

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089643	2 Total pages filed: 4	
3 FILER NAME	MS / MRS / MR FIRST MI		<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 04/25/2025	
	NICKNAME LAST SUFFIX Richardson Renewal Partnership			
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 800 W. Shore Dr.  Richardson, TX 75080		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 348-6680		Date Processed	
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		Date Imaged	
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff			
7 PERIOD COVERED	Month Day Year 04/15/2025		THROUGH Month Day Year 04/23/2025	
8 ELECTION	ELECTION DATE Month Day Year 05/03/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special City Council Election	
9 FILER ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Amir Omar Mayor	
			B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported	
			B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

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FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Richardson Renewal Partnership		<b>11 Filer ID</b> (Ethics Commission Filers) 00089643
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	<b>\$</b> 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	<b>\$</b> 7,318.55

## 13 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.

\_\_\_\_\_  
Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

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

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 4

14 FILER NAME Richardson Renewal Partnership		15 Filer ID (Ethics Commission Filers) 00089643	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	7,318.55
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	

# POLITICAL EXPENDITURES

## 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)

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<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	<b>2</b> FILER NAME Richardson Renewal Partnership	<b>3</b> Filer ID (Ethics Commission Filers) 00089643
<b>4</b> Date 04/15/2025	<b>5</b> Payee name Mayes Media Group	
<b>6</b> Amount (\$) \$7,318.55	<b>7</b> Payee address; City; State; Zip Code 312 Creekwood Drive  Sunnyvale, TX 75182	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Mailer
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Amir, Omar	Office sought Mayor  Office held City Council Place 7