06/2025	Payee name First Graphic Services	
Amount (\$) \$1773.56	Payee address; 229 Garvon St	City; State; Zip Code Garland TX 75040
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<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 02/21/2025	Payee name Tractor Supply	
Amount (\$) \$255.58	Payee address; 900 Westgate Way	City; State; Zip Code Wylie TX 75098
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other - Sign Posts	Description Sign Posts
	<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  
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: 6	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2025	5 Payee name Costco	
6 Amount (\$) \$216.57	7 Payee address; 8005 Churchill Way	City; Dallas State; TX Zip Code 75251
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other - Office Supply	(b) Description Office Supply
	(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 02/21/2025	Payee name Target	
Amount (\$) \$113.84	Payee address; 601 S Plano Rd	City; Richardson State; TX Zip Code 75081
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Beverage Exp	Description Kickoff Food Beverage
	<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 02/22/2025	Payee name Two Skillets	
Amount (\$) \$2917.34	Payee address; 2824 Briargrove Ln	City; McKinney State; TX Zip Code 75071
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Beverage	Description Kickoff Catering
	<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  
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: 6	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2025	5 Payee name Hexa	
6 Amount (\$) \$1000	7 Payee address; 2100 N Greenville Dr Richardson TX 75082	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office	(b) Description Campaign HQ
	(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 3/3/2025	Payee name Tractor Supply Co	
Amount (\$) \$218.18	Payee address; 900 Westgate Way Wylie TX 75098	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Sign Posts
	<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 03/03/2025	Payee name UltraPress	
Amount (\$) \$422.50	Payee address; 24932 Ave Kearny Unit 2 Santa Clarita CA 91355	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Promotional Items
	<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  
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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Mr. Amir M Omar	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 03/01/2025	<b>5</b> Payee name Hexa			
<b>6</b> Amount (\$) \$1000	<b>7</b> Payee address; City; State; Zip Code 2100 N Greenville Dr Richardson TX 75082			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office		<b>(b)</b> Description  Campaign HQ	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				
Date 3/24/2025	Payee name Stripe - Total Charges			
Amount (\$) \$308.28	Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco CA 94080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Accounting Banking		Description  Credit Card Processing Fees	
	<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 03/03/2025	Payee name UltraPress			
Amount (\$) \$422.50	Payee address; City; State; Zip Code 24932 Ave Kearny Unit 2 Santa Clarita CA 91355			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense		Description  Promotional Items	
	<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  
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: 6	2 FILER NAME Mr. Amir M Omar	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2025	5 Payee name NationBuilder	
6 Amount (\$) \$41	7 Payee address; 6515 W Sunset Blvd, Ste 440	City; State; Zip Code Los Angeles CA 90028
8 <b>PURPOSE OF EXPENDITURE</b>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/22/2025	Payee name NationBuilder	
Amount (\$) \$41	Payee address; 6515 W Sunset Blvd, Ste 440	City; State; Zip Code Los Angeles CA 90028
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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**