

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00086196		2 Total pages filed: 18		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Amin	MI MI	ELECTRONICALLY FILED 07/08/2024	
	NICKNAME	LAST Salahuddin	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input 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 01/01/2024	THROUGH	Month Day Year 06/30/2024	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged

6 EXPLANATION OF CORRECTION

\$24 was the total political contributions maintained as of the last day of previous reporting period. I updated the current maintained total political contributions to \$13,934.

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.

Mr. Amin Salahuddin

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) 00086196	2 Total pages filed: 18		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Amin	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/08/2024	
	NICKNAME	LAST Salahuddin	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 595 Round Rock West Drive Suite 406 Round Rock, TX 78681		ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	MS / MRS / MR Mr.		FIRST Shuja Rizwan	MI	
	NICKNAME		LAST Khawaja	SUFFIX	
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 610 Acadia Bend Cedar Park, TX 78613				
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 748-6042	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/01/2024		THROUGH	Month Day Year 06/30/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative Place Round Rock District 136		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Salahuddin, Amin (Mr.)	14 Filer ID (Ethics Commission Filers) 00086196
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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)	\$ 25,330.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,421.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,932.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

 Mr. Amin Salahuddin
 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**

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18 FILER NAME Salahuddin, Amin (Mr.)		19 Filer ID 00086196	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	25,330.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,421.54
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: 1/8 Rpt: 5/18
2 FILER NAME Salahuddin, Amin (Mr.)		3 Filer ID (Ethics Commission Filers) 00086196
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdallah, Moss <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdelghany, Hesham <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdulkadir, Sinan <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Suhail <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Suhail <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 6/18
2 FILER NAME Salahuddin, Amin (Mr.)		3 Filer ID (Ethics Commission Filers) 00086196
4 Date 05/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amin, Salahuddin	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Round Rock, TX 78681		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansaar, Sheikh	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apil, Ali	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apil, Ali	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arif, Mohammad	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Staten Island, NY 10304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 7/18
2 FILER NAME Salahuddin, Amin (Mr.)		3 Filer ID (Ethics Commission Filers) 00086196
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashraf, Mohammed 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aziz, Zaheer Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawoodjee, Tasneem Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkhiamy, Nuha Contributor address; City; State; Zip Code Austin, TX 78724	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskridge, Robert Contributor address; City; State; Zip Code ROUND ROCK, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 8/18
2 FILER NAME Salahuddin, Amin (Mr.)		3 Filer ID (Ethics Commission Filers) 00086196
4 Date 03/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GHANCHI, AAMIR <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HASHIM, FARIS <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Madiha <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khawaja, Shuja <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori, Scott <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 9/18
2 FILER NAME Salahuddin, Amin (Mr.)		3 Filer ID (Ethics Commission Filers) 00086196
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Majeed, M Feras <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malik, Mohammad Tariq <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mekan, Ovezmyradov <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammad, Anwar Ali <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed, Ovais <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Business Owner		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: 6/8 Rpt: 10/18
2 FILER NAME Salahuddin, Amin (Mr.)		3 Filer ID (Ethics Commission Filers) 00086196
4 Date 03/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohd, Asif	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Austin, TX 78717		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Momtazul, Karim	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mustafa, Balcioglu	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUF, AMIR	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramazan, Akkilic	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 11/18
2 FILER NAME Salahuddin, Amin (Mr.)		3 Filer ID (Ethics Commission Filers) 00086196
4 Date 03/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaikh, Khawar <hr/> 6 Contributor address; City; State; Zip Code Matthews, NC 28104	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thistlethwaite, Barry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walt, Manly <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaidi, Asif <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeidan, Mohamad <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 12/18
2 FILER NAME Salahuddin, Amin (Mr.)		3 Filer ID (Ethics Commission Filers) 00086196
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zubairi, Jawad <hr/> 6 Contributor address; City; State; Zip Code Round rock, TX 78664	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) abdul rahman, suharno <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) shaik, vali <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		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: 1/6 Rpt: 13/18	2 FILER NAME Salahuddin, Amin (Mr.)	3 Filer ID (Ethics Commission Filers) 00086196
4 Date 01/08/2024	5 Payee name Abbott, Steve	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 12600 Avery Ranch Blvd # 411 Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/05/2024	Payee name Abbott, Steve	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 12600 Avery Ranch Blvd # 411 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 03/01/2024	Payee name Abbott, Steve	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 12600 Avery Ranch Blvd # 411 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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	

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: 2/6 Rpt: 14/18	2 FILER NAME Salahuddin, Amin (Mr.)	3 Filer ID (Ethics Commission Filers) 00086196
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4 Date 04/01/2024	5 Payee name Abbott, Steve
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6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 12600 Avery Ranch Blvd # 411 Cedar Park, TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
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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 05/01/2024	Payee name Abbott, Steve
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Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 12600 Avery Ranch Blvd # 411 Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
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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 06/01/2024	Payee name Abbott, Steve
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Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 12600 Avery Ranch Blvd # 411 Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
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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: 3/6 Rpt: 15/18	2 FILER NAME Salahuddin, Amin (Mr.)	3 Filer ID (Ethics Commission Filers) 00086196
4 Date 01/31/2024	5 Payee name Anedot Inc	
6 Amount (\$) \$155.50	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2024	Payee name Anedot Inc	
Amount (\$) \$116.90	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2024	Payee name Anedot Inc	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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: 4/6 Rpt: 16/18	2 FILER NAME Salahuddin, Amin (Mr.)	3 Filer ID (Ethics Commission Filers) 00086196
4 Date 05/31/2024	5 Payee name Anedot Inc	
6 Amount (\$) \$20.60	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2024	Payee name Anedot Inc	
Amount (\$) \$8.60	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Facebook	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 SERVICES
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: 5/6 Rpt: 17/18	2	FILER NAME Salahuddin, Amin (Mr.)	3	Filer ID (Ethics Commission Filers) 00086196	
4	Date 05/20/2024	5	Payee name Facebook			
6	Amount (\$) \$199.63	7	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
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 SERVICES			
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/21/2024		Payee name I Print for Less			
	Amount (\$) \$1,131.21		Payee address; City; State; Zip Code 6601 Airport Blvd Austin, TX 78752			
	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/10/2024		Payee name Leander Area Republican Women			
	Amount (\$) \$26.35		Payee address; City; State; Zip Code P.O. Box 551 Leander, TX 78646			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Marketing			
		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: 6/6 Rpt: 18/18	2 FILER NAME Salahuddin, Amin (Mr.)	3 Filer ID (Ethics Commission Filers) 00086196
4 Date 02/06/2024	5 Payee name Maynard, James	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 234 Olde Oaks Drive Georgetown, TX 78633	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 SERVICES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Paul Leal for Cons	
Amount (\$) \$500.00	Payee address; City; State; Zip Code Glacier Point Cv Taylor, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/29/2024	Payee name Texas Ethics Commission	
Amount (\$) \$512.45	Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fine
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held