

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FOR PA
ELECTIONS
DATE: 1/18/2024
FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

2024 JAN 18 PM 12:58

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Mr.	SAM					
	NICKNAME	LAST	SUFFIX	Date Received			
		Mohamad					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
Change of Address	PO Box 851617 Mesquite TX 75150 75185-1617						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	478 1545					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
	Mr.	Naeem	S	Amount \$			
	NICKNAME	LAST	SUFFIX	Date Processed			
		Karmoeddien		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE		
(Residence or Business)	PO Box 851617 Mesquite TX 75150 75185-1617						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(646)	932 3573					
9 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 (Officerholder 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)			
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	7	1	23	THROUGH	12	31	23
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	3	5	24	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Sheriff			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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	COMMITTEE NAME					
	GENERAL	Committee to Elect Mohamad 4 Sheriff					
		COMMITTEE ADDRESS					
		PO Box 851617 Mesquite TX 75185					
Additional Pages	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		Naeem S Karmoeddien					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		PO Box 851617 Mesquite TX 75185					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FOR FILING
ELECTIONS DEPARTMENT
DALLAS, TEXAS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME SAM Mohamad		16 Filer ID (Ethics Commission Filers) 2024 JAN 18 PM 12:58
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,099.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 58,052.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,492.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,059.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 41,993.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 _____ 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

OR

(2) Unsworn Declaration

My name is SAM Mohamad, and my date of birth is 12/15/1975.

My address is PO Box 851617, Mesquite, TX, 75185, Dallas.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 16 day of January, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

RECEIVED FOR FILING
ELECTIONS DEPARTMENT
DALLAS COUNTY

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

SAM Mohamad

2024 JAN 18 PM 12:58

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 56,953
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,568
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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.

RECEIVED FOR FILING
ELECTIONS DEPARTMENT
DALLAS COUNTY

2021 10 13 12:58

1/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/23	5 Full name of contributor out-of-state PAC (ID#: _____) Muhammad Khatib	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/23	Full name of contributor out-of-state PAC (ID#: _____) Omer Seker	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/23	Full name of contributor out-of-state PAC (ID#: _____) Hoda Abdelkhal	Amount of contribution (\$) 30
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/23	Full name of contributor out-of-state PAC (ID#: _____) Mohamed S Awad	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code		
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 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.

RECEIVED FOR FILING
 ELECTORAL DISBURSEMENTS
 DALLAS COUNTY
 2024 JAN 18 PM 12:59

2/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/23	5 Full name of contributor out-of-state PAC (ID#: _____) Yunus Moosa 6 Contributor address; City; State; Zip Code 10300 calvery ct Frisco TX 75035	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/20/23	Full name of contributor out-of-state PAC (ID#: _____) Abdur Rehman Badat Contributor address; City; State; Zip Code 6813 Ballivor Ct Plano TX 75023	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/23	Full name of contributor out-of-state PAC (ID#: _____) Jamal Othman Contributor address; City; State; Zip Code 605 Norwood Rockwall R dr TX 75082	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/23	Full name of contributor out-of-state PAC (ID#: _____) Osama Qaroot Contributor address; City; State; Zip Code 3910 Lariat dr Sachse TX 75048	Amount of contribution (\$) 25.00
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 Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
ELECTIONS
DATE: 08/23/23 12:59

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

3/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 08/23/23	5 Full name of contributor Shanavas Hussain out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2127 Lake by dr Irving TX 75060	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/31/23	Full name of contributor Marion Glenn out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3010 Laney Blossom CT Richmond TX 75080	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/23	Full name of contributor Sulaiman Abawi out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4501 Redborn dr Richardson TX 75082	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/23	Full name of contributor Mohammad Elbanna out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5512 Green Hollow Ln The colony TX 75056	Amount of contribution (\$) 250.00
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 instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
ELECTION DEPARTMENT
DALLAS COUNTY

SCHEDULE A1

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2024 JAN 18 PM 12:59

4/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/23	5 Full name of contributor Zain Acitaf <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 1.00
6 Contributor address; City; State; Zip Code 3200 Heathman mesquite TX 75081		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/03/23	Full name of contributor Insaf Masood <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1061 Kingfisher Prosper TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/23	Full name of contributor Osama Qaroot <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3910 Jariast Dr Sachse TX 75040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/23	Full name of contributor Khaled Gabr <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1849 McClary Garland TX 75040 Street		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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RECEIVED
ELECTORAL CAMPAIGN
DATE: 01/18/2023
2023 JAN 18 PM 12:59

5/2/

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: right;">21</div>
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/03/23	5 Full name of contributor out-of-state PAC (ID#: _____) Hoda Elsayed	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 110 Briar oak dr Murphy TX 75094		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/07/23	Full name of contributor out-of-state PAC (ID#: _____) Akram Alzoubi	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Abdullah Shawkky	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Adam Ibrahim A	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
ELECTION DEPT
DALLAS TEXAS

SCHEDULE A1

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2024 JAN 18 PM 12:59

6/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/23	5 Full name of contributor out-of-state PAC (ID#: _____) Brenda L Bleakne 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Karem A Mohamad Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) MERASaad AY Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Misret Ahmeti Contributor address; City; State; Zip Code	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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ELECTRONIC FILING
DATE 01/18/2024
2024 JAN 18 PM 12:59

7/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/23	5 Full name of contributor out-of-state PAC (ID#: _____) Mohammad M Hossain 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Mona Salah Contributor address; City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Niana Mahroog Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Rafaela RODRIGUEZ Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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RECEIVED FOR FILING
 ETHICS COMMISSION
 DALLAS COUNTY
 2023 SEP 10 11:52 59

8/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/23	5 Full name of contributor out-of-state PAC (ID#: _____) Samir IQBAL	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Sekou Hakim Pet	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Soulafa Amer	Amount of contribution (\$) 27.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/23	Full name of contributor out-of-state PAC (ID#: _____) Taher k Elbadawi	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
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 Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
ELECTRONICALLY
DATE: 09/12/23
SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

9/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/23	5 Full name of contributor out-of-state PAC (ID#: _____) YUNUS H MOOSA 6 Contributor address; City; State; Zip Code 10300 Calvary Ct. Fulshear TX 75035	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/13/23	Full name of contributor out-of-state PAC (ID#: _____) Asif Mohammed Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/23	Full name of contributor out-of-state PAC (ID#: _____) EYHAB SKAIK Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/23	Full name of contributor out-of-state PAC (ID#: _____) Kazi Amin Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FROM
ELECTIONS
DATE 01/15/2024
SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

2024 JAN 15 PM 12:59

10/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/23	5 Full name of contributor out-of-state PAC (ID#: _____) Mohamed S Awad	7 Amount of contribution (\$) 2000
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 09/13/23	Full name of contributor out-of-state PAC (ID#: _____) Mohammed Autu	Amount of contribution (\$) 2000
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 09/13/23	Full name of contributor out-of-state PAC (ID#: _____) Nuzhat Hye	Amount of contribution (\$) 2000
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 09/13/23	Full name of contributor out-of-state PAC (ID#: _____) ORALIA FLORES	Amount of contribution (\$) 2000
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

RECEIVED
ELECTIONS
DALLAS
2021 JAN 18 PM 12:59

11/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/23	5 Full name of contributor out-of-state PAC (ID#: _____) Garoot Freelanci 6 Contributor address; City; State; Zip Code Dallas TX	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/14/23	Full name of contributor out-of-state PAC (ID#: _____) Mohammed A Hassan Contributor address; City; State; Zip Code Dallas TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/23	Full name of contributor out-of-state PAC (ID#: _____) Suhair Younes Contributor address; City; State; Zip Code Dallas TX	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/23	Full name of contributor out-of-state PAC (ID#: _____) Hayder Al Edani Contributor address; City; State; Zip Code Dallas TX	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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RECEIVED FOR THE
ELECTIONS DIVISION
DATE: 2024 JAN 18 PM 12:59

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/18/23	5 Full name of contributor out-of-state PAC (ID#: _____) Contributor Heba ELshinawi	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/19/23	Full name of contributor out-of-state PAC (ID#: _____) Rizwan shafiq	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/23	Full name of contributor out-of-state PAC (ID#: _____) Salubadin Sherif	Amount of contribution (\$) 20 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/23	Full name of contributor out-of-state PAC (ID#: _____) Asraar Haque	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

RECEIVED
ELECTORAL
DATE
2024 JAN 18 PM 12:59
13/21

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 09/25/23	5 Full name of contributor out-of-state PAC (ID#: _____) Ali k Ahmad	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/25/23	Full name of contributor out-of-state PAC (ID#: _____) Fayez Mohammed	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/23	Full name of contributor out-of-state PAC (ID#: _____) Qaroot Freelanci	Amount of contribution (\$) 550.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/23	Full name of contributor out-of-state PAC (ID#: _____) Asma QURESHI	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
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 Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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RECEIVED
ELECTIONS DIVISION
DALLAS, TEXAS
2023 JAN 18 PM 12:59

14/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 10/02/23	5 Full name of contributor Osama Qaroot out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3910 Lorist dr Sachse TX 75048	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/23	Full name of contributor Farhan Omar out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 75.78 300.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/23	Full name of contributor Marwan A Nafal out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Dallas TX	Amount of contribution (\$) 50,000.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self-employed Business owner
Date 10/11/23	Full name of contributor Mohammed ELHITY out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
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 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.

RECEIVED FOR THE
ELECTRICAL
DATE: 2024 JAN 18 PM 12:59
15121

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/23	5 Full name of contributor out-of-state PAC (ID#: _____) Ibrahim Mustafa	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/23	Full name of contributor out-of-state PAC (ID#: _____) Ahmed Abuseif	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/23	Full name of contributor out-of-state PAC (ID#: _____) Nasser Rashdan	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/23	Full name of contributor out-of-state PAC (ID#: _____) Shahid Mohammed	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code		
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 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.

16/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/23	5 Full name of contributor Akram El kader out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 15.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/06/23	Full name of contributor Hoda El ABDELKHAL out-of-state PAC (ID#: _____)	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/23	Full name of contributor Lenora Gjennica out-of-state PAC (ID#: _____)	Amount of contribution (\$) 15.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/23	Full name of contributor Sunna Syed out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
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 Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
ELECTRONICALLY
DATE AS OF: **SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report. 2021 JAN 18 PM 1:00 17/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>21</i>
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/11/23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Jackie Hill</i>	7 Amount of contribution (\$) <i>15.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/11/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Mohamed Elhity</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/12/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Mohammed Hussain</i>	Amount of contribution (\$) <i>15.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/12/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Mohammed Hussain</i>	Amount of contribution (\$) <i>15</i>
Contributor address; City; State; Zip Code		
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 instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
ELECTORAL DISCLOSURE
DATE AS FILED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

2024 JAN 15 PM 1:00 18/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/23	5 Full name of contributor out-of-state PAC (ID#: _____) Omar Seker	7 Amount of contribution (\$) 75.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/23	Full name of contributor out-of-state PAC (ID#: _____) Ivy Roberson	Amount of contribution (\$) 30
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/23	Full name of contributor out-of-state PAC (ID#: _____) Raid Alakii	Amount of contribution (\$) 15
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/23	Full name of contributor out-of-state PAC (ID#: _____) Claudia Acosta	Amount of contribution (\$) 30
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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RECEIVED FOR FILING
ELECTRONIC FILING
DATE: 1/18/2024
2024 JAN 18 PM 1:00

19/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/23	5 Full name of contributor out-of-state PAC (ID#: _____) Hoda Abdelkhal	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/14/23	Full name of contributor out-of-state PAC (ID#: _____) Shamila Yasmin Ma	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/23	Full name of contributor out-of-state PAC (ID#: _____) Hamzeh Tahat	Amount of contribution (\$) 200
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/23	Full name of contributor out-of-state PAC (ID#: _____) Jase Alejandro	Amount of contribution (\$) 40
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/23	5 Full name of contributor out-of-state PAC (ID#: _____) Mona Elshenawy	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/23	Full name of contributor out-of-state PAC (ID#: _____) Osama Qaroot	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/23	Full name of contributor out-of-state PAC (ID#: _____) Yaman Subei	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/23	Full name of contributor out-of-state PAC (ID#: _____) Younus M Mulla	Amount of contribution (\$) 15
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

2024 JAN 18 PM 1:00
2/21

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME SAM Mohamad		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Mohammad Abu Rashe	7 Amount of contribution (\$) 20
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
ELECTRONICALLY
JAN 18 PM 1:17
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 | 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mahamad	3 Filer ID (Ethics Commission Filers)
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4 Date 8/11/23	5 Payee name Cricket wireless
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6 Amount (\$) 112.26	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description Phone Plan exp
	(c) Check if travel outside of Texas. Complete Schedule T.	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
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Date 8/16/23	Payee name Cricket wireless
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Amount (\$) 25	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description Phone Plan exp
	Check if travel outside of Texas. Complete Schedule T.	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
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Date 8/16/23	Payee name Cricket wireless
-----------------	--------------------------------

Amount (\$) 75.77	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description Phone Plan exp
	Check if travel outside of Texas. Complete Schedule T.	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
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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.

PM 1:00

2/17

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamad	3 Filer ID (Ethics Commission Filers)
4 Date 9/6/23	5 Payee name Edward Gray	
6 Amount (\$) 200	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Advertisement	(b) Description talk show
	(c) Check if travel outside of Texas. Complete Schedule T. 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 9/8/23	Payee name Fox fuel	
Amount (\$) 50	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) travel in district	Description travel
	Check if travel outside of Texas. Complete Schedule T. 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 9/13/23	Payee name Car sticker	
Amount (\$) 453.28	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description stickers
	Check if travel outside of Texas. Complete Schedule T. 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED
ELECTORAL
SCHEDULE F1

3/17

If the requested information is not applicable, DO NOT include this page in the report.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamed	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/23	5 Payee name MY Plates	
6 Amount (\$) 195.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Plates
	(c) Check if travel outside of Texas. Complete Schedule T. 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 9/18/23	Payee name QT	
Amount (\$) 88	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) travel in district	Description travel
	Check if travel outside of Texas. Complete Schedule T. 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 9/18/23	Payee name Raid Alawi	
Amount (\$) 1,205.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Promotional Items
	Check if travel outside of Texas. Complete Schedule T. 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR PUBLIC ELECTIONS SCHEDULE F1
DALLAS COUNTY
4/17

If the requested information is not applicable, DO NOT include this page in the report.

2024 JAN 16 PM 1:00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamad	3 Filer ID (Ethics Commission Filers)
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4 Date 9/22/23	5 Payee name Murphy express
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6 Amount (\$) 28	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in district	(b) Description Travel
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/25/23	Payee name Raid Alawi
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Amount (\$) 550	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Promotional items
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/23	Payee name Murphy Express
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Amount (\$) 40	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in district	Description travel
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

RECEIVED FOR FILING
 EL SCHEDULE F1
 DATE 5/17
 2024 JAN 16 PM 1:00

If the requested information is not applicable, DO NOT include this page in the report.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamad	3 Filer ID (Ethics Commission Filers)
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4 Date 9/29/23	5 Payee name Car stickers
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6 Amount (\$) 524	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description car stickers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/23	Payee name Murphy Express
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Amount (\$) 70	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) travel in district	Description travel
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/23	Payee name Amazon
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Amount (\$) 88.76	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description Supplies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

RECEIVED FOR FILING
ELECTORAL SCHEDULE F1
DATE 10/10/23

If the requested information is not applicable, DO NOT include this page in the report.

6/17

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: 18	2 FILER NAME SAM Mahamad	3 Filer ID (Ethics Commission Filers)
4 Date 10/3/23	5 Payee name Amazon	
6 Amount (\$) 27.59	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. 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 10/6/23	Payee name Amazon	
Amount (\$) 27.03	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description Supplies
	Check if travel outside of Texas. Complete Schedule T. 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 10/13/23	Payee name Go daddy.com	
Amount (\$) 12.17	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description domain
	Check if travel outside of Texas. Complete Schedule T. 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED PURCHASING
ELECTRONIC DEPT
DATE 10/20/23
SCHEDULE F1

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7/17

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: 17	2 FILER NAME SAM Mohamad	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/23	5 Payee name Godaddy.com	
6 Amount (\$) 191.75	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement office overhead	(b) Description website Promotional items
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/20/23	Payee name Raid Alawi	
Amount (\$) 175	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Promotional Item
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/20/23	Payee name car stickers	
Amount (\$) 492.40	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description car stickers
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY 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

RECEIVED FOR FILING
ELECTRICAL SCHEDULE F1
DATE 10/24/23
2024 JAN 16 PM 1:01

If the requested information is not applicable, DO NOT include this page in the report.

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

The Instruction Guide explains how to complete this form.

8/17

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamad	3 Filer ID (Ethics Commission Filers)
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4 Date 10/24/23	5 Payee name Raid Alawi
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6 Amount (\$) 1,942.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Promotional Items
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/25/23	Payee name Circle R circle R
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Amount (\$) 30	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in district	Description Travel
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/30/23	Payee name Raid Alawi
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Amount (\$) 1,842.88	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement exp	Description Promotion Items
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

9/17

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamed	3 Filer ID (Ethics Commission Filers)
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4 Date 11/6/23	5 Payee name T-Cleven
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6 Amount (\$) 40	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description Travel
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/6/23	Payee name Raia Alawi
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Amount (\$) 480	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Promotional Items
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/8/23	Payee name SQ Precious EL
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Amount (\$) 1,136.62	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description office materials
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

RECEIVED FOR THE
ELECTIONS
DATE: 10/17/2017
SCHEDULE F1

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10/17

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Muhamad	3 Filer ID (Ethics Commission Filers)
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4 Date 11/13/23	5 Payee name Amazon
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6 Amount (\$) 51.86	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description office supplies
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13/23	Payee name Murphy express
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Amount (\$) 44.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) travel in district	Description travel
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13/23	Payee name LinkedIn Premium
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Amount (\$) 259.67	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description social media Access
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. 8 PM 1:01 11/17

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamed	3 Filer ID (Ethics Commission Filers)
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4 Date 11/13/23	5 Payee name Service chag comerica Bank
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6 Amount (\$) 22.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/20/23	Payee name GEM Academy
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Amount (\$) 25	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses	Description fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/23	Payee name Constitutional Higley
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Amount (\$) 99	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal service	Description Legal service
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

RECEIVED
ELECTORAL
DEPT
12/23

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamed	3 Filer ID (Ethics Commission Filers)
4 Date 11/22/23	5 Payee name Raid Alawi	
6 Amount (\$) 357	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Promotional Items.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/21/23	Payee name Murphy Express	
Amount (\$) 50	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in district	Description Travel
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/17/23 11/27/23	Payee name National Pen Co.	
Amount (\$) 362.64	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Promotional Items
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

REGISTRATION NUMBER: 13/19
 ELECTION YEAR: 2024
 DISTRICT: 18
SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

13/19

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: 17	2 FILER NAME SAM Mohamad	3 Filer ID (Ethics Commission Filers)
4 Date 12/7/23	5 Payee name Bank fee - District Attorney, Dallas	
6 Amount (\$) 2.95	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/7/23	Payee name District Attorney - Dallas	
Amount (\$) 19.65	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation	Description Data collection
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/11/23	Payee name Raid Alawi	
Amount (\$) 974	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Promotional items
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR THE
ELECTORAL
DAYS 2023
JAN 10 11:17-02
SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

14/17

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamad	3 Filer ID (Ethics Commission Filers)
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4 Date 12/12/23	5 Payee name Murphy Express
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6 Amount (\$) 59	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in district	(b) Description travel
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/23	Payee name Joel Batancour
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Amount (\$) 300	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Advertisement	Description Interview / Advertisement
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/23	Payee name Aleos Staffing
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Amount (\$) 1,000	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consultant	Description campaign consultant
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

RECEIVED BY THE STATE ETHICS COMMISSION
ELECTRONIC FILING
DATE: 1/18/23
2024 JAN 18 11:11-02
SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

15/17

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamed	3 Filer ID (Ethics Commission Filers)
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4 Date 12/15/23	5 Payee name Shish Kabob
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6 Amount (\$) 401.35	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Event
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/23	Payee name QT
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Amount (\$) 71.87	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description travel
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/23	Payee name Murphy express
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Amount (\$) 38	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) travel in district	Description travel
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

ELECTORAL CAMPAIGN FINANCE SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. BY 1-02 16/17

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: 17	2 FILER NAME SAM Mohamed	3 Filer ID (Ethics Commission Filers)
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4 Date 12/26/23	5 Payee name Hope encourage
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Parade
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/26/23	Payee name Murphy express
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Amount (\$) 38	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in district	Description travel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/27/23	Payee name Bazaria sweets
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Amount (\$) 15.56	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food exp	Description Food exp.
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

17/17

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME SAM Mohamad	3 Filer ID (Ethics Commission Filers)
4 Date 12/27/23	5 Payee name Shish Kabob	
6 Amount (\$) 54.67	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food exp	(b) Description Food
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/28/23	Payee name Murphy express	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in district	Description travel
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/28/23	Payee name Hard Harland Clarke CHK	
Amount (\$) 19.72	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office/overhead	Description office-check-
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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