

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: 13				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 10.5.2020 Date Hand-delivered or Date Postmarked 10.5.2020 2:35 pm Receipt # Amount \$ Date Processed Date Imaged			
		Alex					
	NICKNAME	LAST	SUFFIX				
		Kamkar					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
<input type="checkbox"/> Change of Address	3404 Ashton Springs Lane Pearland, TX 77584						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(210)	213-9929					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
		Jeff					
	NICKNAME	LAST	SUFFIX				
		Barry					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE				
	4418 Broadway		Pearland TX 77581				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(281)	464 -3384					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	7	1	2020	THROUGH	10	3	2020
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	3	20	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Pearland City Council, Position 3			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

Alex Kamkar Campaign

SPECIFIC

COMMITTEE ADDRESS

4418 Broadway, Pearland TX 77581

COMMITTEE CAMPAIGN TREASURER NAME

Jeff Barry

COMMITTEE CAMPAIGN TREASURER ADDRESS

4418 Broadway, Pearland TX 77581

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 48.25

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

\$ 11,787.30

EXPENDITURE
TOTALS

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

\$ -393.45

4. TOTAL POLITICAL EXPENDITURES

\$ -5,735.87

CONTRIBUTION
BALANCE

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

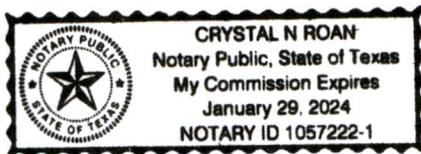
\$ 11,777.58

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alex Kamkar, this the 5th day of October, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Crystal N. Roan
Printed name of officer administering oath

City Secretary
Title of officer administering oath

[Handwritten initials]

SUBTOTALS - C/OH

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

19 FILER NAME Alex Kamkar Campaign		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,787.30
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	\$ -5,735.87
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	\$ 854.25
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 854.25
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	\$.18

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Alex Kamkar Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 7/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Lipari 6 Contributor address; City; State; Zip Code 3430 Ashton Springs Ln Pearlland TX 77584	7 Amount of contribution (\$) \$96.80
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 7/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Begala Contributor address; City; State; Zip Code 11618 Manorhouse Ln Houston, TX 77082	Amount of contribution (\$) \$485.20
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Self Employed
Date 7/29/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James McGrath Contributor address; City; State; Zip Code 4141 Coledridge St. Houston, TX 77005	Amount of contribution (\$) \$485.20
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 8/3/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Janak Contributor address; City; State; Zip Code 20307 Warrington Katy TX 77450	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) IDCUS
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: 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACEC Houston PAC <hr/> 6 Contributor address; City; State; Zip Code 2180 North Loop W. Suite 320 Houston TX 77018	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 8/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin J. Matocha <hr/> Contributor address; City; State; Zip Code 1600 Hwy. 6 South, Suite 245 Sugar Land TX 77476	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Levee Management Services
Date 8/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Shayne Green <hr/> Contributor address; City; State; Zip Code 135 Spanish Oak Circle Lake Jackson TX 77566	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) Dow Chemical
Date 8/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Latino GOP PAC <hr/> Contributor address; City; State; Zip Code P.O. Box 130853 Houston TX 77219	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
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: 5
2 FILER NAME Alex Kamkar Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEC PAC 6 Contributor address; City; State; Zip Code 1 Greenway Plaza, Suite 225 Houston, TX 77046	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 9/9/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.M. Rodrigo Contributor address; City; State; Zip Code 15514 Turtle Oak Court Houston TX 77059	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) GC Engineering
Date 9/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Giesecke Contributor address; City; State; Zip Code 7122 Country Road 4 Damon TX 77430	Amount of contribution (\$) 242.50
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Anchor Commercial Real Estate
Date 9/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/ Texas Association of Realtors Political Action Committee Contributor address; City; State; Zip Code P.O. Box 2246 Austin TX 78768	Amount of contribution (\$) 2,000
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Alex Kamkar Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco Cordon <hr/> 6 Contributor address; City; State; Zip Code 1630 Julia Park Drive Spring TX 77386	7 Amount of contribution (\$) 242.50
8 Principal occupation / Job title (See Instructions) Builder		9 Employer (See Instructions) Lennar
Date 9/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Sachtleben <hr/> Contributor address; City; State; Zip Code 2107 CityWest Blvd Houston, TX 77042	Amount of contribution (\$) 485
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Costello
Date 9/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Russ <hr/> Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, TX 77042	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions) Senior Principal		Employer (See Instructions) EHRA
Date 10/1/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home PAC - Greater Houston Builder's Association <hr/> Contributor address; City; State; Zip Code 9511 W. Sam Houston Pkwy North TX 77064	Amount of contribution (\$) 2,500
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Alex Kamkar Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco Cordon <hr/> 6 Contributor address; City; State; Zip Code 1630 Julia Park Dr. Spring TX, 77386	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions) Builder		9 Employer (See Instructions) Lennar
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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:	2 FILER NAME Alex Kamkar Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 7/3/2020	5 Payee name Koza's	
6 Amount (\$) 868.38	7 Payee address; 2910 S. Main Street	City; State; Zip Code Pearland TX 77581
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 7/29/2020	Payee name Community Impact	
Amount (\$) 784	Payee address; 3600 E. Palm Valley Blvd Box #3	City; State; Zip Code Round Rock TX 78665
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 8/19/2020	Payee name Grazia Italian Kitchen	
Amount (\$) 145.06	Payee address; 9415 Broadway St. No. 103	City; State; Zip Code Pearland, TX 77584
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Event Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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:	2 FILER NAME Alex Kamkar Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 9/2/2020	5 Payee name Community Impact	
6 Amount (\$) 784	7 Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd Box #3 Round Rock TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Print
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/28/2020	Payee name Mammoth Marketing Group	
Amount (\$) 1,910.43	Payee address; City; State; Zip Code 4500 Bissonnet St. Bellaire TX 77401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Print Expense	Description Political Advertising Materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/30/2020	Payee name Community Impact	
Amount (\$) 784	Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd Box #3 Round Rock TX 78665	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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:	2 FILER NAME Alex Kamkar Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2020	5 Payee name Brazoria County Young Republicans	
6 Amount (\$) 250	7 Payee address; P.O. Box 0333	City; State; Zip Code Alvin TX 77512
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/1/2020	Payee name Mariano Avalos	
Amount (\$) 210	Payee address; 8909 Beechnut St. Apt 3	City; State; Zip Code Houston TX 77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4:	2 FILER NAME Alex Kamkar Campaign	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 854.25
5 Date	6 Payee name Facebook	
7 Amount (\$) 854.25	8 Payee address; 1 Hacker Way	City; State; Zip Code Menlo Park CA 94025
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising Materials
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Alex Kamkar Campaign	3 Filer ID (Ethics Commission Filers)
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4 Date 10/1/2020	5 Payee name Chase
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6 Amount (\$) 854.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; P.O. Box 15123 Wilmington DE 19850	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Payment of Credit Card bill for Political Advertising Materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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