	ION/AMENDMENT		FORM COR-C/OH
1 Filer ID (Ethics Comm	ission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Ali NICKNAME LAST	SUFFIX	Date Received FEB 29 2024
4 ORIGINAL REPORT TYPE	July 15 Exc 30th day before election 15t	noff Final report ceeded modified reporting it Other (specify) th day after treasurer pointment (officeholder only)	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year OI / OI / 2024 TH	Month Day Year HROUGH 01/25/2024	Date Imaged
		Q (Date 01/05/2024 for	
Semiannual mislead or to	misrepre-sent the information of		
Semiannual mislead or to	reports: I swear, or affirm, that misrepre-sent the information of	the original report was made in goo contained in the report. ling this corrected report not later the ed is inaccurate or incomplete. I sw made in good faith. Signature of Cand	han the 14th business day after the rear, or affirm, that any error or
Semiannual mislead or to Other reports date I learne omission in t	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fil d that the report as originally file he report as originally filed was	contained in the report. ling this corrected report not later the ed is inaccurate or incomplete. I sw made in good faith.	date/Officeholder
Semiannual mislead or to Other reports date I learne omission in t	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fil d that the report as originally file he report as originally filed was Please co	contained in the report. ling this corrected report not later the ed is inaccurate or incomplete. I sw made in good faith. Signature of Cand	date/Officeholder
Semiannual mislead or to Other reports date I learned omission in the I) Affidavit NOTARY STAMP/SEAL	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fil d that the report as originally file he report as originally filed was Please co	contained in the report. ling this corrected report not later the ed is inaccurate or incomplete. I sw made in good faith. Signature of cand omplete either option below	date/Officeholder
Semiannual mislead or to Other reports date I learned omission in the 1) Affidavit NOTARY STAMP/SEAR Sworm to and subscribed	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fil d that the report as originally file he report as originally filed was Please co	contained in the report. ling this corrected report not later the ed is inaccurate or incomplete. I sw made in good faith. Signature of cand omplete either option below this the	pain the 14th business day after the rear, or affirm, that any error or date/Officeholder
Semiannual mislead or to Other reports date I learned omission in the NOTARY STAMP/SEAR Swom to and subscribed 20, to certify	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fil d that the report as originally file he report as originally filed was Please co before me by which, witness my hand and seal of off	contained in the report. ling this corrected report not later the ed is inaccurate or incomplete. I sw made in good faith. Signature of cand omplete either option below this the	pain the 14th business day after the rear, or affirm, that any error or date/Officeholder
Semiannual mislead or to mislead or to date I learned or ission in the original system. It was a series of the original system of the original system. It was a series of the original system. It was a serie	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fil d that the report as originally filed he report as originally filed was Please co L before me by which, witness my hand and seal of off ring oath Printed name	contained in the report. ling this corrected report not later the ed is inaccurate or incomplete. I sw made in good faith. Signature of cand omplete either option below this the fice.	date/Officeholder
Semiannual mislead or to mislead or to date I learned or to omission in the o	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fil d that the report as originally filed he report as originally filed was Please co L before me by which, witness my hand and seal of off ring oath Printed name D	contained in the report. ling this corrected report not later the d is inaccurate or incomplete. I sw made in good faith. Signature of cand omplete either option below this the fice. a of officer administering oath	date/Officeholder
Semiannual mislead or to MOther reports date I learned omission in th NOTARY STAMP/SEAR worn to and subscribed O, to certify ignature of officer administer O, to certify O, to	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fill d that the report as originally file he report as originally filed was Please co Please co which, witness my hand and seal of off ring oath Printed name on rei Khan i	contained in the report. ling this corrected report not later the ed is inaccurate or incomplete. I sw made in good faith. Signature of cand omplete either option below this the fice. a of officer administering oath OR , and my date of birth is	day of, Title of officer administering oath
Semiannual mislead or to mislead or to date I learned or to date I learned or ission in the date I learned or is issue. The date I learned or is the date I learned or issue o	reports: I swear, or affirm, that to misrepre-sent the information of s: I swear, or affirm, that I am fil d that the report as originally filed he report as originally filed was Please co L before me by which, witness my hand and seal of off ring oath Printed name D	contained in the report. ling this corrected report not later the red is inaccurate or incomplete. I sw made in good faith. Signature of cand omplete either option below this the fice. a of officer administering oath OR , and my date of birth is , (city)	date/Officeholder date/Officeholder day of, Title of officer administering oath <u>DCtober 15, 1986</u> X, 17036, USA state) zip code) (country) ruary, 2024

	EXPENDITURE CATEGORIES FO	PR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office Ov Food/Beverage Expense Poliing E Gift/Awards/Memorials Expense Printing f	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense txpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
Total pages Schedule F1:	2 FILER NAME	3 Filer ID	
Sch: 6/7 Rpt: 11/12	Ali, Sheikhani		
Date	5 Payee name		
01/19/2024	Neumann and Company		
Amount (\$) \$40,000.00	 7 Payee address; City; State; Zip C 5417 Pine Street Bellaire, TX 77401 	ode	
PURPOSE		(b) Description	
OF	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailers. 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	U Office held	
Date	Payee name		
01/24/2024	Radio Naya Andaz		
Amount (\$) \$11,000.00	Payee address; City; State; Zip C 6161 Savoy Dr	Code	
	Houston, TX 77036		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Advertising. 		
	Candidate/Officeholder name Office so	ought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O			
expenditure to benefit C/O	H		
expenditure to benefit C/O Date	H Payee name	Code	
expenditure to benefit C/O Date 01/05/2024 Amount (\$)	H Payee name Reachlocal - LocaliQ Payee address; City; State; Zip C	Code	
expenditure to benefit C/O Date 01/05/2024 Amount (\$) \$3,000.00 PURPOSE	H Payee name Reachlocal - LocaliQ Payee address; City; State; Zip C 611 W Plano Pkwy, #100	Code (b) Description	
expenditure to benefit C/O Date 01/05/2024 Amount (\$) \$3,000.00	H Payee name Reachlocal - LocaliQ Payee address; City; State; Zip C 611 W Plano Pkwy, #100 Plano, TX 75093		

Г