

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | | |
|---|--|--|--|------------------------------------|------------|------|
| 1 Filer ID (Ethics Commission Filers) 00087964 | | 2 Total pages filed: 19 | | OFFICE USE ONLY | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Alex | MI MI | ELECTRONICALLY FILED 06/07/2024 | | |
| | NICKNAME | LAST Kamkar | SUFFIX | | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit _____ | | | | |
| | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 5 ORIGINAL PERIOD COVERED | Month | Day | Year | Month | Day | Year |
| | | 01/01/2024 | | THROUGH | 02/04/2024 | |

6 EXPLANATION OF CORRECTION

The original report was timely filed and there are no substantive changes to this report. After consultation with Commission staff, one entry to Campaign Advocacy Management Professionals, LLC has been divided into two entries totaling the same amount. This is for clarity to show a previously Unpaid Incurred Obligation on Schedule F2 of the January semiannual report as paid.

7 AFFIDAVIT

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

Check the box next to any and all applicable statements:

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.

Alex Kamkar

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

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) 00087964 | 2 Total pages filed: 19 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY |
| | Alex | | | |
| | NICKNAME | LAST | SUFFIX | Date Received ELECTRONICALLY FILED 06/07/2024 |
| | Kamkar | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked |
| | 3422 Business Center Drive | | | |
| | Suite 106-148 | | | Receipt # |
| | Pearland, TX 77584 | | | Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | |
| | Nikki | | | |
| | NICKNAME | LAST | SUFFIX | |
| | Kamkar | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | 3422 Business Center Drive | | | |
| | Suite 106-148 | | | |
| | Pearland, TX 77584 | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (346) 367-2914 | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input 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) | | | |
| 9 PERIOD COVERED | Month | Day | Year | Month |
| | 01/01/2024 | | THROUGH | 02/04/2024 |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | |
| | 03/05/2024 | | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | | | <input type="checkbox"/> General | <input type="checkbox"/> Other |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) |
| | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 19

| | |
|------------------------------------|---|
| 13 C / OH NAME Kamkar, Alex | 14 Filer ID (Ethics Commission Filers) 00087964 |
|------------------------------------|---|

| | | |
|---|--|---|
| 15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> |

| | | |
|--------------------------------|---|---------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 159,585.52 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 1,210.72 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 44,748.08 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 142,779.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 11,662.00 |

17 AFFIDAVIT

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.

Alex Kamkar

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

4 of 19

| | |
|--------------------------------------|---|
| 18 FILER NAME Kamkar, Alex | 19 Filer ID (Ethics Commission Filers) 00087964 |
|--------------------------------------|---|

| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 122,201.14 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 37,384.38 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 11,662.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 44,748.08 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/19 |
| 2 FILER NAME Kamkar, Alex | | 3 Filer ID (Ethics Commission Filers) 00087964 |
| 4 Date 01/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Cody <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024 | 7 Amount of Contribution (\$) \$1,041.02 |
| 8 Principal occupation / Job title (See Instructions) Construction | | 9 Employer (See Instructions) Self Employed |
| Date 01/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bombach, James <hr/> Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self Employed |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnerjee, Avik <hr/> Contributor address; City; State; Zip Code Cypress, TX 74429 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Assessor Collector | | Employer (See Instructions) Self Employed |
| Date 01/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cranberg, Alex <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$20,000.00 |
| Principal occupation / Job title (See Instructions) Oil & Gas | | Employer (See Instructions) Self Employed |
| Date 01/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Bill <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301 | Amount of Contribution (\$) \$3,000.00 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/19 |
| 2 FILER NAME Kamkar, Alex | | 3 Filer ID (Ethics Commission Filers) 00087964 |
| 4 Date 02/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Brenda <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581 | 7 Amount of Contribution (\$) \$52.05 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gates, Cary <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self Employed |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golan, Rex <hr/> Contributor address; City; State; Zip Code Austin, TX 78735 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Clean scapes | | Employer (See Instructions) Manager |
| Date 01/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lary, Trey <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Law | | Employer (See Instructions) Self Employed |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Daniel <hr/> Contributor address; City; State; Zip Code Lakeway , TX 78734 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) VP | | Employer (See Instructions) SiEnergy |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/19 |
| 2 FILER NAME Kamkar, Alex | | 3 Filer ID (Ethics Commission Filers) 00087964 |
| 4 Date 01/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$85,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thistlethwaite, Barry 6 Contributor address; City; State; Zip Code Dallas, TX 75238 | Amount of Contribution (\$) \$26.03 |
| Principal occupation / Job title (See Instructions) Technical Writer | | Employer (See Instructions) GXO |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/2 Rpt: 8/19 | |
| 2 FILER NAME Kamkar, Alex | | 3 Filer ID (Ethics Commission Filers) 00087964 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/31/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign | 8 Amount of contribution (\$) \$6,933.68 | 9 In-kind contribution description Polling |
| | 7 Contributor address; City; State; Zip Code Austin , TX 78767 | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 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 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign | Amount of contribution (\$) \$9,174.00 | In-kind contribution description Polling |
| | Contributor address; City; State; Zip Code Austin , TX 78767 | | |
| 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) | | | |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign | Amount of contribution (\$) \$244.50 | In-kind contribution description Advertising |
| | Contributor address; City; State; Zip Code Austin , TX 78767 | | |
| 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) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 9/19 | |
| 2 FILER NAME Kamkar, Alex | | 3 Filer ID (Ethics Commission Filers) 00087964 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/24/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign | 8 Amount of contribution (\$) \$21,032.20 | 9 In-kind contribution description Advertising Expense |
| | 7 Contributor address; City; State; Zip Code Austin , TX 78767 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 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) | | | |

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 10/19 |
| 2 FILER NAME Kamkar, Alex | | 3 Filer ID (Ethics Commission Filers) 00087964 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 11,662.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/9 Rpt: 11/19 | 2 FILER NAME Kamkar, Alex | 3 Filer ID (Ethics Commission Filers) 00087964 |
| 4 Date 01/18/2024 | 5 Payee name 123 Print | |
| 6 Amount (\$) \$104.07 | 7 Payee address; City; State; Zip Code 12750 Merit Drive Dallas, TX 75251 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Materials |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/02/2024 | Payee name Advantage | |
| Amount (\$) \$960.00 | Payee address; City; State; Zip Code 9420 Bonita Beach Rd Bonita Springs, FL 34135 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/31/2024 | Payee name Amazon | |
| Amount (\$) \$103.88 | Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/9 Rpt: 12/19 | 2 FILER NAME Kamkar, Alex | 3 Filer ID (Ethics Commission Filers) 00087964 |
|--|-------------------------------------|--|

| | |
|-----------------------------|-------------------------------|
| 4 Date 02/01/2024 | 5 Payee name Amazon |
|-----------------------------|-------------------------------|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$1,387.10 | 7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109 |
|------------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 02/01/2024 | Payee name Amazon |
|--------------------|----------------------|

| | |
|------------------------|---|
| Amount (\$) \$66.64 | Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 01/18/2024 | Payee name Campaign Advocacy Management Professionals, LLC |
|--------------------|---|

| | |
|----------------------------|--|
| Amount (\$) \$22,545.76 | Payee address; City; State; Zip Code 401 NE 46th oklahoma city, OK 73105 |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/9 Rpt: 13/19 | 2 FILER NAME Kamkar, Alex | 3 Filer ID (Ethics Commission Filers) 00087964 |
|--|-------------------------------------|--|

| | |
|-----------------------------|--|
| 4 Date 01/19/2024 | 5 Payee name Campaign Advocacy Management Professionals, LLC |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$850.00 | 7 Payee address; City; State; Zip Code 401 NE 46th Oklahoma City , TX 73105 |
|----------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 01/19/2024 | Payee name Campaign Advocacy Management Professionals, LLC |
|--------------------|---|

| | |
|---------------------------|--|
| Amount (\$) \$1,120.00 | Payee address; City; State; Zip Code 401 NE 46th Oklahoma City, TX 73105 |
|---------------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
|------------------------|---|--|

| | | | |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 02/02/2024 | Payee name Etsy |
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| Amount (\$) \$97.43 | Payee address; City; State; Zip Code 117 Adams St Brooklyn, NY 11201 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/9 Rpt: 14/19 | 2 FILER NAME Kamkar, Alex | 3 Filer ID (Ethics Commission Filers) 00087964 |
|--|-------------------------------------|--|

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|-----------------------------|---|
| 4 Date 01/16/2024 | 5 Payee name Greater Houston Builder's Assn |
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| 6 Amount (\$) \$1,060.00 | 7 Payee address; City; State; Zip Code 9511 West Sam Houston Pkwy North Houston , TX 77064 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Sponsorship | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship |
|---------------------------------|--|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------|
| Date 01/26/2024 | Payee name Gringo's |
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| Amount (\$) \$176.08 | Payee address; City; State; Zip Code 2202 Broadway St, Pearland, TX 77581 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food |
|-------------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|--------------------------|
| Date 01/30/2024 | Payee name Home Depot |
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| | |
|------------------------|---|
| Amount (\$) \$61.40 | Payee address; City; State; Zip Code 2455 Paces Ferry Road Northwest, atlanta, GA 30339 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
|-------------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/9 Rpt: 15/19 | 2 FILER NAME Kamkar, Alex | 3 Filer ID (Ethics Commission Filers) 00087964 |
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| 4 Date 01/16/2024 | 5 Payee name Honore's |
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| 6 Amount (\$) \$56.24 | 7 Payee address; City; State; Zip Code 19430 Hwy 6 Manvel, TX 77578 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food |
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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date 02/02/2024 | Payee name JG Media |
|--------------------|------------------------|

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|---------------------------|--|
| Amount (\$) \$1,075.00 | Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd. Box #3 Round Rock, TX 78665 |
|---------------------------|--|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print |
|-------------------------------|---|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 01/04/2024 | Payee name JG Media |
|--------------------|------------------------|

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|---------------------------|--|
| Amount (\$) \$1,075.00 | Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd. Box #3 Round Rock, TX 78665 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising |
|-------------------------------|--|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/9 Rpt: 16/19 | 2 FILER NAME Kamkar, Alex | 3 Filer ID (Ethics Commission Filers) 00087964 |
|--|-------------------------------------|--|

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|-----------------------------|---|
| 4 Date 01/02/2024 | 5 Payee name Mass Tandem, LLC |
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| 6 Amount (\$) \$2,007.78 | 7 Payee address; City; State; Zip Code 3 Germary Dr. wilmington, DE 19804 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
|---------------------------------|--|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|----------------------|
| Date 01/31/2024 | Payee name Takara |
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| Amount (\$) \$100.15 | Payee address; City; State; Zip Code 1701 Fairway Dr #14 Alvin, TX 77511 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/26/2024 | Payee name Texas YRs |
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| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 57 CRANBERRY CT Lake Jackson, TX 77566 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) sponsorship | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/9 Rpt: 17/19 | 2 | FILER NAME Kamkar, Alex | 3 | Filer ID (Ethics Commission Filers) 00087964 | |
| 4 | Date 01/04/2024 | 5 | Payee name UVN-TIC LLC | | | |
| 6 | Amount (\$) \$1,437.59 | 7 | Payee address; City; State; Zip Code 2400 Business Center Dr Pearland, TX 77584 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent Expense | | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 01/22/2024 | | Payee name Whats Up Radio Program | | | |
| | Amount (\$) \$8,000.00 | | Payee address; City; State; Zip Code 10924 Grant Road, #133 Houston , TX 77070 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 01/22/2024 | | Payee name Willie's Grill | | | |
| | Amount (\$) \$54.17 | | Payee address; City; State; Zip Code 2600 Smith Ranch Rd Pearland, TX 77584 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/9 Rpt: 18/19 | 2 FILER NAME Kamkar, Alex | 3 Filer ID (Ethics Commission Filers) 00087964 |
| 4 Date 01/23/2024 | 5 Payee name facebook | |
| 6 Amount (\$) \$760.68 | 7 Payee address; City; State; Zip Code 1 hacker way Menlo Park, CA 94022 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/04/2024 | Payee name home depot | |
| Amount (\$) \$110.09 | Payee address; City; State; Zip Code 2455 Paces Ferry Road Northwest atlanta, GA 30339 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/18/2024 | Payee name home depot | |
| Amount (\$) \$132.11 | Payee address; City; State; Zip Code 2455 Paces Ferry Road Northwest atlanta, GA 30339 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 9/9 Rpt: 19/19 | 2 FILER NAME Kamkar, Alex | 3 Filer ID (Ethics Commission Filers) 00087964 |
| 4 Date 01/26/2024 | 5 Payee name home depot | |
| 6 Amount (\$) \$96.19 | 7 Payee address; City; State; Zip Code 2455 Paces Ferry Road Northwest, atlanta, GA 30339 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |