

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)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR.</u> FIRST: <u>OMAR</u> MI: _____ NICKNAME: _____ LAST: <u>KADIR</u> SUFFIX: _____	OFFICE USE ONLY Date Received <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;"> RECEIVED OCT 30 2018 WC ELECTIONS E-MAIL <u>W</u> </div> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO BOX 6333</u> <u>POWERS ROCK, TX 78683</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION () _____ _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>ANNE</u> MI: _____ NICKNAME: _____ LAST: <u>DUFFY</u> SUFFIX: _____	Receipt # Amount \$ _____ _____	Date Processed _____
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2311 ERICA KATHAN LN.</u> <u>CEDAR PARK, TX 78613</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) <u>736-4867</u>		
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 (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>9 / 27 / 18</u> THROUGH <u>10 / 28 / 18</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 06 / 18</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>COUNTY TREASURER</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

OMAR KADIR

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

950

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 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 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

SUBTOTALS - C/OH

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

19 FILER NAME <i>OMAR KADIR</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>950</i>
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

OMAR KADIR

3 Filer ID (Ethics Commission Filers)

4 Date

10/27

5 Full name of contributor

out-of-state PAC (ID#: _____)

SACK ESSEX

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

730 SALT CREEK LN. GEORGETOWN, TX 78633

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

NOT EMPLOYED

Date

10/27

Full name of contributor

out-of-state PAC (ID#: _____)

PAULA FURRETT

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

9703 MORRISON ST, AUSTIN, TX 78724

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/27

Full name of contributor

out-of-state PAC (ID#: _____)

DAVID FERRIS

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1121 OAKLANDS DR. POWERS ROCK, TX 78681

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/27

Full name of contributor

out-of-state PAC (ID#: _____)

RICHARD HUGHES

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

74 BELM ST. SOMERVILLE, MA 02144

Principal occupation / Job title (See Instructions)

SOFTWARE DEVELOPER

Employer (See Instructions)

FIVERQUOTE.COM

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

10/27

MUNA HUSSAIN

6 Contributor address; City; State; Zip Code

5719 PENNY CREEK DR AUSTIN, TX 78759

500

8 Principal occupation / Job title (See Instructions)

PROGRAM MANAGER

9 Employer (See Instructions)

EBAY

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/27

THANA HUSSAIN

Contributor address; City; State; Zip Code

5719 PENNY CREEK DR, AUSTIN, TX 78759

\$100

Principal occupation / Job title (See Instructions)

OFFICE OF ATTORNEY GENERAL TX

Employer (See Instructions)

ATTORNEY

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/27

MARCE SAETH

Contributor address; City; State; Zip Code

1041 JOHN THOMAS DR - BROOKFIELD TX 78628

\$50

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

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.

Vikki Farrow

From: Omar Kadir <omarkadir@gmail.com>
Sent: Tuesday, October 30, 2018 12:13 AM
To: Vikki Farrow
Subject: Re: FW: COH Report - Campaign Filing
Attachments: 20181030000902.pdf

Hi Vikki,

Enclosed is my 8th day before election report.

Thank you

On Tue, Oct 9, 2018 at 5:40 PM Vikki Farrow <vikki.farrow@wilco.org> wrote:

Good Afternoon Omar,

Attached is our imaged copy showing receipt of your Campaign Finance Report.

Regards,

Vikki Farrow

Finance Assistant

Williamson County Elections Department

(512) 943-1635

From: Jenifer Favreau On Behalf Of Carolyn Hebert
Sent: Tuesday, October 9, 2018 5:13 PM
To: Vikki Farrow <vikki.farrow@wilco.org>
Subject: FW: COH Report - Campaign Filing

From: Omar Kadir <omarkadir@gmail.com>
Sent: Tuesday, October 09, 2018 2:00 PM
To: Carolyn Hebert <chebert@wilco.org>
Subject: COH Report - Campaign Filing

EXTERNAL email: Exercise caution when opening.

Hi Carolyn,

Enclosed is a copy of my 30 days out campaign filing.

Thank you,

Omar

--
Omar Kadir
"patiently persevering"